



Billing Code	Description	Amount	Details
<b>Typical Resident Care Billing</b>			
00114	Long term care facility visits	36.54	One per patient seen, billable twice monthly, add note for additional visits, add time if also doing conference 14077
13334	First visit of day bonus	49.84	Billable for first patient of the day in addition to visit
Sessional Care	Bill for blocks of time via Island Health	158.97/hr	For blocks of care provider to any patient in LTC facility or for facility activities
<b>Advice/Conferences</b>			
13005	Advice about patient in community care – fax/call	18.28	Typical to LTC orders, and pt. in community care, cannot be billed in addition to a visit.
14076	Attachment Telephone Management	20.12	Discussion with patient or patient’s medical representative
14067	Facility patient brief conference fee	18.22	Call/visit <8min with other ACP, max 1 per pt/day, max 150 per FP/year
14077	Facility patient conference fee (attached)	43.23	Document time (15min or greater portion) with 1 other care providers, maximum of 18 units (270mins) per calendar year per patient with a maximum of 2 units (30mins) per patient on any single day, bill in addition to visit, can be a phone conversation.
14019	Consult with NP	43.23	Providing advice to NP who is pt MRP, not billable if signed as a sessional provider or an attached GP, cannot bill visit same day, 5pts/day, 6 total/pt/year
<b>Attachment Fees</b>			
14070/14072	CLFP/LTC Portal Code	0	Annual code billed to participate in GPSC incentive program allows billing of 14076, 14067, 14077, 14050-14053
14050, 14051, 14052, 14053	Chronic Care Bonus Codes	50.31-125.78	billable annually by MRP for 14050 (DM), 14051 (CHF), 14052 (HTN), 14053 (COPD), must see twice for same yearly.
<b>Special Call Visits</b>			
00115	Special call long-term care 0800-2300h	116.45	One patient, must be called by facility, document time, within 24h of request
00127	Terminal care visit	54.20	For any pt. with end stage disease, billable daily up to 180 days when pt. is seen
01201	Call out charge – night	101.86	Bill in addition to out of office consult, call out b/w 2300-0800, document time
<b>Out of Office Visits</b>			
1X200	Out of Office visit	41.87-57.09	For any condition(s) requiring partial or regional examination and history that does not fall under parameters of 00114 – This fee includes both initial and subsequent examination for same or related condition(s)
1X201	Complete exam out of office	92.20-125.74	For condition requiring complete exam, exclusive of 00114 (80+), 15201 (ages 50-59), 16201 (ages 60-69), 17201 (ages 70-79), 18201 (>age80)
1X210	Consult out of office	102.48-139.76	Must be asked to consult on patient by another GP
1X220	Counselling out of office	74.90-102.15	Must be greater than 20min, 4 per pt/year, 15220 (ages 50-59), 16220 (ages 60-69), 17220 (ages 70-79), 18220 (>age 80)

**Common ICD9 Codes**

Acute CVA <b>436</b>	Back pain <b>724.5</b>	Depression <b>311</b>	Heart Failure <b>428</b>	Pneumonia <b>486</b>
Agitation <b>308.2</b>	Cachexia <b>799</b>	Diabetes <b>250</b>	Hip fracture <b>808</b>	Rash <b>782</b>
Anemia <b>285</b>	Cellulitis <b>682</b>	Diarrhea <b>564.5</b>	Hypertension <b>401</b>	Respiratory failure <b>518</b>
Anorexia <b>783</b>	Chronic pain <b>338.2</b>	Drug induced hypersomnia <b>292.85</b>	Hypokalemia <b>726.8</b>	Seizure <b>780</b>
Anxiety <b>300</b>	Constipation <b>564</b>	Dyskinesia <b>333</b>	Hypothyroid <b>244</b>	SOB <b>786</b>
Arthritis <b>715</b>	COPD <b>491</b>	Dysphagia <b>787</b>	Injury/trauma <b>959</b>	Syncope/collapse <b>780</b>
Asthma <b>493</b>	Delirium <b>293</b>	Fever unknown <b>780</b>	Nail disease <b>703</b>	UTI <b>599</b>
Atrial Fibrillation <b>427</b>	Dementia <b>290</b>	Fungal rash <b>690</b>	Parkinson’s <b>332</b>	Vascular dementia with delusions <b>290.42</b>
B12 low <b>281</b>				