

Long Term Care Billing

This quick reference guide will provide you with key information on how to bill for long term care (LTC) patients.

Challenge

DoctorCare Best Practices and Recommendations

How do you roster LTC patients?

To roster LTC patients, bill the code Q202A.

What are the billing codes for consultations and assessments?

Consultations and Assessments

Fee Code	Description	Value
W105	Consultation	\$77.20
W911	Special family consultation	\$144.75
W912	Comprehensive family consultation	\$217.15
W106	Repeat consultation	\$45.90

What codes do you bill for admission assessment?

Admission Assessment

Fee Code	Description	Value
W102	Type 1 – day of admission	\$69.35
W104	Type 2 – day two of admission	\$20.60
W107	Type 3 – day three of admission	\$30.70
W109	Periodic health visit	\$70.50
W777	Intermediate assessment – pronouncement of death	\$36.85
W771	Certification of death	\$20.60
W004	General re-assessment of patient in nursing home	\$38.35
W903	Pre-dental/pre-operative general assessment	\$65.05
W904	Pre-dental/pre-operative assessment	\$33.70

What codes do you bill for counselling?

Counselling

Fee Code	Description	Value
K002	Interview with relatives	\$67.75
K013	Counselling – individual care – first three units of K013 and K040 combined per patient per provider per 12-month period (per unit)	\$67.75
K033	Counselling – individual care – first three units of K013 and K040 combined per patient per provider per 12-month period (per unit)	\$47.70

Note: You cannot bill counselling (ex. K013) on the same bill as an assessment with the same diagnostic code, they need to be on separate claims and need to have different and unrelated diagnostic codes.

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What are the special visit premiums?

Special Visit Premiums

Premium	Weekdays Daytime	Weekdays Daytime - Sacrifice of Office Hours	Evenings Monday through Friday	Sat., Sun. and Holidays	Nights
Time	07:00-17:00	07:00-17:00	17:00-24:00	07:00-24:00	00:00-07:00
Travel Premium	W960 \$36.40 Max. 2	W961 \$36.40 Max. 2	W962 \$36.40 Max. 2	W963 \$36.40 Max. 6	W964 \$36.40 Unlimited
First person seen	W990 \$20 Max. 10	W992 \$40 Max. 10	W994 \$60 Max. 10	W998 \$75 Max. 20	W996 \$100 Unlimited
Additional person(s) seen	W991 \$20 Max. 10	W993 \$40 Max. 10	W995 \$60 Max. 10	W999 \$75 Max. 20	W997 \$100 Unlimited

Note: Special visit premiums do not apply to counselling appointments as they are technically pre-booked.

What are the codes for subsequent visits?

Subsequent Visits

Fee Code	Description	Value
W010A*	Monthly management fee	\$108.85
W003A	Nursing home or home for the aged - first two subsequent visits per patient per month	\$32.20
W008A	Additional subsequent visits for nursing home patients (max two per patient per month)	\$21.20
W872A	Palliative care for a patient in a nursing home	\$32.20
W121A	Additional visits due to intercurrent illness	\$31

* The admission date of the patient must be provided on the claim for W010 or the service is not eligible for payment.
When claiming W010, do not also submit claims for K080, K081, K082 or K083 for the same month for the same patient.

QUESTIONS?

Call our special Billing Hotline at 1-844-224-6244 or email support@doctorcare.ca