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Residential Care MSP Billing Tips

Knowing which codes are available in your speciality is essential in order to maximize your earning potential. Use this cheat sheet as a quick reference guide to the available codes in Residential Care.

Residential Care MSP Billing for Routine Visits to the Facility:

Residential Care Visit Fee: [00114](#)

You can bill this every 2 weeks as warranted. However, if you're making more frequent visits, MSP will still pay them, you just need to submit the 00114 with the diagnostic code that explains why you had to see the patient again (for example, a UTI, pneumonia, delirium, sepsis, CHF, etc). Then, in the MSP note field of your claim, give a short explanation such as: intercurrent illness – UTI, intercurrent illness – delirium.

PREMIUMS	
Call Out	<input checked="" type="checkbox"/>
Call Time	<input type="checkbox"/>
Cont. Care	<input type="checkbox"/>
Apply +10% Premium	<input type="checkbox"/>
Referring Physician Abbas, Ali >	
Notes	



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First Visit of the Day Bonus: [13334](#)

Bill [13334](#) for the first patient you see that day. It has to be billed with [00114](#) (Visit to the nursing home for one or multiple patients).

You can only bill this once per day.

Residential Care MSP Billing for Terminal Care:

Visit for Terminal Care: [00127](#)

You can submit [00127](#) before your patient dies and you can bill it daily, if daily visits are needed. You're eligible to bill it from the time your patient is deemed palliative up to 180 days prior to death. All your visits must be documented.

You may wish to visit dying residents first, so you can bill the higher fee. The diagnostic code must demonstrate a terminal illness. If this is your first patient of that day, you can bill the [13338](#) bonus (but cannot bill a [13334](#) and [13338](#)).

Yearly Complete Exams

Complete examination (out of office):

[16201](#) (age 60 – 69)

[17201](#) (age 70 – 79)

[18201](#) (age 80+)

Residential Care MSP Billing for Telephone calls (for an order or concern):

Telephone advice: [13005](#)

If a nurse, or other healthcare professional, calls to discuss a resident or needs an order that can be done over the phone you can bill it as [13005](#).

***Do not bill this if you've already billed another service (i.e., not with 114, complete, [14077](#)).



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Residential Care MSP Billing if your called out to see the resident:

Residential care visit fee if called to see (one resident only): [00115](#)

You can bill [00115](#) if your called between the hours of 0800 and 1800 to see the resident. In order to avoid rejections, you need to make sure the time of the call is recorded.

While you're there, if you see any other residents you can bill [00114](#).

Residential Care MSP Billing if your Called after hours:

When called after hours to attend to an ill resident, you can bill the "out of office" visit PLUS the surcharge. In this case, you would not bill [00114](#).

[16200](#) Visit - out of office (age 60 - 69)

[17200](#) Visit - out of office (age 70 - 79)

[18200](#) Visit - out of office (age 80+)

Call out charges:

You're also eligible to bill the call out premium if the following criteria is met:

You are called specially to see the resident.

It is a non-elective medical reason for the visit.

You must travel from home or office to render the service.

The call was made out of office hours (as seen below):

[01200](#) Evening: call placed 1800-2300hrs

[01201](#) Night: call placed 2300-0800 hrs

[01202](#) Saturday, Sunday and Statutory Holidays: 0800-1800

QUICK TIP:

If you're using the Dr. Bill app, log the claim like you normally would then, at the bottom of the claims toggle 'Call Out.' Don't forget to enter the Call Time, Start Time & End Time for your



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encounter. Our mobile app will automatically apply the correct Out of Office premiums to your claim. **The call out charge applies only to the first resident seen.**

If you have logged a **Call Out charge** and then **continue to see additional patients** you would be entitled to bill continuing care surcharges for each 30 minutes after the initial 30 minutes you spent with the patient you were initially called to see.

For **Continuing Care** You'll enter the times seen for each patient at the end of a 30 minute block and the units will be automatically calculated. Please enter **CCFPP in the notes field** to indicate that the patients were seen as part of the same call out and you will not be deducted the 30 minute refractory period.

To apply this premium toggle both '**Call Out & Continuing Care**'. Like this:

The screenshot shows a mobile app interface with the following elements:

- A large empty text input field at the top.
- A "Location" dropdown menu currently set to "I - Hospital Inpatient".
- A "Call Out" toggle switch, which is turned on (green).
- A "Cont. Care" toggle switch, which is also turned on (green).
- A horizontal separator line.
- A "Date of Service" field with the value "May 25, 2015".
- A "Call Time" field with the value "1:39 PM".
- A "Start Time" field with the value "1:39 PM".
- An "End Time" field with the value "1:39 PM".

Residential Care MSP Billing Tips for Conferences/Meetings:

Facility Patient Conference Fee: [14077](#)

(per 15 minutes).

This fee is for attending your resident's care conference.



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Max/day/resident = 30 minutes;
max/year/resident = 18 units.

You can also bill [14077](#) (with the same restrictions) if asked to meet with other health professionals (pharmacists, dietitians, etc.) about a resident on an informal basis via phone or in person.

If you're attending a conference or meeting make sure document which healthcare providers are there (e.g. CNL, RN, MD met to discuss Mrs. C.'s agitation). You can also bill a visit fee ([00114](#)) in addition if medically indicated. Must indicate stop/start time of the conference and V15 code (frail elder).

Telephone Management Fee ('GP for Me' Incentive): [14076](#)

You can bill this for any clinical phone discussion between pt's representative or family and health professional about the resident. You can bill this with [14077](#) if done on the same day. However, you cannot bill it with [00114](#), or any other services.

Dealing with distress in resident / family; and/ or psychiatric counselling and/or completion of MMSE

Individual counselling (out of office):

[16220](#) (age 60-69)

[17220](#) (age 70-79)

[18220](#) (age 80+)

You can bill individual counselling codes for a discussion with residents, or their family members, about the resident's medical condition, e.g. terminal illness, progressive dementia, resident behaviour that is distressing ,etc.

If you're speaking with their family members, you can bill for it under the resident's MSP number or under the relative's MSP number. If you bill it under the relative's MSP number, you can also bill ([00114](#)), which is bit of an advantage because if you bill it under the resident's MSP number then you won't be eligible to bill ([00114](#)).

The discussion must be in person and at least 20 minutes. You can bill counselling codes a maximum of 4 times per year.



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Chronic Disease Management

Gp annual chronic care bonus - hypertension: [14052](#)

This is an annual bonus that you can bill each year. Keep in mind, if you're using [14052](#), it cannot be billed in combination with the following fee codes:

Diabetes: [14050](#) Dx. 250

Heart Failure: [14051](#) Dx. 428

HBP: [14052](#) Dx. 401

COPD: [14053](#) Dx. 491, 492, 494, 496

RACE

Rapid Access to Consultative Expertise (RACE) is a telephone hotline you call if you need advice. All you do is call the number and a RACE 'on-duty specialist' will return your call within 2 hours (often sooner). If you call RACE and speak with a specialist you can bill for it using [14018](#).

Residential Care MSP Billing Examples

If you're new to billing residential care, [Divisions of BC](#) created an example of a typical billing scenario:

You are scheduled to see 6 of your own patients for routine care and then have a care conference for a 7th patient with a Pharmacist.

You are also asked to see a patient of another MRP with a suspected UTI. Later in the day you are asked to take on a new patient being transferred from the hospital with a hip fracture.

Billing for the day:

[00114](#) + [13334](#) (for first patient of the day).

[00114](#) - for second patient of the day

[00114](#) - for third patient of the day

[00114](#) - for fourth patient of the day

[00114](#) - for fifth patient of the day



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[00114](#) - for sixth patient of the day

[00114](#) - for seventh patient of the day. Although not MRP, this is the most appropriate code unless performing a consult out of office or needing a complete exam. Be sure to include a note as well.

[14077](#) - for care conference which lasted 30 min, document times 0930-1000.

[14077](#) - for call pertaining to patient lasting 10 minutes.

What is missing from these examples:

Out of office examinations

Counselling fees

Premiums