

BROADCAST MESSAGES

EFFECTIVE DATE (CCYYMMDD): 2025-02-15 **TARGET TYPE:** AI
CANCEL DATE (CCYYMMDD): 2025-02-28 **TARGET KEY:** MD
COPY MESSAGE FROM

BROADCAST TITLE (50 char): New LTC Admit FI 13115, Amend Fis 00114 and 00115

BROADCAST MESSAGE (UP TO 5 PAGES, 12 LINES PER PAGE, 76 CHARACTERS PER LINE):

Effective March 1, 2025, fee-for-service codes for long-term care have been updated.

1. A new preamble for long-term care facility visits is added that identifies that an in-person visit with the patient is required to bill long-term care codes.
2. Fee items 00114 (Long-Term Care In-Person Visit) and 00115 (Long-Term Care Urgent Assessment) are amended with new titles and fee notes.

From March 1, 2025, these fee codes are only payable for in-person care. The temporary COVID-19 changes that allowed billing 00114 when speaking to an RN/LPN at the LTC facility have been cancelled.

When speaking with a nurse or other allied care provider about a LTC patient, conferencing fees (14067, 14077) continue to be payable. These fees are billable by physicians who have billed one of the following portal codes:

- 14070 Community Longitudinal Family Physician Portal Code
- 14071 Locum Community Longitudinal Family Physician Portal Code
- 14072 Long-Term Care Portal Code

3. A new long-term care admission fee is added to the MSC Payment Schedule. It is payable for a patient's initial admission to the long-term care facility. To be eligible for the new fee, the service must include medication reconciliation, care planning, review of the Medical Orders for Scope of Treatment (MOST) form, and any other required documentation.

New preamble for long-term care facility visits:

Long-Term Care Facility Visits

Long-term care compensation supports care for patients in long-term care facilities, including proactive, urgent, and emergent care. A documented in-person visit with the patient is required to bill long-term care codes.

Fee-for-service codes are aligned with the Family Practice Services Committee's Long-Term Care Initiative (LTCI) which is designed to improve the quality of care in long-term care facilities.

The LTCI promotes three system-level outcomes:

- Reduced unnecessary or inappropriate hospital transfers
- Improved patient and provider experience
- Reduced cost per patient as a result of a higher quality of care

The five LTCI Best Practice Expectations are:

- Proactive visits to residents
- Meaningful medication reviews
- Completed documentation
- Attendance at interdisciplinary care conferences
- 24/7 availability and on-site attendance when required

Effective March 1, 2025, fee items 00114 and 00115 have been amended as follows:

00114 Long-Term Care In-Person Visit

Notes:

- i) Payable for an in-person visit for a patient admitted to a long-term care facility.
- ii) Payable to a maximum of one visit every 14 days. Services which exceed the maximum will be given independent consideration when a claim note record is submitted.
- iii) Not payable for review of a patient's chart without in-person patient interaction or interaction with the care team without in-person patient interaction.

00115 Long-Term Care Urgent Assessment

Notes:

- i) Payable for an in-person urgent assessment between the hours of 0800 hrs and 2300 hours any day of the week for a patient admitted to a long-term care facility.
- ii) Payable when a physician provides an assessment within 24 hours of request from the long-term care facility.
- iii) Relevant details must be documented in the patient's chart, such as the reason for urgency, time of contact, time of attendance to patient, and the person who contacts the physician.
- iv) 13334 is not payable in addition to 00115.
- v) 13334 is not payable when additional long-term care in-person visits (00114) are done at the same time as an urgent assessment.

Effective March 1, 2025, the following fee item has been added to the MSC Payment Schedule:

P13115 Long-Term Care Admission.....\$120.63

Notes:

- i) Restricted to family physicians.
- ii) Payable for an in-person admission visit provided at a long-term care facility for a patient's initial admission to the long-term care facility.
- iii) Requires medication reconciliation, care planning, review of the Medical Orders for Scope of Treatment (MOST) form, and documentation.
- iv) Payable once per patient per physician.
- v) Not payable for admission paperwork completed without an in-person visit.
- vi) Not payable for transfer of care to another physician in the same long-term care facility.

Copy to DoBC: Yes

INITIATED BY: MoH

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IF TARGET TYPE IS

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PY-PAYEES -----	PAYEE NO.
PR- PRACTITIONER -----	PRACTITIONER NO.
SP-SPECIALTY -----	SPECIALTY CODE
AI-ASSOCIATION IDENTIFIER-----	MD – BC MEDICAL ASSOCIATION
A -ALL -----	LEAVE TARGET KEY BLANK
PS-PAYEE STATUS -----	C - VESTED INTEREST LAB
	F - PRIMARY CARE
	H - HOSPITAL
	I - INACTIVE PAYEE
	L - LABORATORY
	M - ACTIVE PAYEE
	V - 3RD PARTY- OUT OF PROVINCE
	Y – ALTERNATIVE PAYMENTS PROGRAM