

LTC/RCF billing codes

Physicians who care for patients in provincial long-term care (LTC) and residential care facilities (RCF) have a variety of fee code options available to them when billing for care delivered. For quick reference, this chart briefly compares some of the key parameters for billing these codes.

LTC/RCF billing code	MSU	In-person or virtual	Multiples	Documentation	Premiums
Prolonged Nursing Home visits 03.03 VIST location = NRHM	21.3 After 24 minutes, claim multiples: (MU =17 MSU/15 minutes)	In-person A portion of time must be spent with the patient	Yes (maximum four/day)	Start and stop times after 24 minutes	<ul style="list-style-type: none"> • TI=EVNT • TI=EVMD • TI=MDNT • DA=RGE1, TI=AMMN • DA=RE1, NNEW
Nursing Home Telephone Patient Assessment with Regulated Nursing Professional NHTA1	16.5	Telephone only	No	Include a medical reason/history of presenting illness, an assessment, an evaluation of relevant body systems, a working diagnosis and a plan	TI=GPEW premium
Allied Health Care Provider to Physician AHCP1	7.5	Virtual (includes by fax or email)	No	Text required about the intervention if a visit occurred the same day	No
Nursing Home Chart Review 03.03 RO = NHCR	11.5 for groups of three telephone calls/faxes or emails per day/patient	Both (includes by fax or email)	No, however, claim each additional group of three	Document visit well to avoid confusion	TI=GPEW premium

Always remember to document well to avoid confusion about the visit and remember to record start and stop times for prolonged visits when multiples are billed.

See more information about these codes in the March 2026 issue of *doctorsNS magazine*.

It is important to review the description and billing guidelines for these fees to ensure correct billing and documentation. Questions? Contact MSI_Assessment@medavie.bluecross.ca before billing.