



## **FAMILY PRACTICE RENEWAL PROGRAM**

### **PATIENT CARE TELEPHONE FEE CODE**

#### **FAQS AND BILLING SCENARIOS**

1. What temporary changes are applicable during the pandemic period?

**In response to the COVID-19 pandemic, the annual cap on the FPRP Telephone Code (Code 521) has been temporarily lifted, effective March 18<sup>th</sup>, 2020. From that date, and during the pandemic, fee-for-service family physicians already registered for the FPRP Fee Code Program can now bill the 521 code with no annual maximum restriction. The annual cap will resume when the Public Health Emergency is lifted. Billings during the unrestricted period will not be counted towards the annual maximum. For physicians who had already reached their maximum units for the 2019-20 billing year, you are also eligible to bill the Telephone Code from March 18<sup>th</sup>, 2020.**

2. Patient care telephone code **521** requires two-way communication between the patient, or the patient's medical representative, and the family physician or primary healthcare provider employed within the physician's office. Which primary healthcare providers qualify for making these calls for the physician to be eligible to bill?

**Patient care telephone code 521 is billable when one of the following primary healthcare providers employed within the physician's office has two-way telephone communication with a patient or the patient's medical representative.**

**Licensed Practical Nurses**

**Registered Nurses**

**Nurse Practitioners**

**Psychologists**

**Social Workers**

**Licensed Therapists and Counsellors**

**Registered Dietitians**

**Physiotherapists**

**Occupational Therapists**

**Pharmacists**

**Audiologists Respiratory**

**Therapists**

**Speech-Language Pathologists**

3. If when making a phone call to a patient there is no answer and a message is left on voicemail. Can patient care telephone code **521** be billed?

**No, patient care telephone code 521 requires a two-way conversation with the patient or patient's medical representative.**

4. How many units per patient per day can be billed?

**Calls are payable for 4 units per patient per day and to a maximum of 225 units per physicians annually.**

**Note: Annual maximum is temporarily lifted during COVID-19 pandemic. Retroactive to March 18, 2020.**

**A telephone call is payable at \$10 per 5 minutes (i.e. one unit).**

5. Is the use of text messaging acceptable in order to bill patient care telephone code **521**?

**No, patient care telephone code 521 requires a telephone discussion between the patient or the patient's medical representative and a family physician or a primary healthcare provider working within the physician's office. This fee code is payable only for two-way telephone communication and is not payable for any form of electronic communication including text messages.**

6. In a group practice, is the patient care telephone fee code **521** billable for two-way telephone communication between a family physician with the patient of another family physician within the practice for whom he/she is providing coverage?

**When covering for a colleague, a family physician can bill patient care telephone fee code 521 for telephone conversations with patients of the physician for whom he/she is covering, if the covering family physician is already enrolled in the fee code program.**

7. Are locum physicians able to access patient care telephone fee code **521** when covering for a family physician enrolled in this fee code program?

**Yes, locum physicians are eligible to bill patient care telephone fee code 521 for two-way telephone communication between a patient, or the patient's medical representative, if:**

- a) **The physician for whom the locum is covering is already a registrant; AND**
- b) **The locum is providing a period of replacement that is greater than three months, with at least 20 days in one calendar month considered one month of replacement service.**

## **BILLING SCENARIOS**

1. A Medical Office Assistant provided information to a patient at the family physician's request. Can the family physician bill patient care telephone fee code **521**?

**No, telephone communication must be provided by the family physician, or primary healthcare provider employed within the physician's office, and cannot be delegated.**

**The primary healthcare provider employed within the physician's office would need to be one of the following:**

**Licensed Practical Nurses  
Registered Nurses  
Nurse Practitioners  
Psychologists  
Social Workers  
Licensed Therapists and Counsellors  
Registered Dietitians  
Physiotherapists  
Occupational Therapists  
Pharmacists  
Audiologists  
Respiratory Therapists  
Speech-Language Pathologists**

2. A family physician calls a patient's medical representative to discuss abnormal diagnostic imaging results. Can the family physician bill patient care telephone fee code **521**?

**Yes, the patient care telephone fee is billable for telephone communication between the family physician and patient's medical representative regarding the patient's abnormal test results.**

3. A family physician receives and accepts a call from a patient newly diagnosed with diabetes seeking advice on insulin adjustment. Can the family physician bill patient care telephone fee code **521**?

**Yes, the patient care telephone fee is billable for telephone communication between the family physician and patient regarding treatment options.**

4. A family physician calls a patient to advise him his CBC results are normal. Can the family physician bill patient care telephone fee code **521**?

**No, the patient care telephone code is not payable for notification of normal test results, simple prescription renewals, or notification of office, referral or other appointments.**

5. A family physician billed patient care telephone fee code **521** for five units in one day for calls with a patient's medical representative regarding the patient's medication. The claim for the fifth unit was refused. Why?

**Billing of patient care telephone fee code 521 for the same patient for 5 units in one day exceeds the maximum allowable units per patient per day.**

**Calls are payable for 4 units per patient per day and to a maximum of 225 units per physician annually.**

**Note: Annual maximum is temporarily lifted during COVID-19 pandemic. Retroactive to March 18, 2020.**