

FEE CODE 521: PATIENT CARE TELEPHONE CODE

- Payable to fee-for-service family physicians for two-way telephone communication between the physician (or other primary health care provider employed within the physician's office) and the patient (or the patient's medical representative). 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 Dieticians
 - Physiotherapists
 - Occupational Therapists
 - Pharmacists
 - Audiologists
 - Respiratory Therapists
 - Speech-Language Pathologists
- This code is not tied to a specific condition.
- Can be used at the discretion of the family physician for any patient for whom he/she is the designated primary care physician.
- Telephone call is payable at \$10 per 5 minutes (i.e. one unit).
- Calls are payable for 4 units per patient per day.
- Calls are payable to a maximum of 225 units per physician annually.
Note: Annual maximum of 225 units was temporarily lifted during COVID-19 pandemic, and will be reinstated effective October 15, 2020.
- Chart entry must record:
 - Name of the person who communicated with the patient or patient's medical representative.
 - Elements of the care discussed.
- The fee is payable on the same calendar day as a visit for a separate interaction with the patient (i.e. can be billed on the same day as an office visit with the patient).
- Not payable for:
 - Simple prescription renewals
 - Notification of normal test results
 - Notification of office, referral, or other appointments
- The payment is made to the family physician regardless of who initiates the call.
- Not payable to physicians who are working under salary, service contract or sessional arrangements.