



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 was temporarily lifted, effective March 18th, 2020. The annual cap of 225 units will be reinstated effective October 15, 2020. Billings during the unrestricted period (March 18, 2020 to October 14, 2020) will not be counted towards the annual maximum. Given that the new billing year came into effect during this period, all fee-for-service physicians registered in the FPRP Fee Code Program will be eligible to bill the full 225 units from October 15, 2020 to March 31, 2021 (end of 2020/21 billing year).

The reinstatement of the cap comes partly as a result of the recent announcement extending the availability of the Pandemic Virtual Care Assessment (PVCA) code for family physicians beyond October 1, 2020, a temporary fee for virtual care provided to physicians during the coronavirus pandemic, which can be billed for assessments delivered by telephone or video conferencing. The decision to reinstate the 521 cap also reflects the temporary nature of the lifting of this restriction as a rapid response to the COVID situation.

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 Dieticians
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 of 225 units was temporarily lifted during COVID-19 pandemic and will be reinstated effective October 15, 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 of 225 units was temporarily lifted during COVID-19 pandemic and will be reinstated effective October 15, 2020.