

Billing Education Article By Dr. Rhonda Church

BILLING VISITS AND PROCEDURES AT THE SAME ENCOUNTER

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While it's permitted to bill a procedure and a visit on the same day in some circumstances, physicians should be aware of the Preamble to the MSI Physicians' Manual rules around doing so. The composite audit cases of physicians A, B and C illustrate some errors recently seen at MSI.

Physician A

When compared to her peers, it was noted that Dr. A had a very high number of services for which a procedural code was billed together with a visit code. Review of Dr. A's clinical records and the MSI database showed a consistent pattern of a visit for a particular condition, followed a short time later by another encounter during which Dr. A performed a joint or soft tissue injection. During the second visit, both an injection fee and a visit fee were billed. The clinical notes described the injection but a visit above and beyond the injection wasn't documented. A recovery to MSI of \$2,000 for services incorrectly billed to MSI over a two-year period was undertaken.

General visit rules are outlined in Preamble section 7.2.3 and state, in part, "When the sole reason for the visit is to provide a procedure to a patient, only the listed procedure fee will apply."

In order to bill a visit, Preamble visit requirements must be met and must reflect an assessment of the patient above and beyond the procedure itself.

Physician B

Physician B has a surgical practice in a regional centre. MSI reviewed instances in which more than one physician in the same specialty billed a consultation for the same patient during the same hospitalization. It was found that in a number of cases the patient had been admitted to hospital through the emergency department and a consultation had been billed by that day's on-call surgeon, who deemed a surgical procedure necessary. The patient was admitted to hospital and the surgery was conducted several days later by Physician B when he was the on-call surgeon.

Preamble rule 7.8.1 discusses transfer of care between physicians and stipulates that the physician to whom the patient is transferred isn't entitled to a consultation or comprehensive visit fee unless the patient has a medical problem necessitating the referral.

MSI initiated a recovery of \$1,800 for the incorrectly billed services.

Physician C

Physician C is a family physician with a high volume practice. MSI undertook a review of practices for which over 150 service encounters were commonly claimed on one day. It was noted that on some days the physician administered a large number of flu shots and billed a visit at the same encounter. The clinical note indicated only the flu shot and no record of a visit above and beyond this. A recovery of \$3,500 was initiated. The physician said he was aware of Preamble rule 7.2.3 (j) which states "When a visit was made solely for an injection, then only an injection may be claimed." He indicated he was unaware his billing clerk was billing a visit for these encounters. He believed he shouldn't be responsible for the billing error however it's clearly outlined in the Preamble that physicians are responsible for claims submitted on their behalf.

The cases of these physicians underscore the importance of being familiar with billing rules around multiple claims submissions for a single encounter as well as working with staff to be sure claims are correctly submitted.

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