

## Billing Education Article By Dr. Rhonda Church

### MSI WELCOMES QUESTIONS FROM PHYSICIANS

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One of the key functions of MSI is to answer questions from physicians or their billing clerks about the correct submission of claims. This month, I'd like to share some of the questions we've recently answered.

**Q. I'm a specialist and my recent claim for a prolonged consultation was refused. I was told I need to submit text indicating the start and stop times of my encounter with the patient. Is this something new?**

**A.** There has been a long-standing requirement for physicians to record start and stop times directly on the patient record for all time-based fees including prolonged consultations and counselling/psychotherapy services. Annual reminders of this requirement are in MSI Physicians' Bulletins. Lack of start and stop times has been a significant issue when these services are audited. Since December 2012, all time-based services must contain text indicating the start and stop time with the patient. This requirement is a reminder to physicians of the existing Preamble rule.

**Q. I'm a psychiatrist who provides psychotherapy. Generally, sessions with my patients last 50-55 minutes and after they leave I spend a few minutes completing my chart note. What time should I record?**

**A.** Record the start and finish of your face-to-face time as this is the basis for payment.

**Q. My billing clerk is now recording times on the electronic claim. Am I still required to record them on the patient chart?**

**A.** The Preamble requirement to record start and finish times directly on the patient record hasn't changed so you need to continue to do this.

**Q. I'm considering hiring a nurse or nurse practitioner for my family practice to do lifestyle counselling. If I see the patient for a few minutes at the end of the counselling session the nurse does, may I claim for lifestyle counselling?**

**A.** The Preamble requires that the physician claiming the service spend at least 80 per cent of the time claimed directly with the patient. This means you may not claim for lifestyle counselling unless you have personally done the counselling.

**Q. A colleague thinks he might be able to claim lifestyle counselling if he plays a video for patients on a wellness topic while they wait to see him. I disagree. Who is right?**

**A.** You are correct. Since counselling and psychotherapy services require the physician to spend at least 80 per cent of the claimed time directly with the patient, your colleague wouldn't be able to claim for this.

**Q. My clinic provides alternative and cosmetic uninsured services and patients pay us directly. How do I claim for insured services required by my patients?**

**A.** If the primary purpose of the patient's visit to you was to receive an uninsured service such as an alternative therapy or cosmetic procedure, you may claim for other services in limited circumstances:

- The medical issue must be completely unrelated to the reason for the visit to your clinic.
- The medical issue is of a serious nature.

For example, if a patient attends your clinic for alternative therapy for back pain, you wouldn't be able to claim for prescribing medication or providing lifestyle counselling for back pain as this is related to the reason for the visit. It would also not be appropriate to claim for assessing a minor health concern such as a cold or minor infection. It would, however, be reasonable to claim for assessment of a serious issue such as suspected acute coronary syndrome.

**Q. I'm a surgeon who was asked to see a patient in the emergency department. The patient had had an experimental procedure done in another country and developed a serious wound infection when she returned to Canada. May I bill MSI for seeing her?**

**A.** Yes, if a patient develops complications after receiving an uninsured service, you may claim for your treatment.

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