

# Billing Education Article By Dr. Rhonda Church

## THE MEET AND GREET APPOINTMENT

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When family physicians see a new patient in their office for the first time, questions sometimes arise about how to optimally bill for the visit. The answers depend on the nature of the patient's complaint and the circumstances of the visit.

#### **Unattached Patient Bonus**

When a new patient is seen in the office for the first time and the family physician has accepted an unattached patient subsequent to an inpatient or emergency department hospital visit, the physician may bill a one-time unattached patient bonus incentive of \$150.

Details about the hospital encounter that resulted in the patient being accepted into the practice must be included in the clinical record. The physician must have been in their current community-based practice for at least one year, and must agree to maintain an open chart on that patient for one year. It's also important that the hospital visit was medically necessary -- meaning that the patient must have attended the hospital for a health-related concern.

A complete summary of the requirements for billing this initiative is in the March 2011 Physicians' Bulletin.

#### Meet and greet visit code

A visit may be billed at a "meet and greet" appointment provided that Preamble requirements for a visit are satisfied. As with all insured services, the visit must be medically necessary. The patient must have come to the physician with a health concern.

In the absence of an evaluation of a health concern, the encounter is uninsured and may not be billed to MSI. Issuing a prescription without an evaluation of the patient is also uninsured as outlined in Preamble section 4.2.

Most visits a family physician will bill are limited visits meaning the history and examinations are limited to relevant body systems. Less frequently, a comprehensive evaluation may be claimed when the patient's complaint is serious, complex or obscure. When a comprehensive evaluation is claimed, the physician must conduct and document a full history and examination.

On occasion, MSI Monitoring has found situations in which physicians' bill comprehensive evaluations for each new patient without meeting the Preamble requirements for this health service code. Billing requirements for limited and comprehensive visits are outlined in section 7 of the Preamble.

#### Meet and greet counselling codes

Counselling is a time-based code that may be billed for addressing acute adjustment reactions or bereavement reactions (Preamble Section 8.8).

Lifestyle counselling, as outlined in Preamble Section 8.9, is a prolonged discussion in which the physician attempts to direct the patient in the proper management of health-related concern. This can include lipid or dietary counselling, AIDS advice, smoking cessation, and healthy heart advice.

Both of these codes require documentation of the content of the discussion with the patient including the advice given by the physician. As well, start and stop times for the encounter must be documented directly on the patient encounter for both codes.

Preamble definitions don't permit these health service codes to be used in other situations such as lengthy discussions regarding medical problems or for routine meet and greet appointments.

As with all health service codes, good knowledge of Preamble requirements and careful documentation is important.

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