

FREQUENTLY ASKED QUESTIONS

PRIMARY CARE INVESTMENTS – Enhanced Fees

Enhanced Office and Geriatric Visit Fees (03.03/03.03A; ME=CARE)

Remember that the enhanced fees are only available to family physicians who are responsible for the comprehensive and continuous care of their patients (see definition in the next Q&A). Physicians are asked to sign a [confirmation letter](#) confirming that they will bill the enhanced fees only for visits with patients for whom they are in fact providing comprehensive and continuous care.

Physicians are reminded that they will be eligible to bill ME=CARE on claims with service dates as of the date the signed confirmation letter is received at MSI unless otherwise notified.

Q. What do we mean by “comprehensive and continuous care” of patients?

A. The enhanced office and geriatric visit fees are available only to family physicians responsible for the comprehensive and continuous care of the patient. This means you have an ongoing relationship as a primary care provider to the patient and you ensure the continuity of their medical care. It does not include episodic care provided to walk-in patients.

Q. Is the enhanced geriatric visit fee available for walk-in clinics?

A. No (unless you are seeing one of your own patients for whom you are their Primary Comprehensive Care provider [or a patient of your practice] in the walk-in clinic - see question below for more detail). The enhanced fees are only available to family physicians who are responsible for the comprehensive and continuous care of their patients. This means you have an ongoing relationship as a primary care provider to the patient and you ensure the continuity of their medical care. It does not include episodic care provided to walk-in patients.

Q. What about comprehensive practices that offer evening hours or a walk-in clinic in the evenings. Are those physicians able to bill the enhanced visit fees?

A: If your practice offers evening hours or a walk-in service, you should bill the enhanced fee whenever you are seeing one of your own patients, or a patient of your practice (that is, you may bill the enhanced fee for any patient for whom you, or a colleague in your practice – provide comprehensive and continuous care). If you also see orphan/unattached patients that the practice is not able to assume full care for, as noted above, you would not be eligible to bill the enhanced fee for those patients. You may only bill enhanced fees for the patients for whom you, or your practice provide comprehensive and continuous care.

Q: If the clinic has both walk-in and a patient roster, how are those billings going to be separated? For example: one clinic, one physician, one facility number, and one business arrangement number. The physician would see patient roster patients in the morning and do a walk-in clinic in the afternoon.

A: The physician or a colleague working in the same practice must have an ongoing relationship with the patient as well as providing on-going comprehensive primary care. Physicians should bill the enhanced fees (ME=CARE) only for patients with whom they have an ongoing relationship.

Q: If a physician sees patients that they normally see in their own practice in the walk-in clinic setting, can they claim the geriatric office visit with the modifier for evenings and weekends? What if it is a walk-in clinic within their practice?

A: The use of the enhanced fee depends on the patient's relationship to the provider. As long as they are this patient's primary comprehensive care provider and maintain their medical record, then they are eligible to bill the enhanced fees.

Q: What constitutes comprehensive and continuous care vs episodic care for walk-in clinic patients? Walk-in is a mix of regular patients and non-practice patients.

A: It depends on the extent of care you are providing to each patient. The enhanced fees are only available to family physicians who are responsible for the comprehensive and continuous care of their patients. This means you (or your practice) must have an ongoing relationship as a primary care provider to the patient and you ensure the continuity of their medical care. It does not include episodic care provided to walk-in patients.

Q: Are family physicians who practice sports medicine (or a similar targeted area, such as pain management) and see patients regularly, sometimes for months after the initial visit, eligible to bill the enhanced 03.03?

A: It depends on the extent of care you are providing to each patient. The enhanced fees are only available to family physicians who are responsible for the comprehensive and continuous care of their patients. This means you must have an ongoing relationship as a primary care provider to the patient and you ensure the continuity of their medical care.

Q: Can a physician claim ME=CARE for university students?

A: Based on the fact physicians often take on care of university students for 9-10 months of the year and maintain charts on them over the course of their years in university, it was agreed that so long as the physician was becoming the student's comprehensive primary care provider while the student/patient was at university they could bill the ME=CARE modifier.

Q: Can Locum physicians claim ME=CARE?

A: Long term locums (that is, locums lasting greater than 7 days) are eligible to bill the ME=CARE modifier for the comprehensive and continuous care of patients under their care during the locum.

Q: When can the enhanced fees be billed for family physicians that are providing prenatal care to patients?

A: The fees can be billed in the following scenarios:

1. When you are providing prenatal care to your own long-term patients;
2. When you are providing prenatal care to patients of colleagues within your practice;
3. When you are providing prenatal care to patients referred from the community from another family physician (i.e a temporary transfer of care has occurred); and
4. When you are providing prenatal care to patients referred to you from a walk-in clinic without a family physician.

For #3 and #4 we recommend that you document in the patient's chart that you are prepared to assume the comprehensive care of the patient for the duration of their pregnancy.