The New Patient Pre-Acceptance Interview

An office can offer a pre-acceptance interview with a patient at no charge, if this is a routine part of your initial visit procedure, is not advertised in public, and no evaluation or treatment is given. Often, this is the best procedure for allowing a patient to come in and find out if they are even in the right place, or are a good candidate for care, while avoiding the claim of financial inducement.

Create Compliance Policy

In order to stay compliant, create a written policy in your Compliance Policy that declares the way you follow this policy: “This office provides pre-acceptance interviews for potential patients at no charge. They are not advertised in public as an inducement, but offered to potential patients who contact us about care in the office. This interview reviews the patient’s history and allows the doctor to make a determination if further evaluation and/or treatment is appropriate in this office. Patients are advised before any CPT coded evaluation and/or treatment is rendered and their costs”.

Components of Pre-Acceptance Interview

This may look strikingly like a typical new patient encounter. Collect appropriate history and place the patient in the consultation area. The doctor will likely collect similar information as collected in a typical new patient encounter. This interview is an opportunity for the doctor to listen to information about the patient’s condition and for the patient to learn more about the doctor and chiropractic. It appears as more of a “conversation” than a history gathering encounter. Remember, gathering of patient history is a component of the evaluation and management code you will charge, and therefore, must be included in detail in that CPT coded evaluation portion of the visit, not this pre-acceptance interview time. Simple rather than detailed notes can be compiled at this interview, and then recorded in greater detail when/if the patient continues on to the agreed upon CPT coded section of the visit.

At the End of the Pre-Acceptance Interview

It’s vital that when a patient is in the pre-acceptance interview, before you move to CPT coded, charged services, the patient has the opportunity to “opt in” and direct the doctor to move forward with these services. The conversation can look something like:

Scenario #1: Patient does not have third party coverage and the doctor participates with a discount medical plan like ChiroHealthUSA.

“From what you’ve shared with me, I think you’re an excellent candidate for chiropractic care. Next, we need to conduct a thorough evaluation, including an examination (and possible x-rays), to locate the underlying cause of your problem. Once that is complete, I can review the results and give you a report of my findings and what continued care will look like.

I understand that you don’t have any third party assistance with your financial responsibility. Are you by any chance a member of ChiroHealthUSA, a discount medical plan for services in offices like ours? Not to worry…Sally can explain this in detail, but rest assured that we belong to such a plan to assist those just like you who are without third party assistance. We have capped our initial visit fee for ChiroHealthUSA members at XXXX. And there is a $49 fee to join, but
this discounted visit fee, along with the membership fee of $49 is still significantly less than our published actual fee. Are you ready to get started?”

Scenario #2: Patient has third party coverage, which has either been pre-verified or not

“From what you’ve shared with me, I think you’re an excellent candidate for chiropractic care. Next, we need to conduct a thorough evaluation, including an examination (and possible x-rays), to locate the underlying cause of your problem. Once that is complete, I can review my findings and give you a report of my findings and what continued care will look like.

“I understand that you have third party coverage with XXX insurance and we expect there to be some coverage for you. Note: [If you do not expect there to be any coverage, giving a “worst case scenario” as noted in the example above could be delivered here] Moving forward with the evaluation will incur costs that may or may not be covered by the third party carrier. Note: [If you have pre-verified the insurance and can give at least basic information here, go ahead and share it with the patient. Some offices choose to collect at least a set deposit amount on this first visit while waiting to find out more about the coverage.] We ask you to pay at least $XX today toward your portion, and by the time we deliver your report of findings, we should know more about your expected total responsibility. Are you ready to get started? ”

What if the Patient Says No?

Don’t attach too much meaning to “No”. It is a responsible patient who takes into consideration their ability to pay and to follow through with care. Being gracious and understanding in this scenario may pay in spades later. They now have met the doctor and know more about their care. It’s unlikely they will go anywhere else when they decide to opt in to care. If they do, and it’s because the doctor down the street discounts illegally or doesn’t charge copayments, let it go...let them go. Hold your head high and know that you may have to get 10 “no’s” to get to a single “yes”.