

## **Procedure 1221- Provider Meet-and-Greet Visit**

### **Lines of Business: All**

**Purpose:** This guideline is to provide our process for claims received for a “meet and greet” session.

**Procedure:** Network Health will deny claims received from a provider’s office that is billed with any Unlisted Evaluation & Management (E/M) code specifically used to bill for “meet and greet” provider office visits. Providers cannot charge an E/M service for such visits because no history, examination, or medical decision-making is involved when a patient simply wants to meet and interview the provider to see if they want that provider to handle their care.

Claims submitted for a meet-and-greet visit will be denied with ansi code 150 - Payer deems the information submitted does not support this level of service.

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**This policy is not a guarantee of coverage or payment. The claim(s) will be denied if it does not meet with all the terms and provisions of the members Certificate of Coverage. Actual benefits will be determined when the claim(s) or bill(s) are submitted to NHP/NHIC/NHAS. NHP/NHIC/NHAS reserves the right to periodically review and update all claim guidelines.**

HMO plans underwritten by Network Health Plan. POS Plans underwritten by Network Health Insurance Corporation, or Network Health Insurance Corporation and Network Health Plan. Self-funded HMO and POS plans administered by Network Health Administrative Services, LLC.

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