

# New Patient Visit

Reimbursement Policy ID: RPC.0021.DEEX

Recent review date: 02/2024

Next review date: 09/2025

*AmeriHealth Caritas Next reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Next may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.*

*In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.*

## Policy Overview

This policy describes new versus established patient visit criteria in claims processing by AmeriHealth Caritas Next.

AmeriHealth Caritas Next aligns with the Centers for Medicare & Medicaid Services (CMS) with regard to new patient visit criteria:

- **Professional services** are face-to-face services rendered by a physician or other qualified health professional and reported by a specific procedure code (e.g., Evaluation and Management services).
- Any physician or other qualified health care professional from the same group practice within the same specialty and using the same Tax Identification Number (TIN) is considered the **same provider** (e.g., "same physician").
  - Any advanced practice nurse or physician assistant working with a physician (e.g., working as a physician extender) is considered as working in the same specialty as the physician.
- A patient who has not received any professional services from the same provider within the past three years is considered a **new patient**. Otherwise, that patient is considered an **established patient**. For example:

- A patient who has received telehealth Evaluation and Management (E/M) services within the last three years by the same provider is considered an established patient.

## Exceptions

N/A

## Reimbursement Guidelines

Providers must submit clean claims for accurate reimbursement. A claim for a “new patient” procedure code (e.g., E/M services) will be denied if claims history shows that the patient has already received professional services from the same provider within the past three years.

Refer to CPT/HCPS manuals for complete descriptions of procedures, and state billing resources for fee schedules and billing guidelines. Only medically necessary services are reimbursable.

## Definitions

### New Patient

A new patient is one who has not received any professional services, [e.g., E/M service or other face-to-face service (e.g., surgical procedure)] from the physician or group practice (same physician specialty) within the previous 3 years.

## Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. Centers for Medicare & Medicaid Services (CMS) Medicare Claims Processing Manual, Chapter 12, - Physicians/Nonphysician Practitioners.
- III. Centers for Medicare and Medicaid Services (CMS).

## Attachments

N/A

## Associated Policies

N/A

## Policy History

04/2024	Revised preamble
02/2024	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by AmeriHealth Caritas Next from Policy History section
01/2023	Template Revised <ul style="list-style-type: none"><li>• Revised preamble</li><li>• Removal of Applicable Claim Types table</li><li>• Coding section renamed to Reimbursement Guidelines</li><li>• Added Associated Policies section</li></ul>

