

New Patient Visit Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee’s benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

This policy addresses the appropriate submission of a New Patient Evaluation and Management (E/M) service codes or Initial Visit HCPCS codes.

Reimbursement Guidelines

For the purposes of this policy, Same Specialty Physician is defined as a Physician and/or Other Qualified Health Care Professional of the same group and same specialty reporting the same Federal Tax Identification number.

According to the Centers for Medicare and Medicaid Services (CMS), a New Patient is a patient who has not received any professional services, i.e., E&M service or other face-to-face service (e.g., surgical procedure) from the physician, or another physician of the same specialty who belongs to the same group practice, within the past three years.

Therefore, UnitedHealthcare will reimburse a New Patient E/M code only when the elements of that definition have been met.

In the instance where a physician is on-call or covering for another physician and billing under the same Federal Tax Identification number, the patient's encounter with the on-call physician is classified as it would have been classified by the physician who was not available. This patient is not considered a New Patient merely because the visit is covered by

an on-call physician from whom the patient has not previously received services.

According to CMS, an Initial Visit is the first patient encounter for a specific purpose, i.e. the first E/M visit, the first annual wellness visit, the first E/M visit to discuss diabetic sensory neuropathy, etc. A Subsequent Visit is any encounter that occurs after the initial patient encounter.

Therefore UnitedHealthcare will only reimburse an Initial Visit HCPCS Code when the Same Specialty Physician has not previously reported the same Initial Visit HCPCS code or a HCPCS code described as a Subsequent Visit for the same patient.

Definitions	
Initial Visit	An Initial Visit is considered the first patient encounter for a specific purpose
New Patient	A New Patient is one who has not received any professional services from the physician, or other qualified health care professionals of the same specialty who belongs to the same group practice, within the past three years
Physician or Other Qualified Health Care Professional	Per the CPT book, a Physician or Other Qualified Health Care Professional is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service
Same Group Physician and/or Other Qualified Health Care Professional	All physicians and/or other qualified health care professionals of the same group reporting the same Federal Tax Identification number
Same Specialty Physician or Other Qualified Health Care Professional	Physicians and/or other qualified health care professionals of the same group and same specialty reporting the same Federal Tax Identification number
Subsequent Visit	Subsequent Visit is any encounter that occurs after the initial patient encounter for a specific purpose

Questions and Answers	
1	<p>Q: How should an emergency department service be reported for a New Patient?</p> <p>A: For the purposes of determining E/M coding, the CPT book makes no distinction between new and established patients for services provided in the emergency department. E/M services performed in the emergency department may be reported for any new or established patient who presents for treatment.</p>
2	<p>Q: A physician provided an E/M service for a patient who was seen last year in our office by a physician of the same specialty but different subspecialty. Will UnitedHealthcare reimburse a New Patient E/M code if reported in this situation?</p> <p>A: No. UnitedHealthcare follows CMS policy and will reimburse a New Patient E/M code if the patient has not received any professional services from the physician, or another physician of the same specialty reporting under the same TIN, within the past three years.</p>
3	<p>Q: Will UnitedHealthcare reimburse the Initial Visit HCPCS code if the patient has received an Initial or Subsequent Visit in the past?</p> <p>A: No. UnitedHealthcare will only reimburse an Initial Visit if the patient has not previously been seen for an Initial or Subsequent Visit.</p>
4	<p>Q: Will UnitedHealthcare reimburse New Patient CPT codes for Nurse Practitioners/Physicians Assistants reporting under providers of different specialties but same TIN?</p> <p>A: No. Nurse Practitioners (NPs) and Physicians Assistants (PAs) are credentials of the practitioner (such as MD, DO), they are not considered specialty designations. Therefore, if a current claim comes in for a new patient E/M provided by an NP and there is a claim in history provided by an NP, with the same TIN, the current claim would deny, allowing the provider to review their documentation and resubmit with the appropriate established E/M service.</p>

Attachments: Please right-click on the icon to open the file.



New Patient Codes

A list of New Patient and Initial patient Visit Evaluation and Management (E/M) codes applicable to this policy.

Resources

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History

8/28/2019	Policy Version Change Questions and Answer Section: Added Q&A #2
6/7/2019	Annual Anniversary Date and Version Change Definitions: Added Same Group Physician and/or Other Qualified Health Care Professional Reimbursement Guidelines: Added example
4/1/2019	Policy Version Change Title Section Changed. Removed Annual Approval information & moved policy # to the header Questions and Answer Section: Added Q&A #4 History Section: Entries prior to 1/1/2017 archived
8/31/2018	Added the word "Professional" to the policy title (no new version)
7/11/2018	Annual Policy Version Change Definitions: Updated
7/12/2017	Policy Logo, Preamble and Footer have been updated (No new version) Policy Annual Approval Date Change
1/1/2017 – 7/10/2018	Annual Policy Version Change History Section: Entries prior to 1/1/2015 archived