

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 Community Plan reimbursement policies uses 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 Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan 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 Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, 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 Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan 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 UnitedHealthcare Community Plan Medicaid products.

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 code and an Initial Visit HCPCS code.

Reimbursement Guidelines

According to the Centers for Medicare and Medicaid Services (CMS), a New Patient is a patient 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.

Therefore, UnitedHealthcare Community Plan 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 Community Plan 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.

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.

State Exceptions

Kansas	Per State requirements, Kansas APRN and PA providers are to submit initial Evaluation and Management services (codes 99201-99205) provided in a clinic setting with a modifier U8, when this service is provided for an individual who has not received this service from the same practice with the same specialty within the previous three years.
Pennsylvania	Due to State Regulations, cpt code 99205 is allowed twice per pregnancy when billed with modifiers TF & HD.
Texas	Texas Medicaid allows under TSTEP a new patient preventive code (99381-99385) when no prior checkups preventive codes (99381-99385 or 99391-99395) have been billed by the same provider or provider group within the past 3 years, even if an acute care new patient E/M service was previously performed by the same provider.


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 Community Plan 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 Community Plan reimburse the Initial Visit HCPCS code if the patient has received an Initial or Subsequent Visit in the past?</p> <p>A: No. UnitedHealthcare Community Plan will only reimburse an Initial Visit if the patient has not previously been seen for an Initial or Subsequent Visit.</p>

Attachments

 UnitedHealthcare Community Plan New Patient Visit Codes	<p>A list of New Patient and Initial patient Visit Evaluation and Management (E/M) codes applicable to this policy</p>
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Resources

Individual state Medicaid contracts, regulations, manuals & fee schedules

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

6/5/2020	Annual Policy Version Change History Section: Entries prior to 6/5/2018 archived
3/17/2020	State exceptions section: Removed reference to Louisiana Footer section: Updated copyright year from "2019" to "2020" Updated policy version from 2019R0004C to 2020R0004A Removed all files and references to Louisiana contained in the body of the policy, information has been moved to the "Louisiana Only" policy
8/28/2019	Questions and Answers section: Updated Q&A #2
6/7/2019	Annual Anniversary Date and Version Change Title Section Changed. Removed Annual Approval information & moved policy # to the header

	Definitions: Deleted: or another physician of the same specialty Added: or other qualified health care professional of the same specialty
1/1/2019	Policy Version Change History section: Entries prior to 1/1/2017 archived
10/5/2018	Application section: Removed the verbiage and link for the provider website State Exceptions section: Added Texas Medicaid exception
8/31/2018	Added the word "Professional" to the policy title (no new version)
7/11/2018	Annual Policy Version Change Definitions: Revised
1/6/2006	Policy implemented by UnitedHealthcare Community & State