Payment Policy: New Patient

Reference Number: CC.PP.036
Product Types: ALL
Effective Date: 01/01/2014
Last Review Date: 11/01/2019

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Policy Overview
According to the American Medical Association's (AMA) Current Procedural Terminology (CPT®) guidance, "A new patient is one who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years (1095 days)."

The purpose of this policy is to define payment criteria and appropriate use of the new patient evaluation and management (E&M) procedure codes.

Application.
Professional Services

Reimbursement
Claims submissions containing a new patient E&M code will be denied if a previous claim line containing any E&M code was billed within a three year period. The new patient code would be denied and replaced with an appropriate established patient code.

The new patient billing requirements apply even if the physician previously saw the patient while the physician was with a different group practice.

New Patient Recoding Crosswalk

New Patient Office Visit Codes	Established Patient Office Visit Codes
92002	92012
92004	92014
99201	99212
99202	99213
99203	99214
99204	99215
99205	99215
99324	99334
99325	99335
99326	99336
99327	99337

New Patient Office Visit Codes	Established Patient Office Visit Codes
99328	99337
99341	99347
99342	99348
99343	99349
99344	99350
99345	99350
99381	99391
99382	99392
99383	99393
99384	99394
99385	99395
99386	99396
99387	99397

Coding and Modifier Information

This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT/HCPCS Code	Descriptor
92002	Ophthalmological Services
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits
99201	Office or other outpatient visit for the evaluation and management of a new patient (10 minutes)
99202	Office or other outpatient visit for the evaluation and management of a new patient (20 Minutes)

99203	Office or other outpatient visit for the evaluation and management of a new patient (30 minutes)
99204	Office or other outpatient visit for the evaluation and management of a new patient (45 minutes)
99205	Office or other outpatient visit for the evaluation and management of a new patient (60 minutes)
99324	Domiciliary or rest home visit for the evaluation and management of a new patient (20 minutes)
99325	Domiciliary or rest home visit for the evaluation and management of a new patient (30 minutes)
99326	Domiciliary or rest home visit for the evaluation and management of a new patient (45 minutes)
99327	Domiciliary or rest home visit for the evaluation and management of a new patient (60 minutes)
99328	Domiciliary or rest home visit for the evaluation and management of a new patient (75 minutes)
99341	Home visit for the evaluation and management of a new patient (20 minutes)
99342	Home visit for the evaluation and management of a new patient (30 minutes)
99343	Home visit for the evaluation and management of a new patient (45 minutes)
99344	Home visit for the evaluation and management of a new patient (60 minutes)
99345	Home visit for the evaluation and management of a new patient (75 minutes)
99381	Initial comprehensive preventive medicine evaluation and management (< 1year)
99382	Initial comprehensive preventive medicine evaluation and management of an individual (Age 1-4 years)
99383	Initial comprehensive preventive medicine evaluation and management of an individual (Age 5-11 years)
99384	Initial comprehensive preventive medicine evaluation and management of an individual (Age 12 – 17 years)
99385	Initial comprehensive preventive medicine evaluation and management of an individual (Age 18-39 years)
99386	Initial comprehensive preventive medicine evaluation and management of an individual (Age 40-64 years)
99387	Initial comprehensive preventive medicine evaluation and management of an individual (Age>65 years)
G0245	Initial physician evaluation and management of a diabetic patient
S0610	Annual gynecological examination, new patient
S0620	Routine ophthalmological examination including refraction; new patient

Modifier	Descriptor
NA	Not Applicable

ICD-10 Codes	Descriptor
NA	Not Applicable

Definitions
Not Applicable

Related Policies
Not Applicable

Related Documents or Resources
Not Applicable

References
1. *Current Procedural Terminology (CPT®)*, 2019

Revision History	
11/11/2016	Initial Policy Draft Created
03/10/2018	Reviewed and revised policy, validated codes.
03/10/2019	Conducted review and updated policy
11/01/2019	Annual Review completed

Important Reminder
For the purposes of this payment policy, "Health Plan" means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan's affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains

the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at http://www.cms.gov for additional information.