New Patient Visit

Reimbursement Policy ID: RPC.0021.2100

Recent review date: 09/2023

Next review date: 08/2024

AmeriHealth Caritas Louisiana reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and 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 Louisiana 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 but not limited to Current Procedural Terminology (CPT®), the Healthcare Common Procedure Coding System (HCPCS), and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM). Other factors that may affect payment include but are not limited to 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 policies. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all healthcare services billed on CMS-1500 forms or its electronic equivalent and, when specified, billed on UB-04 forms or its electronic equivalent.

Policy Overview

This policy describes new (versus established) patient visit criteria for claims processing by AmeriHealth Caritas Louisiana.

AmeriHealth Caritas Louisiana aligns with the Centers for Medicare and 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, under the same specialty, and with 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 exact same specialty as the physician.
- A patient who has not received any professional services from the same provider within the past three (3) 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 (3) 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 the claims history shows that the patient has already received professional services from the same provider within the past three (3) 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 physician group practice (same physician specialty) within the previous 3 years.

Edit Sources

I. *Current Procedural Terminology* (CPT®) and associated publications and services.
II. *International Classification of Diseases,10th Revision, Clinical Modification (ICD-10*).
III. *Healthcare Common Procedure Coding System* (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS).
V. The National Correct Coding Initiative (NCCI) in Medicaid.
VI. Centers for Medicare and Medicaid Services (CMS) Medicare Claims Processing Manual, Chapter 12 - *Physicians/Nonphysician Practitioners*.

Attachments

N/A

Associated Policies

N/A

Policy History

09/12/2023	Reimbursement Policy Committee Approval

08/25/2023	Removal of Policy Implemented by AmeriHealth Caritas from Policy History section
01/10/2023	Template Revised Revised preamble Removal of Applicable Claim Types table Coding section renamed to Reimbursement Guidelines Added Associated Policies section
	Precedes Act 319