PAYMENT POLICY ID NUMBER: 10-018

Original Effective Date: 12/22/2009

Revised: 06/13/2024

New Patient Visits

THIS PAYMENT POLICY IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS PAYMENT POLICY APPLIES TO ALL LINES OF BUSINESS AND PROVIDERS OF SERVICE. IT DOES NOT ADDRESS ALL POTENTIAL ISSUES RELATED TO PAYMENT FOR SERVICES PROVIDED TO FLORIDA BLUE MEMBERS AS LEGISLATIVE MANDATES, PROVIDER CONTRACT DOCUMENTS OR THE MEMBER'S BENEFIT COVERAGE MAY SUPERSEDE THIS POLICY.

DESCRIPTION:

This policy describes the appropriate use of new patient evaluation and management (E/M) codes.

REIMBURSEMENT INFORMATION:

A new patient is one who has not received any professional services from the physician or another physician and/or health care professional of the same group practice and same specialty within the past three years. Therefore, a physician or eligible health care professional should only bill for new patient services when the elements of this definition are met.

If the definition is not met, the services should be reported with the appropriate established patient code.

For purposes of this policy, "professional services" would include any E/M service or other face-to-face service (e.g., surgical procedure or global diagnostic service). An interpretation of a diagnostic test such as reading an x-ray or EKG etc., does not affect the designation of a New Patient by this policy.

When a physician is on call for or covering for another physician, the patient's visit will be classified as it would have been by the unavailable physician.

The new patient definition applies even if the physician saw the patient while a member of a different physician group. For example, a physician leaves group practice A to join group practice B. If a patient who received professional services while the physician was a part of group A sees the physician after joining group B within the three-year window, the encounter would be reported with an established patient code.

For a listing of specialties as defined by Florida Blue and used for application of this policy see the following link: FB Specialty Listing

BILLING/CODING INFORMATION:

The following codes may be used to describe new patient encounters:

CPT®/HCPCS Coding

92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15 minutes must be met or exceeded.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30 minutes must be met or exceeded.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45 minutes must be met or exceeded.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60 minutes must be met or exceeded.
99341	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
99342	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99344	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
99345	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)

99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older
S0610	Annual gynecological examination, new patient
S0620	Routine ophthalmological examination including refraction; new patient

DEFINITIONS:

New Patient	Patient who has not received any professional services from the physician or another physician and/or health care professional of the same group and same specialty, within the past three years

RELATED PAYMENT POLICIES:

Evaluation and Management Services by Physicians in the Same Group Practice 20-068
Evaluation and Management for Office or Other Outpatient Services 21-070

REFERENCES:

1. American Medical Association, *Current Procedural Terminology (CPT ®), Professional Edition*
2. Centers for Medicare and Medicaid Services (CMS), Medicare Claims Processing Manual, Chapter 12, "Physician/Non-Physician Practitioners", Section 30.6.7. Found at: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf
3. Family Practice Management, "Understanding When to Use the New Patient E/M Codes". September 2003. Found at http://www.aafp.org/fpm/2003/0900/p33.html

GUIDELINE UPDATE INFORMATION:

12/22/2009	Originally published
08/21/2012	Revised – Name updated to Florida Blue
09/01/2014	Revised – References updated; Reimbursement information clarified
04/25/2015	Added list of specialties
04/01/2016	Updated link to list of specialties
06/16/2016	Annual Review – no changes
06/15/2017	Annual Review – adding procedures S0610 & S0620
06/14/2018	Annual Review – no changes
06/20/2019	Annual Review – updated code descriptors
06/11/2020	Annual Review – added diagnostic testing clarification for New Patient visit
06/10/2021	Annual Review – Descriptors revised for New Patient Office or Other Outpatient Services and Related Payment Policies added.
06/16/2022	Annual Review – no changes
01/01/2023	Revision – E/M descriptors revised for Home and Residence Services, CPT® codes 99341-99350. CPT® codes 99324-99328 were deleted.
06/08/2023	Annual Review – References reviewed and updated.
06/13/2024	Annual Review – Cardiology specialties C10-C12 and Undersea & Hyperbaric Medicine specialties C13-C14 added to the list of specialties defined by Florida Blue. CPT® descriptors revised. References reviewed and updated.