AmeriHealth Caritas Ohio

New Patient Visit

Reimbursement Policy ID: RPC.0021.7700

Recent review date: 09/2024

Next review date: 09/2026

AmeriHealth Caritas Ohio reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare & 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 Ohio 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 Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include 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 health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

Policy Overview

This policy describes new versus established patient visit criteria in claims processing by AmeriHealth Caritas Ohio.

AmeriHealth Caritas Ohio aligns with the Centers for Medicare & 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 within the same specialty and using 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 same specialty as the physician.

- A patient who has not received any professional services from the same provider within the past three 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 years by the same provider is considered an established patient.
    - A patient who has received an interpretation of a diagnostic test in the absence of an E/M or other face-to-face service within the last three years is still considered a new 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 years.

Refer to CPT/HCPS manuals for complete descriptions of procedures, and Ohio Department of 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 group practice (same physician specialty) within the previous three years. The subsequently billed new patient visit will be denied if another E/M procedure or face-to-face service has been billed within the past three years.

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. Centers for Medicare & Medicaid Services (CMS) Medicare Claims Processing Manual, Chapter 12, - Physicians/Nonphysician Practitioners.
III. Ohio Department of Medicaid fee schedules and other billing resources: https://medicaid.ohio.gov/resources-for-providers/billing/billing

Attachments

N/A

Associated Policies

N/A

Policy History

09/2024	Reimbursement Policy Committee Approval
08/2024	Annual review • Updated to biennial policy

	• No major changes
04/2024	Revised preamble
08/2023	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by AmeriHealth Caritas Ohio from Policy History section
01/2023	Template Revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section