

PreferredOne

DEPARTMENT:	Pricing and Payment	APPROVED DATE:	5/1/2018
POLICY DESCRIPTION:	New patient		
EFFECTIVE DATE:	8/13/2018		
PAGE:	1 of 1	REPLACES POLICY DATED:	1/1/2011
REFERENCE NUMBER:	008	RETIRED DATE:	

SCOPE: Network Management, Customer Service Department for PreferredOne, PreferredOne Community Health Plan and PreferredOne Administrative Services, Inc, Medical Management, Claim Department for PreferredOne Community Health Plan, PreferredOne Administrative Services, and PreferredOne Participating Providers

PURPOSE: Define New Patient Visit

DEFINITIONS: A new patient is one who has not received any professional services (E/M service or other face-to-face service such as surgical procedure) from the physician or another physician of the same specialty in the same group practice, within the past three years.

POLICY: New patient E/M codes will not be reimbursable if the patient does not meet the PreferredOne definition of New Patient

PROCEDURE:

1. If an E/M code is submitted and the patient does not meet the definition of a new patient, the new patient code will be denied and replaced with the appropriate established patient code.
2. If both a preventive and a problem oriented E/M service is provided on the same date of service, and the patient meets the criteria for a new patient E/M, only one of the E/M's submitted can be a new patient E/M.

REFERENCES:

P-32 Reimbursement for Evaluation and Management Office Calls When Billed with a Preventative Medicine Service