<table>
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<th>Policy Name</th>
<th>New Patient Visit</th>
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<tr>
<td><strong>Summary</strong></td>
<td>This policy describes the requirements for billing and reimbursement of new patient evaluation and management (E/M) codes.</td>
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<td><strong>Policy Statement</strong></td>
<td>New patient E&amp;M visit codes are eligible for reimbursement only when the patient has not received any professional services within the previous three years   • from the same individual physician regardless of the Federal Tax Identification number, or   • from the same physician or another physician of the same specialty reporting the same Federal Tax Identification number.   For purposes of this policy, “professional services” would include any E/M service or other face-to-face service (e.g., surgical procedure). An interpretation of a diagnostic test, reading an x-ray or EKG etc., does not affect the designation of a New Patient by this policy.   This policy recognizes physician specialty; physician subspecialty is not considered.   If a physician/qualified health care professional is on-call or covering for another physician/qualified healthcare professional of the same specialty and billing under the same Federal Tax Identification number, the on-call or covering physician/qualified healthcare professional should not assign a new patient E&amp;M for the visit. The physician/qualified healthcare professional on-call or covering for another physician/qualified health care professional should assign an established E&amp;M code for the service provided.   If a physician/qualified health care professional changes group practice and an established patient receives services from the same individual physician/qualified health care professional within a three year period, the patient is still considered an established patient. An established patient E/M code should be assigned for the service provided.   If both a preventive and problem oriented E/M service are 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 services billed can be a new patient E/M code.</td>
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<td><strong>Definitions</strong></td>
<td><strong>New Patient</strong> A patient who has not received any professional services, i.e., E/M service or other face-to-face service, from a physician, regardless of the Federal Tax Identification number, or the physician or another physician of the same specialty reporting the same Federal Tax Identification, within the previous</td>
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three years.

**Physician** Physician or other qualified health care professional

**Same Physician** Same individual physician/qualified health care professional regardless of the Federal Tax Identification number or another physician/qualified health care professional of the same specialty reporting the same Federal Tax Identification number.

**Code Lists**

- [New Patient Visit Code List](#)

**Resources**

- Centers for Medicare and Medicaid Services (CMS)
- Healthcare Common Procedure Coding System (HCPCS)

**Effective Date**

02/08/1993

**Revision Updates**

- 10/01/2017 Administrative update
- 08/31/2017 Annual policy review
- 10/06/2016 Annual policy review
- 10/08/2015 Annual policy review; updated policy statement
- 07/24/2014 Annual policy review
- 05/16/2013 Annual policy review