

<b>Billing and Reimbursement Guideline:</b> <b>New Versus Established Patient Guidelines</b>
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<b>Guideline Publication Date:</b> <b>September 1, 2010</b>
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Key coding, documentation and reimbursement points include:

- This policy applies to professional services billed on a CMS-1500 claim form and facility services billed on a UB-92 claim form.
- “New” is defined as a “new physician or another physician of the same specialty who belongs to the same group practice”.
- A new patient is one that has not been treated within the last three calendar years.
- If no face-to-face encounter has previously occurred between the physician and the patient, then the patient may be coded as a new patient the first time a face-to-face encounter does occur.
- In the instance where a physician is on call or covering for another physician, the patient’s encounter will be reimbursed as if treated by member’s physician who was not available.
- An interpretation of a diagnostic test, reading of an x-ray or EKG, etc., in the absence of a face-to-face encounter does not affect the new patient designation.
- This guideline applies to both CMS-1500 and UB-92 claim submissions.
- This guideline applies to all places of service.

*Please refer to Neighborhood’s provider website at <http://www.nhpr.org> for specific provisions by product line.*

*This guideline is not a guarantee of reimbursement. Plan coverage, eligibility and claim payment edit rules may apply.*

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Version History

Original Publish Date:            9/1/2010

Revision Date (s):

9/1/13            Format change, minor edits, added language of applicability to both professional and facility claims.