

## Payment Policy: New Patient

Reference Number: LA.PP.036

Product Types: ALL

Effective Date: 08/2020

Last Review Date: 07/2023

[Coding Implications](#)  
[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

### Policy Overview

According to the American Medical Association’s (AMA) Current Procedural Terminology (CPT®) guidance, “A new patient is one who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years (1095 days).”

The purpose of this policy is to define payment criteria and appropriate use of the new patient evaluation and management (E&M) procedure codes.

### Application.

Professional Services

### Reimbursement

Claims submissions containing a new patient E&M code will be denied if a previous claim line containing any E&M code was billed within a three-year period. The new patient code would be denied and replaced with an appropriate established patient code.

The new patient billing requirements apply even if the physician previously saw the patient while the physician was with a different group practice.

### New Patient Recoding Crosswalk

New Patient Office Visit Codes	Established Patient Office Visit Codes
92002	92012
92004	92014
99202	99213
99203	99214
99204	99215
99205	99215
99341	99347
99342	99348
99344	99350
99345	99350
99381	99391

<b>New Patient Office Visit Codes</b>	<b>Established Patient Office Visit Codes</b>
99382	99392
99383	99393
99384	99394
99385	99395
99386	99396
99387	99397

**Coding and Modifier Information**

This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2022, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

<b>CPT/HCPCS Code</b>	<b>Descriptor</b>
92002	Ophthalmological Services
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 ( 20 Minutes)
99203	Office or other outpatient visit for the evaluation and management of a new patient (30 minutes)
99204	Office or other outpatient visit for the evaluation and management of a new patient ( 45 minutes)
99205	Office or other outpatient visit for the evaluation and management of a new patient (60 minutes)
99341	Home visit for the evaluation and management of a new patient (20 minutes)
99342	Home visit for the evaluation and management of a new patient (30 minutes)
99344	Home visit for the evaluation and management of a new patient (60 minutes)
99345	Home visit for the evaluation and management of a new patient (75 minutes)
99381	Initial comprehensive preventive medicine evaluation and management (< 1year)

99382	Initial comprehensive preventive medicine evaluation and management of an individual (Age 1-4 years)
99383	Initial comprehensive preventive medicine evaluation and management of an individual (Age 5-11 years)
99384	Initial comprehensive preventive medicine evaluation and management of an individual (Age 12 – 17 years)
99385	Initial comprehensive preventive medicine evaluation and management of an individual (Age 18-39 years)
99386	Initial comprehensive preventive medicine evaluation and management of an individual (Age 40-64 years)
99387	Initial comprehensive preventive medicine evaluation and management of an individual (Age>65 years)

Modifier	Descriptor
NA	Not Applicable

ICD-10 Codes	Descriptor
NA	Not Applicable

**Definitions**

Not Applicable

**Related Policies**

Not Applicable

**Related Documents or Resources**

Not Applicable

**References**

1. *Current Procedural Terminology (CPT®)*, 2022

Revision History	Revision Date	Approval Date
Converted corporate to local policy.	08/15/2020	
Annual Review; Updated dates in the reference section from 2019 to 2021 Removed clinical and added payment policy in “Important Reminder” section	08/30/2022	
Annual Review; updated crosswalk to reflect 2022 CPT updates; updated the dates in the reference section	7/26/2023	

### **Important Reminder**

This payment policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this payment policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this payment policy. This payment policy is consistent with standards of medical practice current at the time that this payment policy was approved.

The purpose of this payment policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This payment policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this payment policy, and additional clinical policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this payment policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

This payment policy is the property of LHCC. Unauthorized copying, use, and distribution of this payment policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

**PAYMENT POLICY**  
**LA.PP.036 New Patient**



©2023 Louisiana Healthcare Connections. All rights reserved. All materials are exclusively owned by Louisiana Healthcare Connections and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Louisiana Healthcare Connections. You may not alter or remove any trademark, copyright or other notice contained herein. Louisiana Healthcare Connections is a registered trademark exclusively owned by Louisiana Healthcare Connections.