



Policy Title	New Patient Visit Reimbursement Policy
Policy Department	Payment Strategy and Operations
Effective Date	10/1/2022
Revision Date(s)	
Next Review Date	

Disclaimer:

Clover Health applies CMS criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

Description: This policy describes the requirements for billing and reimbursement of new patient evaluation and management (E/M) codes.

Definitions:

- **Initial Visit** - An Initial Visit is considered the first patient encounter for a specific purpose.
- **New Patient** - A New Patient is one who has not received any professional services from the physician, or other qualified health care professionals of the same specialty who belong to the same group practice, within the past three years.
- **Physician or Other Qualified Health Care** - Professional is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privilege (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service.
- **Same Group Physician and/or Other Qualified Healthcare Professional** - All

physicians and/or other qualified health care professionals of the same group reporting the same Federal Tax

- **Same Specialty Physician or Other Qualified Health Care Professional -** Physicians and/or other qualified health care professionals of the same group and same specialty reporting the same Federal Tax Identification number.
- **Subsequent Visit** - Subsequent Visit is any encounter that occurs after the initial patient encounter for a specific purpose.

Policy: This policy addresses the appropriate submission of a New Patient Evaluation and Management (E/M) service code and an Initial Visit HCPCS code. New patient E/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

In the instance where a physician is on-call or covering for another physician and billing under the same Federal Tax Identification number, the patient's encounter with the on-call physician is classified as it would have been classified by the physician who was not available. This patient is not considered a New Patient merely because the visit is covered by an on-call physician from whom the patient has not previously received services.

The provider must ensure that medical record documentation supports the level of service reported. The volume of documentation should not be used to determine which specific level of service is billed. In addition to the individual requirements associated with the billing of a selected E/M code, in order to receive payment from Clover Health for a service, the service must also be considered reasonable and necessary. Therefore, the service must be:

- Furnished for the diagnosis, direct care, and treatment of the beneficiary's medical condition (i.e., not provided mainly for the convenience of the beneficiary, provider, or supplier); and
- Compliant with the standards of good medical practice.



Claim Information	New Patient and Initial Visit E&M Codes List - 92002, 92004, 99202, 99203, 99204, 99205, 99218, 99219, 99220, 99221, 99222, 99223, 99304, 99305, 99306, 99324, 99325, 99326, 99327, 99328, 99341, 99342, 99343, 99344, 99345, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99460, 99461, 99463, 99464, 99468, 99471, 99475, 99477, G0245, G0402, G0425, G0426, G0427, G0438,
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References
E/M Services Guide
MM8165
Chapter 12 - Physicians/Nonphysician Practitioners