Is the Patient New or Established? Test Your Knowledge

ayment for a patient exam can vary depending on whether the patient is established or new, in which case you would get paid more.

Who is considered a new patient? The Current Procedural Terminology (CPT) defines a new patient as "one who has not received any professional services from the physician/qualified health care professional or another physician/qualified health care professional of the *exact* same specialty and subspecialty who belongs to the same group practice, within the past three years."

What is a professional service? For the purpose of determining whether a patient is new or established, CPT defines professional services as "those face-to-face services rendered by physicians and other qualified health care professionals who may report evaluation and management [E&M] services reported by a specific CPT code(s)."

What happens if you see an established patient but bill for a new patient? Many commercial plans would either deny the claim or, perhaps, change the CPT code from new to established. Furthermore, CMS has tasked Recovery Audit (RA) entities with identifying practices that have incorrectly used E&M or Eye visit codes that are reserved for new patients. The RA entities use data mining to identify such practices and will seek to recoup im-

proper payments. (For more on audits, including a list of issues that auditors are targeting, see aao.org/audits.)

New or Established?

Q1—92228-26. Some health plans use the Healthcare Effectiveness Data and Information Set (HEDIS) to track performance. To meet a HEDIS requirement, a primary care physician (PCP) asked you to provide her with the interpretation and report of a fundus photo on a patient with known retinopathy. This patient had never been seen by you or anyone else in your group practice. You submit CPT code 92228-26 for the professional component of remote imaging for monitoring and management of active retinal disease, (e.g., diabetic retinopathy) with physician review; interpretation and report, unilateral or bilateral. That same patient now comes to see you for retinopathy. Would you bill for a new or established patient?

Answer. Surprisingly, this qualifies as a new patient exam. According to *CMS Transmittal 1231*, "if a professional component of a previous procedure is billed in a three-year time period, e.g., a lab interpretation is billed and no E&M service or other face-to-face service with the patient is performed, then this patient remains a new patient for the initial visit."

Q2—loyal patients follow their doctor to her new clinic. A local ophthalmologist in solo practice has now

joined your group practice. Many of the patients she saw at her old clinic follow her to your clinic. Should these be billed as established patients or since this is their first time in your clinic—new ones?

Answer. If it has been less than three years since she last examined them, they should be billed as established patients. (Patients are tracked by the physician's 10-digit National Provider Identifier.)

Q3—follow-up after inpatient consult. The patient's PCP requested a hospital inpatient consult with you. Follow-up was scheduled at your office. When the patient comes to the office for the first time, should you bill him as a new or established patient?

Answer. Because of the earlier faceto-face encounter, he is an established patient. (Tip: It is wise to verify insurance participation when the patient follows up with you in the office setting.)

Q4—change of TIN. A practice is acquired, and a new practice Taxpayer Identification Number (TIN) is created for it. The office location and phone numbers are the same, but the physicians who had worked there under the old TIN have all retired. None of the physicians working there under the new TIN were there before the buyout. Are patients from the acquired practice new or established?

Answer. If the patients have not been examined by any of the current ophthalmologists within the past three years, they would be considered new.

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