

**Question:**

My office has an OD that works part-time 3 days a week, and that OD also works part-time for a local OMD office. The part-time OD sees a patient at the OMD office and bills a patient as a new patient. Then the patient later transfers care to the OD office and happens to see that same OD at that office for the first time – that office billed the patient as a new patient. Medicare is coming back and denying the claims because they are saying the office would have to bill the patient as established. The office thought the billing would go off the Office Tax ID – not the Doctor.

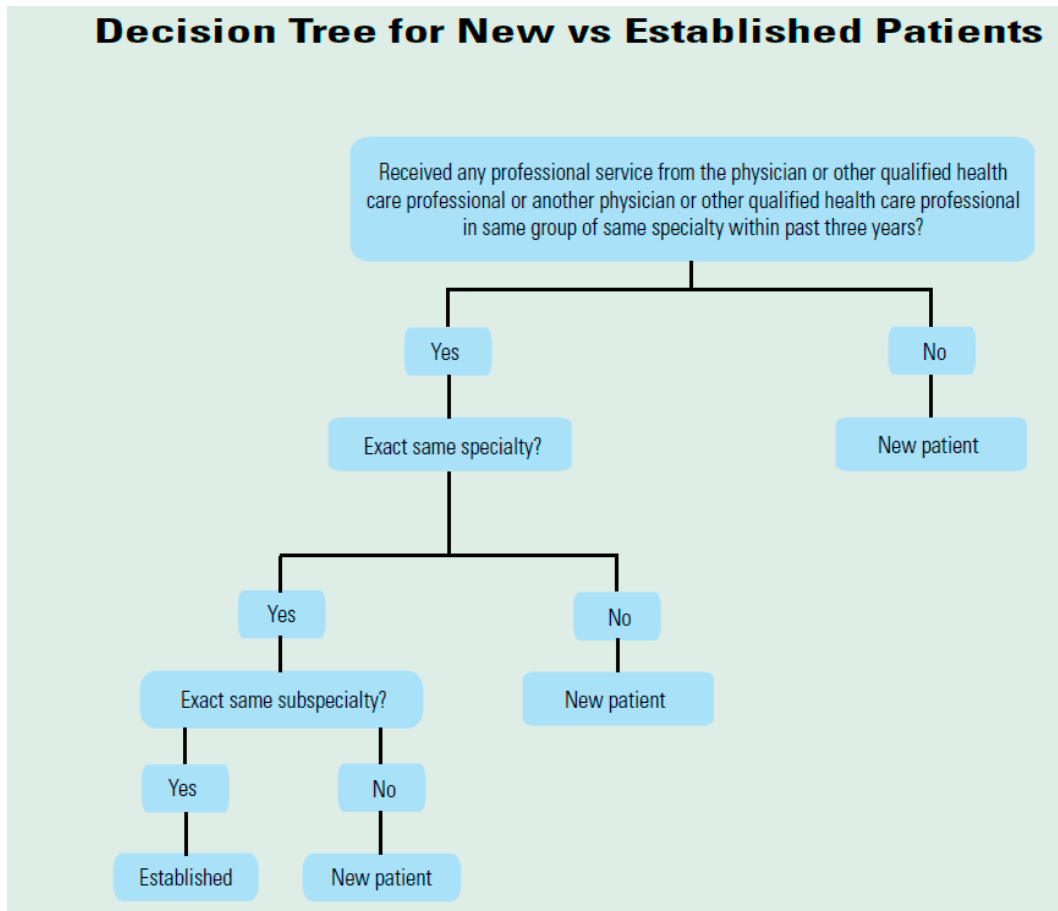
**Response:**

**Per CPT® New and Established Patients:**

“Solely for the purposes of distinguishing between new and established patients, professional services are those face-to-face services rendered by physicians and other qualified health care professionals who may report evaluation and management services. A new patient is one who has not received any professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

An established patient is one who has received professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.”

CPT® Decision Tree for New vs Established Patients.



## **Novitas Part B Information on claims denials due to New vs Established Patient**

<https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00173500>

“...According to CMS Internet Only Manual (IOM), Publication 100-4, Chapter 12, Section 30.6.7 a new patient is defined as a patient who has not received any professional services, i.e., evaluation and management service or other face-to-face service (e.g., surgical procedure) from the physician or physician group practice (same physician specialty) within the previous three years.

Please ensure you verify the following information prior to submitting an appeal on a new patient denial:

- Patient is new to your group practice for the provider specialty billed
- Physicians and NPP are trained as a different specialty or sub-specialty than the providers within your group practice that have previously treated the patient
- Patient’s medical records have been reviewed to verify the specialties of previously billed E/M services within the group practice

An established patient is a patient who has had a professional face-to-face service from the practitioner or from a practitioner of the same specialty in the group within three previous years. If you determine the patient does not meet the new patient guidelines, you can complete a claim correction by using Novitasphere (JH) (JL), the Claim Corrections IVR (JH) (JL), or submit a Clerical Error Reopening Request to change the E/M procedure code....”