

New Patient Visit Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the procedure code or codes that correctly describe the health care services provided to individuals whose behavioral health benefits are administered by Optum, including but not limited to UnitedHealthcare members. This reimbursement policy is also applicable to behavioral health benefit plans administered by OptumHealth Behavioral Solutions of California.

Our behavioral health reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other procedure coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.*

This information is intended to serve only as a general reference resource regarding our reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, Optum may use reasonable discretion in interpreting and applying this policy to behavioral health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for behavioral health care services provided to members. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: member's benefit coverage, provider contracts and/or legislative mandates. Finally, this policy may not be implemented exactly the same way on the different electronic claim processing systems used by Optum due to programming or other constraints; however, Optum strives to minimize these variations.

Optum may modify this reimbursement policy at any time by publishing a new version of the policy on this website. However, the information presented in this policy is accurate and current as of the date of publication.

**CPT® is a registered trademark of the American Medical Association*

Proprietary information of Optum. Copyright 2023 Optum.

Applicability

This reimbursement policy applies to all health care services billed on CMS 1500 forms and to services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

This policy addresses the appropriate submission of a New Patient Evaluation and Management (E/M) service codes or Initial Visit HCPCS codes.

Reimbursement Guidelines

For the purposes of this policy, Same Specialty Physician is defined as a Physician and/or Other Qualified Health Care Professional of the same group and same specialty reporting the same Federal Tax Identification number.



According to the Centers for Medicare and Medicaid Services (CMS), a New Patient is a patient who has not received any professional services, i.e., E&M service or other face-to-face service from the physician, or another physician of the same specialty who belongs to the same group practice, within the past three years.

Therefore, Optum will reimburse a New Patient E/M code only when the elements of that definition have been met.

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 National Correct Coding Initiative Policy Manual gives the following instruction: "Procedures should be reported with the most comprehensive CPT code that describes the services performed."

According to CMS, an Initial Visit is the first patient encounter for a specific purpose, i.e. the first E/M visit, the first annual wellness visit. A Subsequent Visit is any encounter that occurs after the initial patient encounter.

Therefore, Optum will only reimburse an Initial Visit HCPCS Code when the Same Specialty Physician has not previously reported the same Initial Visit HCPCS code or a HCPCS code described as a Subsequent Visit for the same patient.

New Patient Codes

92002	92004	99202	99203	99204	99205	99341	99342	99343	99344	99345
-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

Definitions	
Initial Visit	An Initial Visit is considered the first patient encounter for a specific purpose
Physician or Other Qualified Health Care Professional	A "Physician or Other Qualified Health Care Professional" is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (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 Health Care Professional	All physicians and/or other qualified health care professionals of the same group reporting the same Federal Tax Identification number
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

Questions & Answers	
1	<p>Q: Will Optum reimburse the Initial Visit HCPCS code if the patient has received an Initial or Subsequent Visit in the past?</p> <p>A: No. Optum will only reimburse an Initial Visit if the patient has not previously been seen for an Initial or Subsequent Visit.</p>



Resources

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History / Updates

July, 2023	New Policy
------------	------------

Proprietary information of Optum. Copyright 2023 Optum.