



New Patient Visit

Reimbursement Policy ID: RPC.0021.2400

Recent review date: 09/2023

Next review date: 08/2025

Select Health of South Carolina reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. Select Health of South Carolina may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

Policy Overview

This policy describes new versus established patient visit criteria in claims processing by Select Health of South Carolina.

Select Health of South Carolina aligns with South Carolina Department of Health and Human Services (SCDHHS) with regard to new patient visit criteria:

- **Professional services** are face-to-face services rendered by a physician or other qualified health professional and reported by a specific procedure code (e.g., Evaluation and Management services).
- Any physician or other qualified health care professional from the same group practice within the same specialty and same Payee Group Identification Number is considered the **same provider** (e.g., "same physician").
- Any advanced practice nurse or physician assistant working with a physician (e.g., working as a physician extender) is considered as working in the same specialty as the physician.
- A patient who is visiting the office for the first time and has not received any professional services from the same provider within the past three years is considered a **new patient**. Otherwise, that patient is considered an **established patient**.

- For telehealth: a patient who has received Evaluation and Management (E/M) services via telehealth within the last three years by the same provider is considered an established patient.

Exceptions

For pregnancies: SCDHHS considers the initial obstetrical examination as a new patient visit per each pregnancy—instead of within the last three years. Please note that either billing option outlined by SCDHHS for the initial obstetrical examination (i.e., the initial pregnancy visit) is reimbursable.

For all providers: SCDHHS considers the loss or destruction of the patient’s medical records as a justifiable exception to the three-year rule for new patient visits.

Reimbursement Guidelines

Select Health of South Carolina utilizes edits aligning with SCDHHS new patient visit criteria. A claim for a “new patient” procedure code (e.g., E/M services) will be denied if the claims history shows that the patient has already received professional services from the same provider within the past three years. Providers must submit clean claims for accurate reimbursement.

Refer to CPT/HCPS manuals for complete descriptions of procedures, and SCDHHS billing resources for fee schedules and billing guidelines. Only medically necessary services are reimbursable.

Definitions

New Patient

South Carolina Medicaid defines a new patient as one visiting the office for the first time. 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. An exception [to the three-year rule for new patient visits] can be justified if all records are lost or destroyed.

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. Healthcare Common Procedure Coding System (HCPCS),
- III. Centers for Medicare & Medicaid Services (CMS) Medicare Claims Processing Manual, Chapter 12, - Physicians/Nonphysician Practitioners.
- IV. South Carolina Department of Health and Human Services (SCDHHS) Physician Services Provider Manual: <https://provider.scdhhs.gov/internet/pdf/manuals/Physicians/Manual.pdf>.

Attachments

N/A

Associated Policies

N/A

Policy History

04/2024	Revised preamble
---------	------------------

09/2023	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by Select Health of South Carolina from Policy History section
01/2023	Template Revised <ul style="list-style-type: none"> • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section