

Part B Insider (Multispecialty) Coding Alert

Is The Patient 'New'? Answer Correctly Every Time

These 5 questions pinpoint patient's status Take the **American Medical Association's** advice and answer these five questions to determine definitively if you should treat a patient as new or established for coding purposes.

1. Has the patient ever received any professional services from any physician in this group?

No: The patient is new. **Yes:** Go on to question # 2.

2. Has the patient received any professional service from a particular physician within the past three years, who is now reporting service?

Yes: The patient is established. **No:** Go on to question #3.

3. Has the patient received any professional service* from a physician in the group of same specialty, within the past three years? (* CPT defines a professional service as, those face-to-face services rendered by a physician and reported by a specific CPT code.-)

No: The patient is new. **Yes:** Go on to question #4.

4. Has the patient received care from a physician of the exact same specialty within the past three years, or is a physician of a different subspecialty now providing care?

The providing physician is of the same specialty: The patient is established.

The providing physician is of a different subspecialty: Go on to question #5.

5. Does the current providing physician have the same tax I.D. as the physician who provided a separate service with in the past 36 months?

Yes: The patient is established. **No:** The patient is new.

Editor's note: You can also find a similar flow chart on p. 2 of the Evaluation and Management (E/M) Services Guidelines portion of the CPT 2007: Professional Edition, published by the AMA.