

Part B Insider (Multispecialty) Coding Alert

Reader Question: Keep '3 Year Rule' In Mind

Question: A patient came in to see our general surgeon in December and had a unilateral duplex scan of the extremities 93971. This office visit was not billed. The patient came back into our office in January. Would she be considered a new patient or established patient?

Answer: If the scan did not include any face-to-face time with the surgeon, you can consider the patient new for the January encounter even though you billed 93971 (Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study) for this patient in December. If there was face-to-face time to decide to do the scan but not enough history, exam and medical decision making (HEM) to bill an office visit, it is likely that face-to-face contact was involved and you should therefore report an established patient code in January.

Here's why: You should interpret the phrase "new patient" to mean a patient who has not received any professional services □ in other words, an E/M service or other face-to-face service □ from the physician or physician group practice within the previous three years.

This means that you might be able to report a patient as new if the doctor provided services for the patient less than three years ago □ provided it was not a face-to-face-service. When the physician reads an X-ray, EKG, etc., in the absence of an E/M service or other face-to-face service with the patient, it does not affect the new patient designation.

Example: A patient reports to the physician for an E/M service. The patient's record indicates that the doctor read the results of the patient's lab test in May two years ago. There was no record of a face-to-face service. You should choose a new patient E/M code for the second encounter from the range 99201-99205 (Office or other outpatient visit for the evaluation and management of a new patient ...).