

Dermatology Coding Alert

CPT® 2012: Establish Whether a Patient Is New With CPT®'s Latest E/M Tweaks

New rules place emphasis on subspecialties.

It's an age-old debate -- when an established patient presents to your practice to see a new physician, should you report a new patient office visit code? CPT® 2012 attempts to clarify when that's possible with a revision to the "New and Established Patient" section of the CPT® manual.

The rules: Currently, CPT® indicates that a "new patient" refers to a patient who has not received any professional services, such as an E/M or other face-to-face service from the physician or physician group practice -- within the same physician specialty -- within the past three years.

Clarification: CPT® 2012 takes that definition a step further, now stating, "A new patient is one who has not received any professional services from the physician or another physician of the <u>exact</u> same specialty <u>and subspecialty</u> who belongs to the same group practice, within the past three years." The portions of the description that are new for 2012 are underlined.

What this means to you: If your practice employs various subspecialists, CPT® now makes it clear that claims for patients who see different doctors with different subspecialties can be billed using a new patient code (such as 99201-99205). **Peter A. Hollmann, MD,** chair of the CPT® Editorial Panel, offered the following example during the CPT® 2012 Annual Symposium in Chicago on Nov. 16:

Example: A cardiology practice employs a general cardiologist and an electrophysiologist (EP), and both physicians are classified as these separate specialties with their payers. The cardiologist refers a patient to the EP for consideration of an implantable cardio defibrillator. In this situation, the visit with the EP should qualify as a new patient visit, assuming the payer accepts these CPT® rules.