



In This Issue

- New vs. Established Patient Codes
- New Patient Codes
- Established Patient Codes
- Quiz Yourself

Quick Links

[Maxim Health Information Services](#)

[Career Opportunities for Coders](#)

[Submit Your HIM/Revenue Cycle Need](#)

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Maxim Health Information Services is a division of Maxim Healthcare Services, the largest privately held healthcare staffing company in the nation. As part of a large business enterprise and a [leader in the industry](#), MHIS can help take your career to the next level. Now more than ever, hospitals and medical facilities understand the importance of hiring HIM staff to increase their bottom line. This has opened the door to many new [career opportunities](#) in the health information industry. MHIS staffs positions for on-site coders, remote coders, auditors, and more.

Welcome to the November issue of Maxim Coding CornerSM! As a leader in the HIM industry, [Maxim Health Information Services](#) is committed to providing you with updates on coding-related topics that matter to you. This month, we are focusing on the differences between coding for new and established patients. Read on below to learn more.

New vs. Established Patients

Like so many other aspects of healthcare delivery, differentiating between new and established patients and coding services accordingly has become more complex than it was in the past. It is important to code all patients correctly in order to achieve more accurate reimbursement, higher levels of compliance, and better patient care.

One important difference between the codes is that the new patient codes (99201-99205) require that all three key components (history, exam, and medical decision making) be satisfied. The established patient codes (99211-99215) require that only two of the three key components be satisfied.

The definitions below should assist you in determining if the patient is new or established.

New Patient Codes

In order to be classified as "new," a patient must not have received any professional face-to-face services from the Physician or another Physician of the same specialty who belongs to the same group practice within the past three years.

EXAMPLE:

The Physician performed a professional interpretation of an x-ray for a patient last year. Other than that, the Physician has had no encounter with this patient. Today, the patient is seen in the Physician's office for the first time. This would be considered a new patient because an interpretation of a diagnostic test, reading of clinical labs, or EKGs in the absence of a face-to-face encounter does not affect the new patient designation.

Established Patient Codes

A patient can be categorized as "established" if she/he has received professional services from the Physician or another Physician of the same specialty who belongs to the same group practice within the past three years. In

the instance when a Physician is on call for or covering for another Physician, the patient's encounter will be classified as it would have been by the physician who is not available.

EXAMPLE:

A cardiologist refers a patient to another cardiologist in the same practice and the second cardiologist has never seen that patient before.

This is considered an established patient visit. Physicians in the same group practice who are in the same specialty must bill and be paid as though they are a single Physician. Only one new patient visit code should be billed within a three year period.

Quiz Yourself

1. Patient is seen by Dr. Jones, a neurologist, on 5/1/07 for the first time. New patient or Established patient?

2. Patient returns to be seen by Dr. Jones within a month on 5/30/07.
New patient or Established patient?

3. Patient is seen as an established patient by the Medicine Department on 2/3/06. Patient is then seen on 4/7/07 in the Urgent Care Dept.
New patient or Established patient?

4. Patient is seen in the Medicine Department for a work-related injury on 1/9/07. Doctor completes DFR.
New patient or Established patient?

Highlight the space below with your cursor to view the answers!

1. New patient
2. Established patient
3. Established patient
4. New patient

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