

Upcoming Code Edits (Effective July 1, 2019)

Evaluation and Management Services

We follow the American Medical Association (AMA) payment criteria for Evaluation and Management (E/M) services. Payment for E/M services is based upon the setting and type of visit (e.g., office visits vs. hospital visits, consultations, new vs. established patients, initial vs. subsequent hospital visits, etc.). Various codes are used to represent the exact nature of the visit and multiple payment policies governing E/M services. Here's an example:

The AMA defines a **new patient visit** as:

A patient who hasn't received any professional services from the physician or another physician of the same specialty in the same group practice within the past three years. If the patient doesn't meet this criteria, they'll be considered an established patient. If a service is billed for a new patient that doesn't meet the criteria, the service will be denied.