Provider notification

Clarification on use of new patient codes within group practice

Dear Provider Partners,

This document outlines the appropriate use of new patient billing codes. Specifically, it addresses the correct coding of patient visits when services are rendered by providers within the same specialty and same group practice (i.e., same TIN; billing tax identification number) within the prior 36 months.

All providers should follow established CPT definitions when selecting the appropriate new or established office Evaluation & Management visit code.

Relevant CPT Codes:

New Patient Office E&M		Established Patient Office E&M	
99202	New patient, straightforward MDM	99211	Established patient visit, minimal MDM
99203	New patient, low complexity MDM	99212	Established patient visit, straightforward MDM
99204	New patient, moderate complexity MDM	99213	Established patient visit, low complexity MDM
99205	New patient visit, high complexity MDM	99214	Established patient visit, moderate complexity MDM
		99215	Established patient visit, high complexity MDM

Starting August 10, 2025,

Aetna Better Health of Oklahoma will follow the standard CPT definition of new and established patients when billing for ambulatory office E&M visits (9920x-9921x).

Consistent with CPT definitions, please use the following codes when billing for ambulatory office/clinic patient visits:

- Use “new patient” codes (99201, 99202, 99203, 99204, 99205) only if the patient has not seen the same provider specialty type in your group practice (same billing tax ID number) within the past three years.
- If a patient has seen the same provider specialty type in your practice (i.e. the same billing tax ID number) within the past three years-even if it was with a different provider please use “established patient” codes (99212, 99213, 99214, 99215).
- Different provider specialty types may each bill new patient codes for the same patient, when appropriate, not more than once every three years.
- If a provider bills a second new patient visit inside the three-year time criteria defined by CPT, Aetna will accept the claim and pay the closest corresponding established patient code based on the medical decision making component.

Accurate coding helps ensure proper billing and supports fair, consistent care for all patients. If you have questions or need clarification, please contact us.

Action Required: Please ensure compliance with this guidance. Misuse of codes may result in claims or payment issues.

For questions regarding this communication, please contact ABHOK Provider Engagement Department at: ABHOKProviderEngagement@AETNA.com or Toll Free: **1-844-365-4385**

Be well,
Aetna Better Health® of Oklahoma

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