# San Francisco Department of Public Health

## *Policy & Procedure Detail**

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| **Policy & Procedure Title:** COM.8 New v. Established Patient Definition | |
| **Category:** Compliance | |
| **Effective Date:** May 12, 2025 | **Last Reissue/Revision Date:** 3/12/2026 |
| **DPH Unit of Origin:** Compliance | |
| **Policy Contact - Employee Name and Title; and/or DPH Division:** Office of Compliance and Privacy Affairs | |
| **Contact Phone Number(s): 855-729-6040** | |
| **Distribution:** DPH-wide | **If not DPH-wide, other distribution:** |

***All sections in table required.***

I. **Purpose and Scope:**

A. **Purpose:** The purpose of this policy is to inform the San Francisco Department of Health (DPH) clinical providers and billing staff, including contractors and affiliates, how to select billing codes for new versus established outpatient visits. Medicare and other payers generally reimburse providers at a higher rate, either through the fee-for-service rate structure or cost report calculations, for services rendered to new patients compared to established patients. Therefore, selecting the proper billing code is important to ensure that DPH is reimbursed at the appropriate rate for the services rendered. Clear and concise medical record documentation is critical to providing all patients with quality care.

B. **Scope:** This policy addresses the selection of the proper Evaluation and Management (E/M) visit codes for billing purposes and does not affect other program definitions of “new” or “initial” or “active” or “established” patients.

II. **Policy:**

A. **Assignment of Codes:** It is the policy of DPH to bill with “new” or “initial” patient outpatient E/M visit codes for patients that have not received professional services from any provider or another provider (in the same specialty and subspecialty) in the same group practice within the previous three years.

If the patient has received professional services from any provider within the same primary or specialty clinic within the past three years, the patient will be considered an “established” patient for billing purposes. This policy applies to both professional and facility fee outpatient billing.

This policy does not address patient’s access to services and is not intended to impact any restrictions existing in other DPH policies addressing access to services.

## III. Definitions:

A. **Established Patient:** Individual who has received any professional services [E/M service or other face-to-face service (e.g., surgical procedure)] from the same physician or any other DPH or UCSF provider within the same specialty – either ambulatory or inpatient – within the previous three years.

B. **New Patient:** Individual who has not received any professional services [E/M service or other face- to-face service (ex., surgical procedure)] from any physician, or any other UCSF or DPH provider within the same specialty – either ambulatory or inpatient – within the previous three years.

1. An interpretation of a diagnostic test, reading an x-ray or electrocardiogram (EKG) etc., in the absence of an E/M service or other face-to-face service with the patient does not affect the designation of a new patient.

2. This definition of "new patient" is to identify new patients for billing purposes only and is not meant to conflict with a patient in a clinic considered new for access to services.

C. **Provider:** Includes all providers within DPH, including the San Francisco Health Network, that submit claims for Evaluation and Management (E/M) services, including but not limited to primary care, specialty care, and population health providers.

D. **Face-to-Face Visit:** includes an in-person visit with a provider, as well as any qualifying telehealth visit with a provider.

## IV. Examples:

A. **New Patient:**

Example 1 – A patient, who has never been treated within SFHN, is seen in the ZSFG ED after a car accident and is later seen at Southeast Health Center 8 months later for primary care (not related to the car accident), the patient is treated as a new patient.

Example 2 – A existing patient at Potrero Hill Health Center, who has never been seen by an ophthalmologist at SFHN, is referred to 4M for an eye concern. This patient's 4M visit would be a new patient visit.

B. **Established Patient:**

Example 1 -– An existing patient at Southeast Health Center moves to a different part of the city and wants to continue care at a different SFHN primary care clinic. If the patient continues care in another SFHN primary care clinic, the patient would be treated as an established patient.

**Date Adopted**: 05/12/2025
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