

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 11732</b>	<b>Date: December 8, 2022</b>
	<b>Change Request 13004</b>

**SUBJECT: Billing Instructions for Home or Residence Services**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request is to update the Internet-Only Manual with new billing instructions for Home or Residences Services codes. Effective January 1, 2023, the two Evaluation and Management visit families titled “Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services” and “Home Services” have merged into one single code family. This new code family is titled “Home or Residence Services,” and the place of service codes that can be billed with this code family are being revised.

**EFFECTIVE DATE: January 1, 2023**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: January 3, 2023**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	12/Table of Contents
R	12/30/30.6.14 - Home or Residence Services (Codes 99341 – 99350)
R	12/30/30.6.14.1 - Home or Residence Services (99341 – 99350) When Performed in Place of Service 12 (Home)

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements**

**Manual Instruction**



Number	Requirement	Responsibility							
		A/B MAC		D M E	Shared- System Maintainers			Other	
		A	B		H H H	F M V C	M C M S		C W F
	for CPT codes 99341 - 99350 to accommodate the merger of the Domiciliary visit codes with the Home visit codes: <ul style="list-style-type: none"> <li>Assisted Living Facility (POS 13)</li> <li>Group Home (POS 14)</li> <li>Custodial Care Facility (POS 33)</li> <li>Residential Substance Abuse Treatment Facility (POS 55)</li> </ul>								

**III. PROVIDER EDUCATION TABLE**

Number	Requirement	Responsibility					
		A/B MAC			D M E	C E D I	
		A	B	H H H			M A C
13004.3	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the “MLN Connects” listserv to get MLN content notifications. You don’t need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.	X	X	X			

**IV. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements:**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

**Section B: All other recommendations and supporting information: N/A**

## **V. CONTACTS**

**Pre-Implementation Contact(s):** Kathleen Kersell, 410-786-2033 or [kathleen.kersell@cms.hhs.gov](mailto:kathleen.kersell@cms.hhs.gov)

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## **VI. FUNDING**

### **Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**

# Medicare Claims Processing Manual

## Chapter 12 - Physicians/Nonphysician Practitioners

Table of Contents  
*(Rev. 11732; Issued: 12-08-22)*

### Transmittals for Chapter 12

- 30.6.14 – Home *or Residence Services* (Codes 99341 – 99350)
- 30.6.14.1 – Home *or Residence Services* (99341 – 99350) *When Performed in Place of Service 12 (Home)*

**30.6.14 - Home *or* Residence Services (Codes 99341- 99350)**  
*(Rev. 11732, Issued: 12-08-22, Effective: 01-01-23, Implementation: 01-03-23)*

**Physician Visits to Patients Residing in Various Places of Service**

*Prior to January 1, 2023, the American Medical Association's Current Procedural Terminology (CPT) used new patient codes 99324 - 99328 and established patient codes 99334 - 99337 for Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services, to report evaluation and management (E/M) services to residents residing in a facility which provides room, board, and other personal assistance services, generally on a long-term basis. These CPT codes *were* used to report E/M services in facilities assigned places of service (POS) codes 13 (Assisted Living Facility), 14 (Group Home), 33 (Custodial Care Facility) and 55 (Residential Substance Abuse *Treatment* Facility). Assisted living facilities may also be known as adult living facilities. *The CPT codes 99324 - 99337 for Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services are deleted beginning January 1, 2023.**

*Beginning January 1, 2023, the CPT is merging the two E/M visit families currently titled "Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services" and "Home Services." The new family will be titled "Home or Residence Services. The codes in this family (CPT codes 99341 – 99350) will be used to report E/M services furnished to a patient residing in their home, in an assisted living facility, in a group home (that is not licensed as an intermediate care facility for individuals with intellectual disabilities), in a custodial care facility, or in a residential substance abuse treatment facility. There are no changes to the included care settings from each respective family, rather the current care settings for each of the current families are being included within the new, merged family. For services in an intermediate care facility for individuals with intellectual disabilities and services provided in a psychiatric residential treatment center, see Nursing Facility Services in Section 30.6.13.*

Physicians and qualified nonphysician practitioners (NPPs) furnishing E/M services to residents in a living arrangement described by one of the POS listed above must use the level of service code in the CPT code range 99341 - 99350 to report the service they provide.

Beginning in 2006, reasonable and medically necessary prolonged services may be reported with the appropriate companion E/M codes when a physician or qualified NPP, provides a prolonged service that is beyond the usual E/M visit service for a *Home or Residence* Service. All the requirements for prolonged services at §30.6.15 must be met.

Beginning in 2006, E/M services provided to patients residing in a Skilled Nursing Facility (SNF) or a Nursing Facility (NF) must be reported using the appropriate CPT level of service code within the range identified for Initial Nursing Facility Care (CPT codes 99304 - 99306) and Subsequent Nursing Facility Care (CPT codes 99307 - 99310). Use CPT codes 99315 - 99316 for SNF/NF discharge services. The Home *or* Residence Services codes should not be used for these places of service.

The CPT SNF/NF code definition includes intermediate care facilities (ICFs) and long term care facilities (LTCFs). These codes are limited to the specific 2-digit POS 31 (SNF), 32 (Nursing Facility), 54 (Intermediate Care Facility/*Individuals with Intellectual Disabilities*) and 56 (Psychiatric Residential Treatment Center).

The CPT nursing facility codes should be used with POS 31 (SNF) if the patient is in a Part A SNF stay and POS 32 (nursing facility) if the patient does not have Part A SNF benefits. There is no longer a different payment amount for a Part A or Part B benefit period in these POS settings.

**30.6.14.1 - Home *or Residence* Services (Codes 99341 - 99350) *When Performed in Place of Service 12 (Home)***  
*(Rev. 11732, Issued: 12-08-22, Effective: 01-01-23, Implementation: 01-03-23)*

**A. Requirement for Physician Presence *in Place of Service 12 (Home)***

A home visit *using codes 99341-99350 with POS 12* cannot be billed by a physician unless the physician was actually present in the beneficiary's home. *Section 10.1.1 in Chapter 1 of this manual provides additional information on billing with POS 12.*

**B. Homebound Status**

Under the home health benefit the beneficiary must be confined to the home for services to be covered. For home services provided by a physician using *99341-99350 with POS 12*, the beneficiary does not need to be confined to the home.

**C. Fee Schedule Payment for Services to Homebound Patients under General Supervision**

Payment may be made in some medically underserved areas where there is a lack of medical personnel and home health services for injections, EKGs, and venipunctures that are performed for homebound patients under general physician supervision by nurses and paramedical employees of physicians or physician-directed clinics. *Section 60.4 in Chapter 15 of the Medicare Benefit Policy Manual (Pub. 100-02)* provides additional information on the provision of services to homebound Medicare patients.