

Purpose

This resource is intended to serve as a reference for home-based providers that review the Evaluation and Management (E/M) documentation and coding guidelines on the criteria needed to support billing for the different service levels for the home visit CPT range (CPT 99341-99350). Refer to CMS guidelines¹ for full details and requirements.

- Medical Decision Making (MDM) or total time is the sole requirement for code selection for 99341-99350. History and exam will no longer be part of the code selection requirement.
- Domiciliary, rest home, or custodial care services are billed with home and residence services codes.
- Time includes services pre-, during-, and post-encounter and does not require >50% of time be in counseling and coordination of care. Using time requires a face-to-face service by the provider.
- A medically appropriate history and exam should still be documented when performed
 - Remember: depending on the circumstances, a medically appropriate history (HPI, ROS, PFH) and exam may be brief or extensive. The E/M revisions only clarify that the length and formatting are no longer part of the code level determination. Practitioners must remain aware of medicolegal communication, and ethical and professional documentation drivers.
- Level of decision-making is based on two out of the three elements: 1) number and complexity of problems addressed at the encounter; 2) amount and/or complexity of data to be reviewed and analyzed; 3) risk of complications and/or morbidity or mortality of patient management.
- It's a common misconception that patients must meet Medicare's definition of "homebound" as it is required to receive skilled home health services. Patients have never been required to be deemed homebound to receive a house call. Per the CMS Claims Procession Manual², *"For home services provided by a qualified provider using CPT codes 99341-99350, the beneficiary does not need to be confined to the home."*

¹ <https://www.federalregister.gov/documents/2022/11/18/2022-23873/medicare-and-medicaid-programs-cy-2023-payment-policies-under-the-physician-fee-schedule-and-other>

² <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf>

E/M grid – Home and Residence Services

Code	Level of MDM 2 of 3	Typical Time Range (minutes)	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
99341 (New) 99347 (Established)	Straightforward	99341 (15 minutes) 99347 (20 minutes)	Minimal 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99342 (New) 99348 (Established)	Low	99342 (30 minutes) 99348 (30 minutes)	Low <ul style="list-style-type: none"> • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury • 1 stable acute illness • 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care 	Limited (Must meet the requirements of at least 1 of the 2 categories) <ul style="list-style-type: none"> • Category 1: Tests and documents Any combination of 2 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test or • Category 2: Assessment requiring an independent historian(s) 	Low risk of morbidity from additional diagnostic testing or treatment
99344 (New) 99349 (Established)	Moderate	99344 (60 minutes) 99349 (40 minutes)	Moderate <ul style="list-style-type: none"> • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury 	Moderate (Must meet the requirements of at least 1 out of 3 categories) <ul style="list-style-type: none"> • Category 1: Tests, documents, or independent historian(s) Any combination of 3 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source • Review of the result(s) of each unique test; • Ordering of each unique test • Assessment requiring independent historian(s); or • Category 2: Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or • Category 3: Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	Moderate risk of morbidity from additional diagnostic testing or treatment Examples only: <ul style="list-style-type: none"> • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99345 (New) 99350 (Established)	High	99345 (75 minutes) 99350 (60 minutes)	High <ul style="list-style-type: none"> • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function 	Extensive (Must meet the requirements of at least 2 out of 3 categories from the Moderate field above)	High risk of morbidity from additional diagnostic testing or treatment Examples only: <ul style="list-style-type: none"> • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major procedure with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization or escalation of hospital-level care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Parenteral controlled substances



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