

# CMS Manual System

## Pub 100-04 Medicare Claims Processing

Transmittal 775

Department of Health &  
Human Services (DHHS)

Centers for Medicare &  
Medicaid Services (CMS)

Date: DECEMBER 2, 2005

Change Request 4212

**NOTE: This Transmittal is being reissued to remove Business Requirement 4212.4 and renumber Provider Education section from 4212.5 to 4212.4. It will retain the same Transmittal number. All other information will remain the same.**

**SUBJECT: Home Care and Domiciliary Care Visits (Codes 99324 - 99350)**

**I. SUMMARY OF CHANGES:** This transmittal revises the Claims Processing Manual, Pub. 100-04, Chapter 12, §30.6.14, with the new code changes by the American Medical Association, Current Procedural Terminology (CPT) 2006, for reporting visits in the domiciliary, rest home (e.g., boarding home), or custodial care settings (new patient codes (99324 - 99328), established patient codes 99334 - 99337) and the nursing facility settings (initial service codes 99304 - 99306 and subsequent visit codes 99307 - 99310) and Other Nursing Facility Services (code 99318) for an annual assessment, beginning January 2006. The CPT codes (99321 - 99333, 99301 - 99303 and 99311 - 99313) are deleted beginning January 2006. The new Domiciliary codes have typical/average times associated with them and therefore, reasonable and medically necessary, face-to-face prolonged services (CPT codes 99354 - 99355) may be reported with the appropriate companion evaluation and management visit code.

### NEW/REVISED MATERIAL

**EFFECTIVE DATE: January 1, 2006**

**IMPLEMENTATION DATE: January 3, 2006**

*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.

R/N/D	Chapter / Section / SubSection / Title
R	12/30/30.6.14 Home Care and Domiciliary Care Visits (Codes 99324 - 99350)

**III. FUNDING:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

**IV. ATTACHMENTS:**

Business Requirements

Manual Instruction

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

# Attachment - Business Requirements

Pub. 100-04	Transmittal: 775	Date: December 2, 2005	Change Request 4212
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**NOTE: This Transmittal is being reissued to remove Business Requirement 4212.4 and renumber Provider Education section from 4212.5 to 4212.4. It will retain the same Transmittal number. All other information will remain the same.**

**SUBJECT: Home Care and Domiciliary Care Visits (Codes 99324 – 99350)**

## I. GENERAL INFORMATION

**A. Background:** Change Request (CR) 4212, Transmittal 775 updates the previous instruction with the new American Medical Association's *Current Procedural Terminology* (CPT) 2006 codes to be reported. The previous CR 3922, Transmittal 667, published September 2, 2005, for carrier implementation on December 5, 2005, identifies the correct places of service and associated CPT codes to report for services in the patient's private residence, a domiciliary (or rest home, boarding home) and nursing facility (both skilled and nursing facility) through December 31, 2005. This new CR and transmittal only revises the correct CPT codes to use beginning in 2006. The CPT 2006 creates new codes for reporting a new patient visit (codes 99324 – 99328) and an established patient visit (codes 99334 – 99337) in the domiciliary, rest home, boarding home, or custodial care setting. Beginning in 2006, there are new CPT codes to report visits in a Skilled Nursing Facility (SNF) or a Nursing Facility (NF) (initial nursing facility care codes 99304 – 99306 and subsequent nursing facility care codes 99307 – 99310). Additionally, new CPT code 99318 shall be used to report an annual nursing facility assessment. The CPT codes 99301 – 99303, 99311 – 99313 and 99321 – 99333, will be deleted after December 31, 2005.

**B. Policy:** Beginning January, 2006, new CPT codes 99324 – 99328 and 99334 – 99337 (Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services) shall be reported for evaluation and management (E/M) visits to residents residing in a facility which provides room, board, and other personal assistance services, generally on a long-term basis. The CPT Home Services codes (99341 – 99350) shall be used to report E/M services provided in a private residence of the patient. The Home Services codes shall not be used for POS codes 13 (assisted living) and 14 (group home). The E/M visits to residents in a skilled nursing facility or nursing facility shall be reported using the new CPT Initial Nursing Facility Care codes (99304 – 99306) for the initial nursing facility visit and the new CPT Subsequent Nursing Facility Care codes (99307 – 99310) for subsequent visits. A new CPT code, Other Nursing Facility Services (99318) shall be used, beginning January 2006, to report an annual nursing facility assessment. The new CPT codes for Domiciliary, Rest Home (e.g., Boarding Home) or Custodial Care Services do have typical/average times associated with them. Therefore, reasonable and medically necessary and direct (face-to-face) prolonged services (codes 99354 – 99355) shall be reported with the appropriate E/M companion visit code when all the requirements for prolonged services are met. **The new CPT code changes are the only policy changes associated with this CR. Refer to CR 3922 (Transmittal 667) for further guidance.**

## II. BUSINESS REQUIREMENTS

*"Shall" denotes a mandatory requirement*

*"Should" denotes an optional requirement*

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4212.1	Carriers shall instruct physicians and qualified nonphysician practitioners (NPPs) to report, beginning January 2006, covered, medically necessary E/M services to residents residing in a facility which provides room, board, and other personal assistance services, generally on a long term basis, with new CPT Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services codes (99324 – 99328 and 99334 – 99337).			X						
4212.1.1	Carriers shall instruct physicians and qualified NPPs, per CR 3922 (Transmittal 667), that the correct place of service (POS) codes to use with the Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services CPT codes include POS 13 (assisted living facility) and 14 (group home), POS 33 (Custodial Care Facility) and POS 55 (Residential Substance Abuse Facility).			X						
4212.2	Carriers shall instruct physicians and qualified NPPs to report, beginning January 2006, covered, medically necessary E/M services to residents residing in a Skilled Nursing Facility (SNF) or a Nursing Facility(NF) with new CPT Initial Nursing Facility Care codes (99304 – 99306) for the initial visit and Subsequent Nursing Facility Care codes (99307 – 99310) for a subsequent visit and new CPT code Other Nursing Facility Services code (99318) for an annual assessment.			X						

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
4212.2.1	Carriers shall instruct physicians and qualified NPPs, per CR 3922 (Transmittal 667), that the correct POS codes to use with the NF CPT codes are POS 31 (SNF), POS 32 (NF), POS 54 (Intermediate Care Facility/Mentally Retarded) and POS 56 (Psychiatric Residential Treatment Center).			X					
4212.3	Carriers shall instruct physicians and qualified NPPs that they may report, beginning January 2006, reasonable and medically necessary and direct face-to-face prolonged services CPT codes (99354 – 99355) with the appropriate new CPT Domiciliary Service E/M visit code because the new codes have typical/average times associated with them.			X					
4212.3.1	Carriers shall instruct physicians and qualified NPPs that the prolonged service performed and reported with the Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Service visit code shall meet the requirements for a prolonged service as defined in Medicare Claims Processing Manual, Pub.100-04, Chapter 12, and §30.6.15.1.			X					

### III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
4212.4	A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/medlearn/matters">www.cms.hhs.gov/medlearn/matters</a> shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.			X					

#### IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

##### A. Other Instructions:

X-Ref Requirement #	Instructions
CR 3922	This CR updates CR 3922, Transmittal 667, published 9/2/2005, for implementation 12/05/05, with the new AMA CPT code changes for 2006. Beginning in January 2006, these services shall be reported using the new CPT codes for payment.

##### B. Design Considerations: NA

X-Ref Requirement #	Recommendation for Medicare System Requirements

##### C. Interfaces: NA

**D. Contractor Financial Reporting /Workload Impact: NA**

**E. Dependencies:** CMS is currently releasing the HCPCS tape with the codes to be reported for 2006. The new CPT code changes in this CR are on the HCPCS tape.

**F. Testing Considerations: NA**

**V. SCHEDULE, CONTACTS, AND FUNDING**

<b>Effective Date*:</b> January 1, 2006 <b>Implementation Date:</b> January 3, 2006 <b>Pre-Implementation Contact(s):</b> Kit Scally (Cathleen.Scally@cms.hhs.gov) <b>Post-Implementation Contact(s):</b> Appropriate Regional Office staff	<b>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</b>
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**\*Unless otherwise specified, the effective date is the date of service.**

### 30.6.14 - Home Care and Domiciliary Care Visits (Codes **99324 - 99350**)

*(Rev.775, Issued: 12-02-05, Effective: 01-01-06, Implementation: 01-03-06)*

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

The American Medical Association's Current Procedural Terminology (CPT) *2006 new patient* codes **99324 – 99328** and *established patient* codes **99334 - 99337** (*new codes beginning January 2006*), for Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services, are used 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 are 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 Facility). Assisted living facilities may also be known as adult living facilities.

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 99324 – 99337** to report the service they provide. *The CPT codes 99321 – 99333 for Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services are deleted beginning January, 2006.*

*Beginning in 2006, reasonable and medically necessary, face-to-face, prolonged services, represented by CPT codes 99354 – 99355, may be reported with the appropriate companion E/M codes when a physician or qualified NPP, provides a prolonged service involving direct (face-to-face) patient contact that is beyond the usual E/M visit service for a Domiciliary, Rest Home (e.g., Boarding Home) or Custodial Care Service. All the requirements for prolonged services at §30.6.15.1 must be met.*

The CPT codes 99341 through 99350, Home Services codes, are used to report E/M services furnished to a patient residing in his or her own private residence (e.g., private home, apartment, town home) and not residing in any type of congregate/shared facility living arrangement including assisted living facilities and group homes. The Home Services codes apply only to the specific 2-digit POS 12 (Home). Home Services codes may not be used for billing E/M services provided in settings other than in the private residence of an individual as described above.

*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 (new CPT codes 99304 – 99306)** and **Subsequent Nursing Facility Care (new CPT codes 99307 – 99310)**. Use the CPT code, **Other Nursing Facility Services (new CPT code 99318)**, for an annual nursing facility assessment. Use CPT codes 99315 – 99316 for SNF/NF discharge services. *The CPT codes 99301 – 99303 and 99311 – 99313 are deleted beginning January, 2006.* The Home 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/Mentally Retarded) 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.