
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 168

Date: MAY 7, 2004

CHANGE REQUEST 1756

I. SUMMARY OF CHANGES: Transmittal 1725, dated September 27, 2001; CR 1756 which included changes to an existing payment policy in section 15510 was not placed in the Internet Only Manual (IOM). Additionally, language previously cleared in Section A was inappropriately changed and states incorrect policy. This entire section of Transmittal 1725 should replace what is currently in IOM section 30.6.14 in chapter 12 of Pub. 100-04. The section identifies the correct place of service (POS) and CPT codes to use when services are provided in the home, in a skilled nursing facility, a nursing facility, a domiciliary or domiciliary type facility.

MANUALIZATION - EFFECTIVE DATE: N/A

***IMPLEMENTATION DATE: N/A**

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:

(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	12/30.6.14/Home Care and Domiciliary Care Visits (Codes 99321 – 99353)

*III. FUNDING:

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

*Medicare contractors only

30.6.14 - Home Care and Domiciliary Care Visits (Codes 99321 - 99353)

(Rev. 168, 05-07-04)

B3-15510

A - Physician Visits to Patients Residing in Various Places of Service

Current Procedural Terminology (CPT) codes 99321 through 99333, 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 codes are limited to the specific two digit places of service (POS) 33 (Custodial Care Facility) and 55 (Residential Substance Abuse Facility). These facilities, also, often referred to as adult living facilities or assisted living facilities.

Physicians and providers 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 range of codes 99321- 99333 to report the service they provide.

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 and not any type of facility. These codes apply only to the specific two digit POS 12 (Patient's Home). Home Services codes, CPT codes 99341 through 99350, may not be used for billing for E/M services provided other than in the private residence of an individual.

E/M services provided to patients residing in a Skilled Nursing Facility (SNF) (CPT definition formerly identified as SNFs, intermediate care facilities (ICFs), or long term care facilities (LTCFs) must be reported using the appropriate level of service code within the range identified for Comprehensive Nursing Facility Assessments and Subsequent Nursing Facility Care services. Codes range from 99301 through 99303 for the former and 99311 through 99313 for the latter, and Nursing Facility Discharge Services codes 99315 - 99316. These codes are limited to the specific two digit POS 31 (SNF), 32 (Nursing Home/Nursing Facility), 54 (Intermediate Care Facility/Mentally Retarded) and 56 (Psychiatric Residential Treatment Center).

The nursing facility codes should be used with POS 31 if the patient is in a Part A SNF stay and POS 32 if the patient does not have Part A SNF benefits.