

# Tip Sheet

## Home Billing

Home - New Patient						
CPT Code	Description	Required Elements	Time Based Coding Thresholds	wRVU	Revenue (approx.) (Varies by geography)	Tips/Notes
99341	Home Visit New Level 1	Problem focused H&P, low level problem severity, straight forward decision making	20 min	1.01	\$56.22	
99342	Home Visit New Level 2	Expanded problem focused H&P, low to moderate problem severity, straightforward decision making	30 min	1.52	\$81.09	
99343	Home Visit New Level 3	Detailed H&P, moderate problem severity, low level decision making	45 min	2.53	\$132.26	
99344	Home Visit New Level 4	Comprehensive H&P, moderate to high problem severity, moderate level decision making	60 min	3.38	\$185.24	
99345	Home Visit New Level 5	Comprehensive H&P, moderate to high problem severity, high level decision making	75 min	4.09	\$225.24	

# Tip Sheet

## Home Billing

Home – Established Patient						
CPT Code	Description	Required Elements	Time Based Coding Thresholds	wRVU	Revenue (approx.)	Tips/Notes
99211	Home Visit Established Level 1	Problem focused	15 min	0.18	\$23.07	
99212	Home Visit Established Level 2	At least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making	25 min	0.48	\$45.77	
99213	Home Visit Established Level 3	At least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity	40 min	0.97	\$75.32	
99214	Home Visit Established Level 4	At least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity	60 min	1.50	\$110.28	

# Tip Sheet

## Home Billing

Prolonged Service Codes						
CPT Code	Description	Required Elements	Time Based Coding Thresholds	wRVU	Revenue (approx.)	Tips/Notes
99354	Home prolonged discussion with direct patient contact - first 30 min	Prolonged evaluation and management service before and/or after direct patient care; first hour	30 minutes beyond the usual service	2.33	\$132.26	<p><i>When counseling, education or exploration of goals of care constitute more than 50% of the encounter time – the visit may be billed based on time.</i></p> <p>Document details of total time of discussion including, time-in, time-out and what was discussed</p>
99355	Home prolonged discussion with direct patient contact - add'l 30 min	Prolonged evaluation and management service each add'l 30 min	Each additional 30 minutes	1.77	\$100.91	

# Tip Sheet

## Home Billing

Prolonged NON Face-to-Face (NF2F)						
CPT Code	Description	Required Elements	Time Based Coding Thresholds	wRVU	Revenue (approx.)	Tips/Notes
99358	Non Face-to-Face prolonged visit - first 30 min	Prolonged evaluation and management service before and/or after direct patient care; first hour	For 30 minutes beyond the usual service	2.1	\$113.52	One can bill a maximum of two hours of non Face-to-Face time using CPT Codes 99358 and 99359 per patient on any given day.  For example – Extensive record review relating to a previous evaluation and management service and new care that commences with receipt of past records.
99359	Non Face-to-Face prolonged visit - add'l 30 min	Prolonged evaluation and management service each add'l 30 min	For each additional 30 minutes	1	\$54.78	

# Tip Sheet

## Home Billing

Advance Care Planning (ACP)						
CPT Code	Description	Required Elements	Time Based Coding Thresholds	wRVU	Revenue (approx.)	Tips/Notes
99497	ACP - first 30 min	Advance Care Planning includes the explanation and discussion of advance directives such as standard forms (including the completion of such forms, when performed), by the physician or advanced practice provider; first 30 minutes, face-to-face with the patient, family members and/or surrogate.	First 30 min (16-45 min)	1.5	\$86.49	<p>List separately in addition to primary E/M code.</p> <p>Indicate the time spent on ACP “separate from and in addition to” other service codes.</p> <p>Must document the diagnosis in which ACP topics were discussed including total time of discussion time-in, time-out and specific topics discussed.</p>
99498	ACP - add'l 30 min	ACP each add'l 30 min	Each add'l 30 min (>45 min)	1.4	\$76.04	List in conjunction with 99497

# Tip Sheet

## Home Billing

Chronic Care Management and Complex Chronic Care Management (CCM/CCCM)						
CPT Code	Description	Required Elements	Time Based Coding Thresholds	wRVU	Revenue (approx.)	Tips/Notes
99490	Chronic Care Management Services	≥20 minutes of clinical staff time per calendar month		0.61	\$42.17	CCM and CCCM are reimbursed in both facility and non- facility settings
99487	Complex Chronic Care Management Services	60 minutes of clinical staff time per calendar month		1	\$92.98	
99489	Each additional 30 minutes of clinical staff time	Additional 30 minutes of clinical staff time		0.5	\$46.49	Comprehensive care established, implemented, revised, monitored and documented.

# Tip Sheet

## Home Billing

### Transitional Care Management (TCM) Codes

CPT Code	Description	Required Elements	Time Based Coding Thresholds	wRVU	Revenue (approx.)	Tips/Notes
<b>99495</b>	Transitional Care Management Services – Moderate Level Decision Making	Transitional Care Management Services with moderate level decision making.  Patient must be returned to home/ALF/domiciliary or other community based setting with goal of preventing readmission.	Face-to-Face visit within 14 days of discharge	2.11	\$166.50	Three components - 1) required Interaction - phone, telehealth, IT; 2) Non F2F interaction; 3) F2F visit.
<b>99496</b>	Transitional Care Management Services – High Level Decision Making	Transitional Care Management Services with high level decision making.  Patient must be returned to home/ALF/domiciliary or other community based setting with goal of preventing readmission.	Face-to-Face visit within 7 days of discharge	3.05	\$234.97	Initial communication with patient must be within two business days post discharge from eligible level of care

# Tip Sheet

## Home Billing

Care Plan Oversight (CPO) Code						
CPT Code	Description	Required Elements	Time Based Coding Thresholds	wRVU	Revenue (approx.)	Tips/Notes
<b>G0181</b>	Care Plan Oversight for patient under Home Health	Physician or APP supervision of a minimum of 30 minutes for a patient receiving services under the Medicare Home Health Benefit (patient not present) within a calendar month.	>30 min	1.73	\$109.56	Physicians and APPs may bill Medicare and other payers even in the absence of a face-to-face patient encounter. Time documented for chart review, labs, Diagnostics, and care coordination.
<b>G0182</b>	Care Plan Oversight for patient under Hospice	Physician or APP supervision of a minimum of 30 minutes for a patient receiving services under the Medicare Hospice benefit in which patient not present within a calendar month.	>30 min	1.73	\$109.56	Physicians and APPs may bill Medicare and other payers even in the absence of a face-to-face patient encounter. Time documented for chart review, labs, Diagnostics, and care coordination.

**Key:** ACP = Advance Care Planning; APP = Advanced Practice Provider (NP, CNS, PA, etc.); CPT = Clinical Procedure Codes; NF2F = Prolonger Non Face to Face.

**Remember to add the Encounter for Palliative Care Services ICD-10 code with every visit. Z51.5.**