



Home Or Residence Services: Changes For 2023

CPT® Assistant.

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As part of the continued effort to standardize reporting guidelines throughout the Evaluation and Management (E/M) Services section of the Current Procedural Terminology (CPT®) 2023 code set, significant revisions have been made to the home or residence services codes (99341, 99342, 99344, 99345, 99347-99350) and guidelines. These revisions include the deletion of the domiciliary, rest home (eg, boarding home), or custodial care services codes (99324-99337) and the domiciliary, rest home (eg, assisted living facility), or home care plan oversight services codes (99339, 99340) and the merging of these services with the existing home services codes. In addition, home services new patient code 99343 has been deleted in order to eliminate duplication that would result in the medical decision making (MDM) of codes 99342 and 99343. This article provides an overview of these changes.

Overview of Changes

For the CPT 2023 code set, the domiciliary and home services code families have been combined to provide efficiencies as the two sets of code families are highly similar. As a result of combining these code families, codes 99324-99337, 99339, and 99340 have been deleted. These changes also include deletion of the home services new patient code (99343). To accurately reflect inclusion of services provided in these settings, the heading for home services codes 99341, 99342, 99344, 99345, and 99347-99350 has been revised to "Home or Residence Services." In addition, a parenthetical note has been added to direct users to chronic care management services codes 99437 and 99491 or principal care management codes 99424 and 99425 when performing care plan oversight.

In keeping with the standardization of level-based E/M codes, codes 99341, 99342, 99344, 99345, and 99347-99350 have been revised regarding reporting



E/M services when provided in a home or residence. These services will be reported based on either total time on the date of the encounter or level of MDM and require a medically appropriate history and/or examination. Each code denotes the total time that must be met or exceeded in order to report the service based on time. In addition, the Home or Residence Services subsection guidelines have been revised to define “residence” in reference to codes 99341-99350 and to provide instruction on the appropriate use of these codes. It is imperative to review these guidelines before reporting the codes in this subsection.

Note that the merging of these two families does not change the place of service codes. There is more than one place of service code for these families of codes, which has not changed.

Guideline Revisions

When reporting home or residence services codes based on time, the following elements should be considered:

- When selecting code level using time, do not count any travel time.
- If total service time extends 15 minutes or more beyond the listed time for the highest level code and that code has been selected using time, it is appropriate to report prolonged services code 99417.
- The definition of “home” has not changed. Home may be defined as a private residence, temporary lodging, or short-term accommodation (eg, hotel, campground, hostel, or cruise ship).
- Home or residence services codes are also used when the residence is an assisted living facility, group home (that is not licensed as an intermediate care facility for individuals with intellectual disabilities), custodial care facility, or residential substance abuse treatment facility.

Code Descriptor Changes

Prior to 2023, domiciliary, rest home (eg, boarding home), or custodial care services E/M code descriptors included seven components (history; examination; MDM; counseling; coordination of care; nature of presenting problem; time), six of which could be used to determine the service level. For the CPT 2023 code set, these services have been combined with home or residence services and revised so that medically appropriate history and/or

examination and the appropriate level of MDM (eg, straightforward, low, moderate, or high) as defined for each service or the total physician or other qualified health care professional (QHP) time on the date of the visit may be used to select the appropriate service level for new patient codes 99341, 99342, 99344, 99345, and established patient codes 99347-99350. **Note:** When using total time on the date of the encounter for code selection, the number of minutes to be met or exceeded is included in each code descriptor.

Tables 1 and 2 summarize the revisions made to the home or residence services codes in the CPT 2023 code set. Significant changes are underlined.

Table 1. Home or Residence Services: New Patient (99341, 99342, 99344, 99345)

Code	Revised Descriptor
99341	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. <u>When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.</u>
99342	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. <u>When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.</u>
99344	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. <u>When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.</u>
99345	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. <u>When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.</u>

Table 2. Home or Residence Services: Established Patient (99347-99350)

Code	Revised Descriptor
99347	Home or residence visit for the evaluation and management of a new patient, which requires <u>a medically appropriate history and/or examination and straightforward medical decision making</u> . When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
99348	Home or residence visit for the evaluation and management of a new patient, which requires <u>a medically appropriate history and/or examination and low level of medical decision making</u> . When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99349	Home or residence visit for the evaluation and management of a new patient, which requires <u>a medically appropriate history and/or examination and moderate level of medical decision making</u> . When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
99350	Home or residence visit for the evaluation and management of a new patient, which requires <u>a medically appropriate history and/or examination and high level of medical decision making</u> . When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.

There may be variations in payer policies about reporting home or residence services codes, and they may have additional information and requirements; therefore, it is recommended that users contact relevant local third-party payers.



Reporting Prolonged Services

- If new patient services are 90 minutes or longer, report prolonged services code 99417 with the highest level home or residence services code (99345).
- If established patient services are 75 minutes or longer, report prolonged services code 99417 with the highest level home or residence services code (99350).

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New Patient Code Descriptor Example

✖ 99342 Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making.

Note: When using total time on the date of the encounter for code selection, the number of minutes to be met or exceeded is included in each code descriptor.

The following table lists new patient home or residence service codes and the time that must be met or exceeded for each of the codes and the prolonged services code (99417) that should be reported when time has exceeded 90 minutes or longer.

CPT® Code	Time (in minutes) (Must be met or exceeded)
99341	15
99342	30
99344	60
99345	75
99417 (Prolonged)	90



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Established Patient Code Descriptor Example

99348 Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.

Note: When using total time on the date of the encounter for code selection, the number of minutes to be met or exceeded is included in each code descriptor.

The following table lists new patient home or residence services codes and the time that must be met or exceeded for each of the codes and the prolonged services code (99417) that should be reported when time has exceeded 90 minutes or longer.

CPT® Code	Time (in minutes) (Must be met or exceeded)
99347	20
99348	30
99349	40
99350	60
99417 (Prolonged)	75