

Dermatology Coding Alert

Relax--Rest Home Coding Is Easier Than You Think

Identify place-of-service 33 through lack of medical component

You may be tempted to report either nursing home or at-home service codes for rest home patients, but this can get you into hot water. There is a better way: Access CPT's new dedicated rest home codes.

For 2006, CPT revised its guidelines for services a physician provides to domiciliary, rest home or custodial care patients. You should have no problem cozying up to the new codes, because the guidelines mimic those you regularly apply for office or other outpatient visits.

Out With the Old, in With the New

You won't be using 99331-99333 to describe services for custodial care patients for claims dated after Jan. 1, 2006. CPT has deleted these codes and added nine new codes to describe services that the physician provides in rest home settings:

- 99324-99328--Domiciliary or rest home visit for the evaluation and management of a new patient ...
- 99334-99337--Domiciliary or rest home visit for the evaluation and management of an established patient ...

CPT makes it easy: You'll choose from among 99324-99337 almost exactly as you would choose from office outpatient visits 99201-99215, says **Marvel J. Hammer, RN, CPC, CCS-P, CHCO**, president of MJH Consulting in Denver.

For instance, to report the lowest-level new patient visit in a rest home, the dermatologist will need to document a problem-focused history, problem-focused examination and straightforward medical decision-making (MDM)--exactly the same requirements for a level-one E/M service for a new patient visit in the office (99201, Office or other outpatient visit for the evaluation and management of a new patient ...).

As with new patient office/outpatient visits, you must meet all three requirements to report a given level of service with new patient custodial care codes 99324-99328.

Example: A dermatologist visits a new patient with suspicious moles in a domiciliary for evaluation. The physician documents a comprehensive history and exam and MDM that qualifies as "low complexity."

In this case, you must choose 99325. Although the comprehensive history and exam point to 99327, this code requires MDM of moderate complexity. Because all three components must meet or exceed the requirements of the chosen service level, 99325--not 99327--is correct.

It Takes 2 for Established Patients

For an established patient, you need only meet two of the three requirements to report a given level of service. Once again, this mirrors the long-standing guidelines that apply to established patient office/outpatient visits, Hammer says.

Example: The dermatologist returns at a later date to evaluate the patient in the above example for a new complaint of plantar warts. The service consists of a problem-focused history, a detailed exam, and MDM of moderate complexity. In this case, you can select 99336--even though a problem-focused history does not meet the requirements of that service--because the dermatologist has documented the remaining two requirements (a detailed exam and MDM of moderate complexity).

Watch Your Place of Service

Before you submit rest home codes, you have to understand what differentiates the rest home, domiciliary or custodial care facility from other, similar places of service.

Specifically, the rest home, domiciliary or custodial care facility (POS 33) "provides room, board and other personal assistance services, generally on a long-term basis." Such facilities do not have a medical component, which distinguishes them from a nursing facility (POS 32), Hammer says.

Private residence doesn't count as facility: You should use the home service codes 99341-99350 only when the dermatologist provides E/M services to a patient in his "own private residence and not any type of facility," according to CMS rules. This means that even if the patient is truly "at home" in the domiciliary or rest home, you would not use 99341-99350, says **Heidi Stout, CPC, CCS-P**, coding and reimbursement manager of a multi-physician practice group in New Brunswick, N.J.