

Internal Medicine Coding Alert

READER QUESTION: Home Services or Rest Home Codes?

Question: Once a month, our physician visits home-bound elderly patients who live in a retirement village with assisted-living services. The patients either own their apartments or lease them from the facility. Do 99321-99333 or 99341-99350 better describe the physician's services?

New Jersey Subscriber

Answer: You should use the domiciliary or rest home visit codes (99321-99333, Domiciliary or rest home visit for the evaluation and management of a new or an established patient ...), rather than the home services codes (99341-99350, Home visit for the evaluation and management of a new or an established patient).

CPT's introduction to 99321-99333 advises coders to report these E/M services "in a facility which provides room, board and other personal assistance services, generally on a long-term basis." Therefore, the 99321-99333 series reflects the facility that you describe.

If you consider the home services codes, as some coders do, you must note that CPT's definition states, "evaluation and management services provided in a private residence." In your case, you may argue that because the patients own or lease their apartments, the unit qualifies as a private residence.

Medicare Transmittal 1709 (June 4, 2001), however, eliminates this gray area by adding that you should not report 99341-99350 when a physician provides E/M services to a patient in "any type of facility." Because you describe the retirement village as a facility that provides meals, personal-assistance services, etc., to the patient, the unit does not qualify as a private residence.

Be careful: Some facilities provide both "independent living" and "assisted living." This means that even though the patient stays in an "independent living" facility, if the physician sees her at her apartment insurers would consider this a "home visit." But if the same patient lives in the "assisted living" portion of the facility, and the physician provides a "home" visit, the physician would use the codes from the domiciliary section.

Two things you should know before you assign codes: 1. How is the facility licensed? 2. If the facility provides both independent and assisted living, what section is the patient residing in?