



## Skilled Nursing Facility



**Skilled Nursing Facilities** are most often needed following a hospitalization or significant decline in health. A stay in a skilled nursing facility is usually temporary in nature and is focused on rehabilitation that is intended to prepare the patient to return to their independent residence.

Nursing Facility for inpatients who require medical, nursing or rehabilitative services – (POS- 31)  
Residents of Skilled Nursing Facility – (POS- 32)

| <b>Initial Nursing Care<br/>New or Established Patient (3/3)</b> | <b>Subsequent Nursing Care<br/>New or Established Patient (2/3)</b> |
|--|---|
| 99304 - 25 min (straightforward/low complexity)                  | 99307 - 10 min (straightforward/low complexity)                     |
| 99305 - 35 min (moderate complexity)                             | 99308 - 15 min (low complexity)                                     |
| 99306 - 45 min (high complexity)                                 | 99309 - 25 min (moderate complexity)                                |
| <b>Nursing Facility Discharge Services</b>                       | 99310 - 35 min (high complexity)                                    |
| 99315 - Less than 30 min   | <b>Nursing Home Annual Assessment (3/3)</b>                         |
| 99316 - More than 30 min   | 99318 – 30 mins   |

### **Codes 99315-99316 – Discharge Day Management Service**

Can be used to report the Physician, Physician Assistants or Nurse Practitioners face-to-face visit with the patient to meet the SNF/NF discharge day management service requirement. You shall report the visit as the actual date of the visit even if the patient is discharged from the facility on a different calendar date.

### **99318 for Nursing Home Annual Assessment Components: (Need all 3)**

Usually, the patient is stable, recovering, or improving.

- A detailed interval history
- A comprehensive examination
- Low- to moderate-complexity MDM

Or

- Time based. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit. The extent of counseling and/or coordination of care must be documented.

**Note:** You should not report 99318 on the same date of service as nursing facility services codes 99304-99316.



## Assisted Living, Group Home or Custodial Care



**Assisted Living Facilities** - (POS- 13) typically aids with bathing, dressing, grooming, medications, and meal preparation. This support is provided in a setting that is, by design, residential in nature and is intended not to be temporary.

**Group Home** – (POS- 14) is a house or apartment in which 2 or more unrelated people live together for complex medical healthcare.

**Custodial Care** – (POS- 33) Domiciliary, Rest Home e.g., Board and Care Home or Custodial Care is a home providing mainly custodial and personal care for persons who do not require medical or nursing supervision but may require assistance with activities of daily living because of a physical or mental disability. This may also be referred to as a sheltered living environment.

➤ **Must patients be homebound to receive domiciliary services?**

No. Beneficiaries do not have to be homebound to receive domiciliary E/M services like they do with home health services; however, the reason(s) for the domiciliary home visit instead of an office visit must be thoroughly documented.

➤ **Can a provider visit multiple patients that are in the same facility on the same date?**

Yes. A provider can visit multiple patients in a shared facility on the same date.

| New Patient (3/3)                           | Established Patient (2/3)                   |
|---|---|
| 99324 - 20 min (straightforward complexity) | 99334 - 15 min (straightforward complexity) |
| 99325 - 30 min (low complexity)             | 99335 - 25 min (low complexity)             |
| 99326 - 45 min (moderate complexity)        | 99336 - 40 min (moderate complexity)        |
| 99327 - 60 min (moderate/high complexity)   | 99337 - 60 min (high complexity)            |
| 99328 - 75 min (high complexity)            |   |



## Home Services



**Home Services** are provided in a private/independent residence – (POS- 12)  
(house, apartment, or other shelter that is the usual residence of a person, family, or household)

### When can you report a home visit?

You should apply the home visit codes only when you can document a medical reason for the visit and a medical reason that the patient cannot make the trip to the office or clinic.

### Can Physician Assistants and Nurse Practitioners make house calls?

Physician Assistants and Nurse Practitioners can use the home services codes if they bill under their own provider numbers.

**For example:** the patient may be homebound, or patient/ family member/member of the home health team requests a house call or illness management for homebound patients (emergency, acute, or chronic conditions) who are unable to travel to the office without assistance.

| New Patient (3/3)                           | Established Patient (2/3)                   |
|---|---|
| 99341 - 20 min (straightforward complexity) | 99347 - 15 min (straightforward complexity) |
| 99342 - 30 min (low complexity)             | 99348 - 25 min (low complexity)             |
| 99343 - 45 min (moderate complexity)        | 99349 - 40 min (moderate complexity)        |
| 99344 - 60 min (moderate/high complexity)   | 99350 - 60 min (high complexity)            |
| 99345 - 75 min (high complexity)            |   |

**Billing Note:** If patient resides at assisted living or other nursing facility do not use this set of codes.

**Warning:** The reason for the home visit cannot be convenience. i.e. if the patient cannot get transportation.

For coding questions or coding corner suggestions: [UHAcoding.billing.help@stanfordhealthcare.org](mailto:UHAcoding.billing.help@stanfordhealthcare.org)