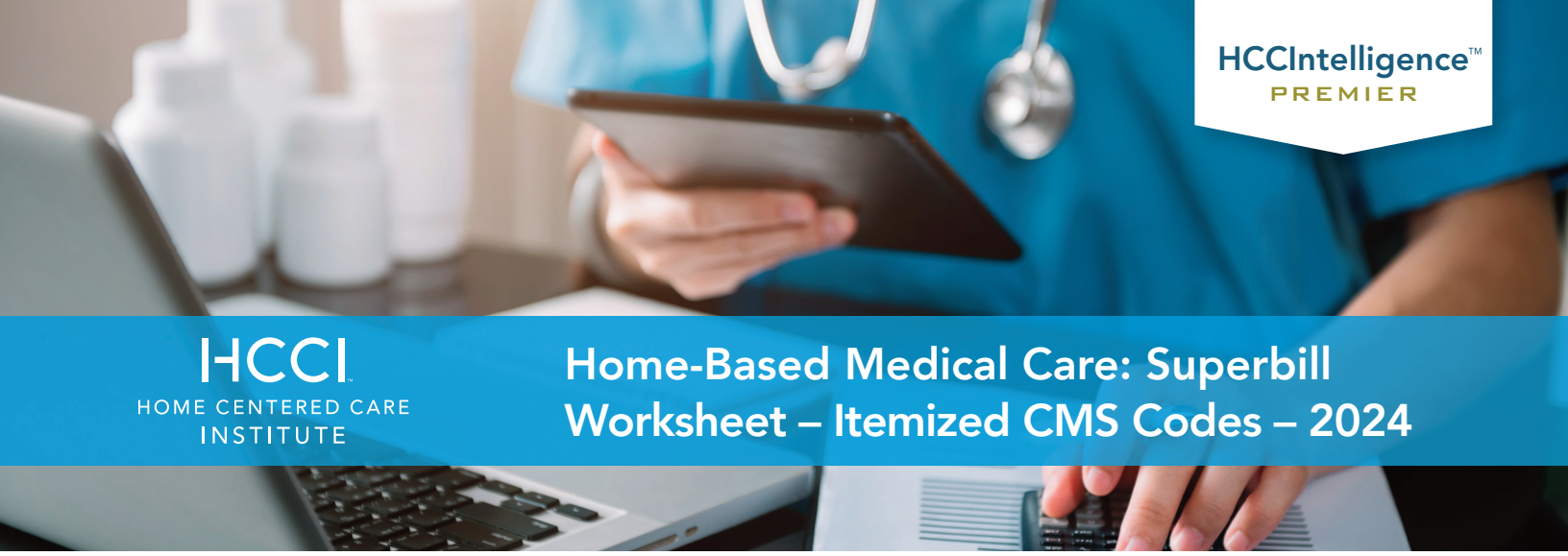

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HCCI HOME CENTERED CARE INSTITUTE

Home-Based Medical Care: Superbill Worksheet – Itemized CMS Codes – 2024

Purpose

A comprehensive list of the primary services that a home-based medical care practice would bill and submit for reimbursement. Includes CPT® codes, location of service (if applicable), service descriptor, 2024 wRVU, 2024 Medicare National Fee Schedule Payment, and precalculated 85% of Medicare allowable payment (NP/PA). This information allows programs to estimate revenue, create an internal fee schedule, and guide the setup of EHR templates and claim submissions. All content was gathered utilizing Centers for Medicare & Medicaid Services (CMS) guidelines. Refer to CMS guidelines[1] for full details and requirements.

Service Descriptor	CPT	2024 wRVU	2024 Medicare National Fee Schedule Payment	85% of MC allowable (NP/PA)
New patient: straight-forward MDM, minimal complexity of problems addressed Typical time: 15 minutes	99341	1.00	$48.13	$40.91
New patient: low MDM, low complexity of problems addressed Typical time: 30 minutes	99342	1.65	$76.29	$64.85
New patient: moderate MDM; Typical time: 60 minutes	99344	2.87	$138.51	$117.73
New patient: high MDM; Typical time: 75 minutes	99345	3.88	$196.79	$167.27
Established patient: straight forward MDM; Typical time: 20 minutes	99347	0.90	$44.21	$37.58
Established patient: low MDM; Typical time: 30 minutes	99348	1.50	$74.66	$63.46
Established patient: moderate MDM; Typical time: 40 minutes	99349	2.44	$124.10	$105.49
Established patient: high MDM; Typical time: 60 minutes	99350	3.60	$180.75	$153.64
Prolonged Service without direct F2F contact (31-74 minutes)	99358	Active code; however, no CMS reimbursement.		
Prolonged Service without direct F2F contact Add-on code: 75 minutes+, each add'l 30 minutes, requires primary code)	99359	Active code; however, no CMS reimbursement.		
Care Plan Oversight (CPO) Home Health (Requires 30 minutes per calendar month, time spent personally by the billing provider)	G0181	1.73	$102.82	$87.40
CPO Hospice (Requires 30 minutes per calendar month, personally spent by the billing physician- MD/DOs only)	G0182	1.73	$102.49	$87.12
Home Health Certification (Oversight/signature of 485)	G0180	0.67	$52.72	$44.81
Home Health Re-certification (Oversight/signature of 485)	G0179	0.45	$41.26	$35.07

[1] https://www.cms.gov/medicare/payment/fee-schedules/physician/care-management

Service Descriptor	CPT	2024 wRVU	2024 Medicare National Fee Schedule Payment	85% of MC allowable (NP/PA)
Traditional Chronic Care Mgmt. Services (20 minutes per calendar month, clinical staff + provider)	99490	1.00	$61.56	$52.33
Traditional CCM Add-on code, each additional 20 minutes per calendar month; (Max. 2 units)	99439	0.70	$47.15	$40.08
Caregiver Training services. Multiple sets of caregivers for different patients; initial 60 minutes (Behavior management/modification training)	96202	0.43	$23.25	$19.76
Caregiver Training services add-on code, Multiple sets of caregivers for different patients; each additional 15 minutes pass the initial 60 minutes (Behavior management/modification training)	96203	0.12	$5.57	$4.73
Caregiver training services. One or more caregivers for an individual patient; initial 30 minutes (Functional performance of ADLs)	97550	1.00	$52.06	$44.25
Caregiver training services add-on code, One or more caregivers for an individual patient; each additional 15 minutes pass the initial 30 minutes (Functional performance of ADLs)	97551	0.54	$25.87	$21.99
Caregiver training services. Multiple sets of caregivers for different patients; untimed (Functional performance of ADLs)	97552	0.23	$21.94	$18.65
Qualified Provider Chronic Care Mgmt. Services (30 minutes per calendar month personally spent by billing provider)	99491	1.50	$83.17	$70.69
Complex Chronic Care Mgmt. Services (60 minutes per calendar month) Requires moderate to high MDM and significant patient disease burden	99487	1.81	$131.96	$112.17
Complex CCM Add-on code (Each additional 30 minutes per calendar month)	99489	1.00	$71.06	$60.40
Community Health Integration services performed by certified or trained auxiliary personel, under direction of a physician or NPP (60 mins per calendar month)	G0019	1.00	$79.24	$67.35
Community Health Integration services add-on code, each additional 30 minutes per calendar month (List separately in addition to G0019)	G0022	0.70	$49.44	$42.02
Traditional Principal Care Mgmt.; single high risk disease; 30 minutes per calendar month (clinical staff + provider time)	99426	1.00	$60.90	$51.77
Traditional PCM Add-on code (each additional 30 minutes clinical staff + provider care mgmt. time single high risk disease care plan)	99427	0.71	$46.50	$39.53
Provider Principal Care Mgmt.; single high risk disease; 30 minutes per calendar month personally spent by billing provider	99424	1.45	$81.21	$69.03
Provider PCM Add-on code, each additional 30 minutes personally spent by billing provider	99425	1.00	$58.94	$50.10
General Behavioral Health Integration Services; 20 minutes per calendar month	99484	0.93	$54.03	$45.93
Transitional Care Mgmt. (Moderate MDM/Complexity, seen within 14 days of discharge)	99495	2.78	$203.34	$172.84
Transitional Care Mgmt. (High MDM/Complexity, seen within 7 days of discharge)	99496	3.79	$275.05	$233.79
Cognitive Assessment & Care Planning Visit (Typically 50 min visit, requires development of cognitive specific care plan)	99483	3.84	$268.18	$227.95
Review & subsequent anticoagulation management, includes review and interpretation of new test result (not billable with an E/M service)	93793	0.18	$11.13	$9.46
Patient/Caregiver Training for initial set up & initiation of new home INR monitoring	93792	0.00	$69.09	$58.73
Administration of Social determinants of health risk assessment tool, 5-15 minutes	G0136	0.18	$18.66	$15.86

Service Descriptor	CPT	2024 wRVU	2024 Medicare National Fee Schedule Payment	85% of MC allowable (NP/PA)
Annual Wellness Visit Initial (once per lifetime within first 12 month of Medicare)	G0438	2.60	$162.74	$138.33
Annual Wellness Visit Subsequent (Once annually for routine AWVs)	G0439	1.92	$128.03	$108.83
Advanced Care Planning (First 30 minutes, minimum 16 minutes F2F to bill)	99497	1.50	$80.55	$68.47
Advanced Care Planning (Each Add 'l 30 minutes, minimum 46 mins to bill)	99498	1.40	$69.75	$59.29
Remote Evaluation of Recorded Video/Images (MD/NP/PA)	G2010	0.18	$12.12	$10.30
Remote Assessment recorded video and/or image (photo) by a non-physician healthcare professional (e.g. Licensed clinical social worker)	G2250	0.18	$12.12	$10.30
Brief Communication Technology-Based Virtual Check in (5-10 minutes-can be phone only)	G2012	0.25	$13.75	$11.69
Brief Communication Technology-Based Virtual Check in (11-20 minutes-can be phone only)	G2252	0.50	$25.87	$21.99
Telephone E/M 5-10 minutes; During PHE (MD/NP/PA)	99441	0.70	$55.34	$47.04
Telephone E/M 11-20 minutes; During PHE (MD/NP/PA)	99442	1.30	$89.06	$75.70
Telephone E/M 21-30 minutes; During PHE (MD/NP/PA)	99443	1.92	$126.07	$107.16
Telephone E/M 5-10 minutes; Non-Physician Practitioner (e.g. Licensed clinical social worker); During PHE	98966	0.25	$12.77	$10.85
Telephone E/M 11-20 minutes; Non-Physician Practitioner; During PHE	98967	0.50	$23.58	$20.04
Telephone E/M 21-30 minutes; Non-Physician Practitioner; During PHE	98968	0.75	$32.42	$27.56
Remote Patient Monitoring (RPM); initial device set-up/education	99453	0.00	$19.65	$16.70
RPM; Device supply, with daily recordings within a 30-day period (minimum 16 days worth of data, billed monthly)	99454	0.00	$46.50	$39.53
RPM TX Mgmt. Services; 20 minutes, requires use of interactive communication per calendar month	99457	0.61	$48.13	$40.91
RPM TX Mgmt. Services, each additional 20 minutes, requires use of interactive communication (maximum 2 units)	99458	0.61	$38.64	$32.84
Collection and interpretation of Physiologic data; each 30 days; 30 minutes of billing practitioner time per calendar month	99091	1.10	$52.72	$44.81
Online Digital E/M Service; Cumulative 7 days; 5-10 minutes	99421	0.25	$14.74	$12.53
Online Digital E/M, cumulative 7days; 11-20 minutes	99422	0.50	$28.82	$24.50
Online Digital E/M, cumulative 7 days; 21 minutes or more	99423	0.80	$45.84	$38.96
Online Digital E/M Service; Nonphysician provider; cumulative 7 days; 5-10 minutes	98970	0.25	$11.46	$9.74
Online Digital E/M Service; Nonphysician provider; cumulative 7 days; 11-20 minutes	98971	0.44	$20.30	$17.26
Online Digital E/M Service; Nonphysician provider; cumulative 7 days; 21+ minutes	98972	0.69	$30.13	$25.61
Interprofessional telephone/internet/electronic health record assessment and management service (Provided by consultative physician) 5-10 mins medical discussion and review	99446	0.35	$17.35	$14.75
Interprofessional telephone/internet/electronic health record assessment and management service (Provided by consultative physician) 11-20 mins medical discussion and review	99447	0.70	$35.36	$30.06
Interprofessional telephone/internet/electronic health record assessment and management service (Provided by consultative physician) 21-30 mins medical discussion and review	99448	1.05	$52.39	$44.53
Interprofessional telephone/internet/electronic health record assessment and management service (Provided by consultative physician) 31 mins or more medical discussion and review	99449	1.40	$69.75	$59.29

Service Descriptor	CPT	2024 wRVU	2024 Medicare National Fee Schedule Payment	85% of MC allowable (NP/PA)
Interprofessional telephone/internet/electronic health record assessment and management service, includes written report (Provided by consultative physician) 5 or more minutes of medical consultative time (i.e., verbal or internet discussion with the requesting provider).	99451	0.70	$34.05	$28.94
Interprofessional telephone/internet/electronic health record referral service(s) (Provided by requesting physician/QHP, 30 minutes - May be reported for 16 to 30 minutes of time spent preparing the referral and/or communicating with the consulting provider).	99452	0.70	$33.07	$28.11
Smoking and tobacco use cessation counseling, between 4-10 minutes	99406	0.24	$14.41	$12.25
Smoking and tobacco use cessation counseling, intensive, greater than 10 minutes	99407	0.50	$26.85	$22.82

** Domiciliary (DOM) codes have been deleted and services are billed using appropriate home and residence service codes*

Location of Service	Service Descriptor	CPT	2024 wRVU	2024 Medicare National Fee Schedule Payment	85% of MC allowable (NP/PA)
SNF	Initial nursing facility care (Low severity; typically 25 minutes)	99304	1.50	$78.26	$66.52
SNF	Initial nursing facility care (Moderate severity; typically 35 minutes)	99305	2.50	$129.99	$110.49
SNF	Initial nursing facility care (High severity; typically 45 minutes)	99306	3.50	$177.47	$150.85
SNF	Subsequent nursing facility care (typically 10 minutes)	99307	0.70	$39.29	$33.40
SNF	Subsequent nursing facility care (typically 15 minutes)	99308	1.30	$72.69	$61.79
SNF	Subsequent nursing facility care (typically 25 minutes)	99309	1.92	$105.11	$89.34
SNF	Subsequent nursing facility care (typically 35 minutes)	99310	2.80	$149.97	$127.47
SNF	Nursing Facility Discharge Services, 30 minutes or less	99315	1.50	$79.57	$67.63
SNF	Nursing Facility Discharge Services, more than 30 minutes	99316	2.50	$127.70	$108.55

Procedure Descriptor	CPT	2024 wRVU	2024 Medicare National Fee Schedule Payment	85% of MC allowable (NP/PA)
Catheter insertion (Non-indwelling/ straight catheterization for residual urine)	51701	0.50	$43.88	$37.30
Cerumen removal using curette	69210	0.61	$47.15	$40.08
Chemical cauterization of granulation tissue (i.e. proud flesh)	17250	0.50	$85.79	$72.92
Joint injection, Major Joint (e.g., shoulder, knee)	20610	0.79	$64.18	$54.55
Punch biopsy of the skin, single lesion, includes simple closure	11104	0.83	$123.12	$104.65
Excision, benign lesion, except skin tag, trunk, arms, or legs, 0.5 cm or less	11400	0.90	$126.72	$107.71
Excision of malignant lesion, trunk, arms, or legs, excised diameter 0.5 cm or less	11600	1.63	$194.83	$165.61
I&D skin abscess, simple or single	10060	1.22	$125.41	$106.60
Unna Boot Application	29580	0.55	$62.87	$53.44
I&D abscess, complicated or multiple	10061	2.45	$211.86	$180.08
Debridement, subcutaneous (includes epidermis and dermis; if performed) first 20 sq. cm or less	11042	1.01	$127.70	$108.55
Debridement, add-on code, each additional 20 sq cm. subcutaneous tissue only	11045	0.50	$39.29	$33.40
Gastrostomy tube change, percutaneous	43762	0.75	$221.35	$188.15
Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement (s), with or without voluntary ventilation	94010	0.17	$26.85	$22.82
Routine Venipuncture	36410	0.18	$17.35	$14.75

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