

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, 2026 wRVU, 2026 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. This resource was developed utilizing Centers for Medicare & Medicaid Services (CMS) guidelines and requirements and can be referenced for further details

Service Descriptor	CPT	2026 wRVU	2026 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	\$49.34	\$41.94
New patient: low MDM, low complexity of problems addressed Typical time: 30 minutes	99342	1.65	\$79.22	\$67.34
New patient: moderate MDM; Typical time: 60 minutes	99344	2.87	\$147.36	\$125.26
New patient: high MDM; Typical time: 75 minutes	99345	3.88	\$211.14	\$179.47
Established patient: straight forward MDM; Typical time: 20 minutes	99347	0.90	\$46.32	\$39.37
Established patient: low MDM; Typical time: 30 minutes	99348	1.50	\$79.22	\$67.34
Established patient: moderate MDM; Typical time: 40 minutes	99349	2.44	\$132.93	\$112.99
Established patient: high MDM; Typical time: 60 minutes	99350	3.60	\$194.02	\$164.92
Care Plan Oversight (CPO) Home Health (Requires 30 minutes per calendar month, time spent personally by the billing provider)	G0181	1.73	\$110.44	\$93.87
CPO Hospice (Requires 30 minutes per calendar month, personally spent by the billing physician- MD/DOs only)	G0182	1.73	\$109.09	\$92.73
Home Health Certification (Oversight/signature of 485)	G0180	0.67	\$57.06	\$48.51
Home Health Re-certification (Oversight/signature of 485)	G0179	0.45	\$44.64	\$37.95
Traditional Chronic Care Mgmt. Services (20 minutes per calendar month, clinical staff + provider)	99490	1.00	\$66.46	\$56.49
Traditional CCM Add-on code, each additional 20 minutes per calendar month; (Max. 2 units)	99439	0.70	\$50.69	\$43.08

Service Descriptor	CPT	2026 wRVU	2026 Medicare National Fee Schedule Payment	85% of MC allowable (NP/PA)
Advanced Primary Care Management - Level 1	G0556	0.25	\$16.45	\$13.98
Advanced Primary Care Management - Level 2	G0557	0.77	\$54.04	\$45.94
Advanced Primary Care Management - Level 3	G0558	1.67	\$117.82	\$100.15
Caregiver Training services. Multiple sets of caregivers for different patients; initial 60 minutes (Behavior management/modification training)	96202	0.43	\$20.14	\$17.12
Caregiver Training services add-on code, Multiple sets of caregivers for different patients; each additional 15 minutes past the initial 60 minutes (Behavior management/modification training)	96203	0.12	\$5.37	\$4.57
Caregiver Training. No patient present; train initial 30 minutes	G0541	1.00	\$53.37	\$45.37
Caregiver Training. No patient present; train additional 15 minutes	G0542	0.54	\$26.18	\$22.26
Caregiver Training. No patient present; group training	G0543	0.23	\$22.15	\$18.83
Caregiver Training. Training in behavior and modification	G0539	1.00	\$53.37	\$45.37
Caregiver training in behavior management/modification for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; each additional 15 minutes	G0540	0.54	\$26.18	\$22.26
Administration of a standardized, evidence-based Atherosclerotic Cardiovascular Disease Risk Assessment for patients with ASCVD risk factors, 5-15 minutes, not more often than every 12 months per practitioner.	G0537	0.18	\$20.14	\$17.12
Atherosclerotic Cardiovascular Disease risk management services with the following required elements: patient is without a current diagnosis of ASCVD, but is determined to be at intermediate, medium or high-risk for cardiovascular disease as previously determined by the ASCVD risk assessment	G0538	0.18	\$17.12	\$14.55
Qualified Provider Chronic Care Mgmt. Services (30 minutes per calendar month personally spent by billing provider)	99491	1.50	\$89.63	\$76.18
Complex Chronic Care Mgmt. Services (60 minutes per calendar month) Requires moderate to high MDM and significant patient disease burden	99487	1.81	\$145.01	\$123.26
Complex CCM Add-on code (Each additional 30 minutes per calendar month)	99489	1.00	\$78.55	\$66.77
Community Health Integration services performed by certified or trained auxiliary personnel, under direction of a physician or NPP (60 mins per calendar month)	G0019	1.00	\$86.94	\$73.90
Community Health Integration services add-on code, each additional 30 minutes per calendar month (List separately in addition to G0019)	G0022	0.70	\$54.38	\$46.22
Traditional Principal Care Mgmt.; single high risk disease; 30 minutes per calendar month (clinical staff + provider time)	99426	1.00	\$68.14	\$57.92
Traditional PCM Add-on code (each additional 30 minutes clinical staff + provider care mgmt. time single high risk disease care plan)	99427	0.71	\$54.38	\$46.22
Provider Principal Care Mgmt.; single high risk disease; 30 minutes per calendar month personally spent by billing provider	99424	1.45	\$87.95	\$74.75
Provider PCM Add-on code, each additional 30 minutes personally spent by billing provider	99425	1.00	\$61.76	\$52.50
General Behavioral Health Integration Services; 20 minutes per calendar month	99484	0.93	\$57.74	\$49.08
Transitional Care Mgmt. (Moderate MDM/Complexity, seen within 14 days of discharge)	99495	2.78	\$221.21	\$188.03
Transitional Care Mgmt. (High MDM/Complexity, seen within 7 days of discharge)	99496	3.79	\$300.09	\$255.08
Cognitive Assessment & Care Planning Visit (Typically 50 min visit, requires development of cognitive specific care plan)	99483	3.84	\$294.39	\$250.23
Review & subsequent anticoagulation management, includes review and interpretation of new test result (not billable with an E/M service)	93793	0.18	\$11.75	\$9.99


Service Descriptor	CPT	2026 wRVU	2026 Medicare National Fee Schedule Payment	85% of MC allowable (NP/PA)
Patient/Caregiver Training for initial set up & initiation of new home INR monitoring	93792	0.00	\$72.84	\$61.92
Administration of Social determinants of health risk assessment tool, 5-15 minutes	G0136	0.18	\$20.14	\$17.12
Annual Wellness Visit Initial (once per lifetime within first 12 month of Medicare)	G0438	2.60	\$175.22	\$148.94
Annual Wellness Visit Subsequent (Once annually for routine AWWs)	G0439	1.92	\$138.63	\$117.84
Advanced Care Planning (First 30 minutes, minimum 16 minutes F2F to bill)	99497	1.50	\$87.28	\$74.18
Advanced Care Planning (Each Add 'l 30 minutes, minimum 46 mins to bill)	99498	1.40	\$78.55	\$66.77
Remote Evaluation of Recorded Video/Images (MD/NP/PA)	G2010	0.18	\$13.09	\$11.13
Remote Assessment recorded video and/or image (photo) by a non-physician healthcare professional (e.g. Licensed clinical social worker)	G2250	0.18	\$13.09	\$11.13
Brief Communication Technology-Based Virtual Check in (11-20 minutes-can be phone only)	G2252	0.50	\$28.53	\$24.25
Telephone E/M 5-10 minutes; Non-Physician Practitioner (e.g. Licensed clinical social worker); During PHE	98966	0.25	\$13.76	\$11.70
Telephone E/M 11-20 minutes; Non-Physician Practitioner; During PHE	98967	0.50	\$25.18	\$21.40
Telephone E/M 21-30 minutes; Non-Physician Practitioner; During PHE	98968	0.75	\$34.91	\$29.67
Remote Patient Monitoring (RPM); initial device set-up/education	99453	0.00	\$21.82	\$18.55
RPM; Device supply, with daily recordings within a 30-day period (minimum 16 days worth of data, billed monthly)	99454	0.00	\$47.67	\$40.52
RPM TX Mgmt. Services; 20 minutes, requires use of interactive communication per calendar month	99457	0.61	\$52.03	\$44.23
RPM TX Mgmt. Services, each additional 20 minutes, requires use of interactive communication (maximum 2 units)	99458	0.61	\$41.62	\$35.38
Collection and interpretation of Physiologic data; each 30 days; 30 minutes of billing practitioner time per calendar month	99091	1.10	\$55.72	\$47.36
Online Digital E/M Service; Cumulative 7 days; 5-10 minutes	99421	0.25	\$15.78	\$13.41
Online Digital E/M, cumulative 7days; 11-20 minutes	99422	0.50	\$30.88	\$26.25
Online Digital E/M, cumulative 7 days; 21 minutes or more	99423	0.80	\$49.01	\$41.66
Online Digital E/M Service; Nonphysician provider; cumulative 7 days; 5-10 minutes	98970	0.25	\$12.42	\$10.56
Online Digital E/M Service; Nonphysician provider; cumulative 7 days; 11-20 minutes	98971	0.44	\$23.16	\$19.69
Online Digital E/M Service; Nonphysician provider; cumulative 7 days; 21+ minutes	98972	0.69	\$34.57	\$29.39
Interprofessional telephone/internet/electronic health record assessment and management service (Provided by consultative physician) 5-10 mins medical discussion and review	99446	0.35	\$19.13	\$16.26
Interprofessional telephone/internet/electronic health record assessment and management service (Provided by consultative physician) 11-20 mins medical discussion and review	99447	0.70	\$38.27	\$32.53
Interprofessional telephone/internet/electronic health record assessment and management service (Provided by consultative physician) 21-30 mins medical discussion and review	99448	1.05	\$57.06	\$48.51
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	\$76.53	\$65.05
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	\$35.58	\$30.24
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	\$37.26	\$31.67

Service Descriptor	CPT	2026 wRVU	2026 Medicare National Fee Schedule Payment	85% of MC allowable (NP/PA)
Smoking and tobacco use cessation counseling, between 4-10 minutes	99406	0.24	\$15.44	\$13.12
Smoking and tobacco use cessation counseling, intensive, greater than 10 minutes	99407	0.50	\$29.20	\$24.82

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


Location of Service	CPT	2026 wRVU	2026 Medicare National Fee Schedule Payment	85% of MC allowable (NP/PA)
SNF	99304	1.50	\$81.57	\$69.33
SNF	99305	2.50	\$141.65	\$120.41
SNF	99306	3.50	\$194.02	\$164.92
SNF	99307	0.70	\$42.30	\$35.95
SNF	99308	1.30	\$79.22	\$67.34
SNF	99309	1.92	\$115.14	\$97.87
SNF	99310	2.80	\$164.15	\$139.52
SNF	99315	1.50	\$86.27	\$73.33
SNF	99316	2.50	\$138.97	\$118.12

Procedure Descriptor	CPT	2026 wRVU	2026 Medicare National Fee Schedule Payment	85% of MC allowable (NP/PA)
Catheter insertion (Non-indwelling/ straight catheterization for residual urine)	51701	0.50	\$45.65	\$38.80
Cerumen removal using curette	69210	0.61	\$48.00	\$40.80
Chemical cauterization of granulation tissue (i.e. proud flesh)	17250	0.50	\$90.63	\$77.04
Joint injection, Major Joint (e.g., shoulder, knee)	20610	0.79	\$69.15	\$58.78
Punch biopsy of the skin, single lesion, includes simple closure	11104	0.83	\$121.85	\$103.57
Excision, benign lesion, except skin tag, trunk, arms, or legs, 0.5 cm or less	11400	0.90	\$128.56	\$109.28
Excision of malignant lesion, trunk, arms, or legs, excised diameter 0.5 cm or less	11600	1.63	\$199.39	\$169.48
I&D skin abscess, simple or single	10060	1.22	\$129.23	\$109.85
Unna Boot Application	29580	0.55	\$63.44	\$53.93
I&D abscess, complicated or multiple	10061	2.45	\$221.21	\$188.03
Debridement, subcutaneous (includes epidermis and dermis; if performed) first 20 sq. cm or less	11042	1.01	\$133.60	\$113.56
Debridement, add-on code, each additional 20 sq cm. subcutaneous tissue only	11045	0.50	\$42.30	\$35.95
Gastrostomy tube change, percutaneous	43762	0.75	\$273.91	\$232.82
Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement (s), with or without voluntary ventilation	94010	0.17	\$29.88	\$25.39
Routine Venipuncture	36410	0.18	\$19.13	\$16.26



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