

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 4339	Date: July 25, 2019
	Change Request 11273

This note is being re-sent because (11273) listed incorrect calendar year 2109 at the top of the Business Requirement document, calendar year 2019 is correctly listed. Sorry for any inconvenience.

SUBJECT: Documentation of Medical Necessity of the Home Visit; and Physician Management Associated with Superficial Radiation Treatment

I. SUMMARY OF CHANGES: This Change Request (CR) eliminates the requirement that a medical record document is necessary to demonstrate the medical necessity of the home visit made in lieu of an office or outpatient visit. Additionally, new section 30.6.17 has been added to chapter 12 in publication 100-04. This new section provides guidance for billing evaluation and management services with superficial radiation treatment.

EFFECTIVE DATE: January 1, 2019

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: August 27, 2019

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	12/30/6/14/1 Home Services (Codes 99341 - 99350)
N	12/30/6/17 Physician Management Associated with Superficial Radiation Treatment
N	12/ Table of Contents

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

Pub. 100-04	Transmittal: 4339	Date: July 25, 2019	Change Request: 11273
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SUBJECT: Documentation of Medical Necessity of the Home Visit; and Physician Management Associated with Superficial Radiation Treatment

EFFECTIVE DATE: January 1, 2019

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IMPLEMENTATION DATE: August 27, 2019

I. GENERAL INFORMATION

A. Background: Documentation of medical necessity of the home visit made in lieu of an office or outpatient visit is no longer necessary.

Additionally, a new section has been added to chapter 12 of the Medicare Claims Processing Manual regarding evaluation and management codes billed with superficial radiation treatment.

B. Policy: The requirement that a medical record document is necessary to demonstrate the medical necessity of the home visit made in lieu of an office or outpatient visit is eliminated.

Evaluation and Management (E/M) codes for levels I through III when performed for the purpose of reporting physician work associated with radiation therapy planning, radiation treatment device construction, and radiation treatment management may be billed when performed on the same date of service as superficial radiation treatment delivery. Billing of these E/M codes with modifier 25 may be necessary if National Correct Coding Initiative edits apply.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC		D M E	Shared- System Maintainers				Other	
		A	B		H H H	M A C	F I S S	M C S		V M S
11273.1	Medicare contractors shall be aware of changes to the Medicare Claims Processing Manual, Pub. 100-04, Chapter 12, section 30.6.14.1 - Home Services (Codes 99341 - 99350), and section 30.6.17 - Physician Management Associated with Superficial Radiation Treatment, contained in this Change Request.	X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E D I	C
		A	B	H H H		
11273.2	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X	X			

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Ann Marshall, 410-786-3059 or Ann.Marshall@cms.hhs.gov (Contact for questions related to documentation of medical necessity of the home visit) , Liane Grayson, 410-786-5583 or Liane.Grayson@cms.hhs.gov (Contact for questions related to documentation of medical necessity of the home visit) , Patrick Sartini, 410-786-9252 or patrick.sartini@cms.hhs.gov (Contact for questions regarding evaluation and management codes billed with superficial radiation treatment)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

Medicare Claims Processing Manual

Chapter 12 - Physicians/Nonphysician Practitioners

Table of Contents

(Rev.4339, Issued: 07-25-19)

[Transmittals for Chapter 12](#)

30.6.17 – Physician Management Associated with Superficial Radiation Treatment

30.6.14.1 - Home Services (Codes 99341 - 99350)

(Rev.4339, Issued: 07-25-19, Effective: 01-01-19, Implementation: 08-27-19)

B3-15515, B3-15066

A. Requirement for Physician Presence

Home services codes 99341-99350 are paid when they are billed to report evaluation and management services provided in a private residence. A home visit cannot be billed by a physician unless the physician was actually present in the beneficiary's home.

B. Homebound Status

Under the home health benefit the beneficiary must be confined to the home for services to be covered. For home services provided by a physician using these codes, the beneficiary does not need to be confined to the home.

C. Fee Schedule Payment for Services to Homebound Patients under General Supervision

Payment may be made in some medically underserved areas where there is a lack of medical personnel and home health services for injections, EKGs, and venipunctures that are performed for homebound patients under general physician supervision by nurses and paramedical employees of physicians or physician-directed clinics. Section 10 provides additional information on the provision of services to homebound Medicare patients.

30.6.17 – Physician Management Associated with Superficial Radiation Treatment

(Rev.4339, Issued: 07-25-19, Effective: 01-01-19, Implementation: 08-27-19)

Evaluation and management codes for levels I through III (99211, 99212, and 99213) may be billed with modifier 25 when performed for the purpose of reporting physician work associated with radiation therapy planning, radiation treatment device construction, and radiation treatment management when performed on the same date of service as superficial radiation treatment delivery. See chapter 13, section 70.2, of this manual for information regarding services bundled into treatment management codes.