



NHS MEDICAL POLICY

Home Visits by Provider Alternative Care 2015-001

A home visit by a provider may be indicated when any **ONE** of the following is present:

1	The patient is homebound (<i>e.g., unable to leave; requires considerable and taxing effort to leave; requires supportive devices like canes, wheelchairs, and walkers to leave; requires special transportation to leave; requires help from another person to leave; medical contraindication for leaving the home</i>)
2	An assessment of the home environment is needed.
3	An assessment of patient and caregiver function is needed in the home.
4	Palliative care, terminal care, death pronouncement or grief support is needed in the home.
5	Polypharmacy is a concern, and a medication evaluation is needed in the home.
6	Multiple and/or complex medical problems exist, which require intensive management in the home.
7	Hospitalization follow-up is needed, and a provider office visit is not feasible.
8	Consideration of long-term care admission is needed.
9	Repeated hospital admissions, repeated ER visits or excessive health care use is a concern.
10	A recent major change in health status has occurred.
11	A concern for social isolation, frailty, suspected abuse, suspected neglect or suspected self-neglect exists and evaluation in the home is needed.
12	A family meeting in the patient's home setting is needed.

SOURCES

1. American Academy of Home Care Physicians. Making Home Care Work in a Medical Practice: A Brief Guide to Reimbursement and Regulations. Edgewood, Md.: American Academy of Home Care Physicians; 2009.
2. American Academy of Home Care Physicians. Making House Calls a Part of Your Practice. Edgewood, Md.: American Academy of Home Care Physicians; 2009.
3. Beales JL, Edes T. Veteran's Affairs Home Based Primary Care. Clin Geriatr Med. 2009;25(1):149–154 viiiix.
4. Cauthen DB. The house calls in current medical practice. J Fam Pract. 1981;13(2):209–213.
5. Gomes B, Higginson IJ. Factors influencing death at home in terminally ill patients with cancer: systematic review [published correction appears in BMJ. 2006;332(7548):1012]. BMJ. 2006;332(7540):515–521.
6. Scanameo AM, Fillit H. House calls: a practical guide to seeing the patient at home. Geriatrics. 1995;50(3):33–3639.
7. Stuck AE, Egger M, Hammer A, Minder CE, Beck JC. Home visits to prevent nursing home admission and functional decline in elderly people: systematic review and meta-regression analysis. JAMA. 2002;287(8):1022–1028.
8. Unwin BK & Tatum PE, House Calls, Am Fam Physician. 2011 Apr 15;83(8):925-931.
9. Unwin BK, Jerant AF. The home visit. Am Fam Physician. 1999;60(5):1481–1488.
10. United States Department of Health and Human Services, Centers for Medicare & Medicaid Services, Medicare and Home Health Care <http://www.medicare.gov/Pubs/pdf/10969.pdf>

CODE REFERENCE (This may not be a comprehensive list of codes to apply to this policy.)

CPT Code	Description
Home Visit New Patient	
99341	Low severity
99342	Moderate severity
99343	Moderate to high severity
99344	High severity
99345	Unstable
Home Visit Established Patient	
99347	Minor severity
99348	Low to moderate severity
99349	Moderate to high severity
99350	High severity
Domiciliary or Rest Home Visit New Patient	
99324	Low severity
99325	Low to moderate severity
99326	Moderate to high severity
99327	High severity
99328	High complexity
Domiciliary or Rest Home Visit Established Patient	
99334	Self-limited or minor
99335	Low to moderate severity
99336	Moderate to high severity
99337	Unstable or significant new problem
	Care Plan Oversight
99339	Supervision of patient requiring complex/multidisciplinary care, 15-29 minutes
99340	Same as above, 30 minutes or more

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
12/16/2015	Annual Medical Policy review and approval
06/16/2016	Changed from Post Hospital Care (PHC) to Alternative Care (AC)
06/14/2017	Annual Medical Policy review and approval
06/13/2018	Annual Medical Policy review and approval
06/12/2019	Annual Medical Policy review and approval
06/11/2020	Annual Medical Policy review and approval
06/11/2021	Annual Medical Policy review and approval
06/10/2022	Annual Medical Policy review and approval
05/26/2023	Annual review and approval by UM/QM Committee