

## Social Determinants of Health

February 2020 Provider Education

### House Calls Can Positively Impact the Health and Wellbeing of Patients

In the 1930s, house calls were standard practice for physicians with 40% of patient encounters occurring in the patient’s residence. In the 1950s, this fell to 10% and by the 1980s, to just 1%. In the last two decades, regulations and billing changes have renewed interest in house calls and changes in the country’s demographics are expected to accelerate this trend.



Medicare beneficiaries frequently suffer from decreased mobility and lack access to transportation making it difficult to travel to a doctor’s office to obtain care. This can lead to worsening health conditions that result in more costly emergency services and inpatient care. Physician house calls can make a huge difference in the health and wellbeing of these patients. In many cases, the physician is able to do a more thorough assessment in the home. During the home visit, the physician also has a chance to see the environment in which the patients live and what further needs they may have. After being able to get a full understanding of their needs, the physician may request additional care for their patient.

### House Calls Can Help Reduce Spending

Dr. Patrick Conway, who heads the Center for Medicare and Medicaid Innovation and oversees a House Call Demonstration Project, stated, “House calls go back to the origins of medicine, but in many ways I think this is the next generation.” (USA today, 2016). The first year of this Demonstration project, showed that one Oregon practice saved Medicare an average of almost \$13,600 for each patient in the pilot project. In addition, a key study from the American Geriatrics Society showed that this sort of delivery of care to Medicare patients saved 17% in health spending by reducing the need of hospital visits or nursing home admissions. (Wiley Library, 2014).

### How to Bill Medicare for House Calls

Within Medicare, house calls are reimbursable visits. To be reimbursed by Medicare, the home visit must be reasonable and necessary and you must document the reason a house call was necessary. You must also bill with the appropriate CPT code as noted below:

#### New Patient

House Call CPT Code	Description	Average Time
99341	Problem-focused history and exam – Straightforward medical decision making	20
99342	Expanded problem-focused history and exam – Medical decision making of low complexity	30
99343	Detailed history and exam – Medical decision making of moderate complexity	45
99344	Comprehensive history and exam – Medical decision making of moderate complexity	60
99345	Comprehensive history and exam – Medical decision making of high complexity	75

## Established Patient

House Call CPT Code	Description	Average Time
99347	Problem-focused interval history and exam – Straightforward medical decision making	15
99348	Expanded problem-focused interval history and exam – Medical decision making of low complexity	25
99349	Detailed interval history and exam – Medical decision making of moderate complexity	40
99350	Comprehensive interval history and exam – Medical decision making of moderate to high complexity	60

## References

- [American Academy of Family Physicians: House Calls](#)
- [American Academy of Family Physicians: Improving Patient Care, I Do House Calls](#)
- [MLN Matters Article MM1273 Revised: Documentation of Medical Necessity of the Home Visit; and Physician Management Associated with Superficial Radiation Treatment](#)
- [USA Today: Medicare returning to an old-fashioned idea: house calls](#)
- [Wiley OnLine Library: Effects of Home-Based Primary Care on Medicare Costs in High-Risk Elders](#)