

**CAC Update Feb. 2010:  
Added Nursing Facility Care Codes**

Since consultation codes can no longer be billed to Medicare, the following **Initial Nursing Facility Care** CPT codes have been added to the list of CPT codes that Podiatrists may bill to Medicare Part B:

**CPT 99304:** Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components:

1. a detailed or comprehensive history;
2. a detailed or comprehensive examination; and
3. medical decision making that is straightforward or of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.

**CPT 99305:** Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components:

1. a comprehensive history;
2. a comprehensive examination; and
3. medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit.

In addition, the following new CPT has been opened for podiatric use:

**CPT 29581** (application of multi-layered venous wound compression system, below the knee).

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