

Internal Medicine Coding Alert

Count Lab Reviews Toward Total CPO Time

Question: The internist traveled 45 minutes to perform care plan oversight (CPO) for a hospice Medicare patient. During a 22-minute face-to-face patient encounter, the internist revises the care plan and reviews recent lab results for the patient. She then spends an additional 10 minutes adjusting the patient's medical therapy, and another six minutes on the phone with the pharmacy ordering medication for the patient. Does this meet Medicare's time minimum for CPO coding?

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Answer: This meets Medicare's 30-minute minimum for CPO codes -- but just barely.

When counting total CPO time, be aware of the tasks that Medicare does not count toward CPO time. You cannot count the 45 minutes of travel or six minutes on the phone. Medicare does not count travel time or the time the physician spends phoning prescriptions toward CPO.

However, you can count the time the internist spent revising the care plan and analyzing lab results (22 minutes), as well as the time spent adjusting the patient's medical therapy (10 minutes). Those two tasks total 32 minutes, just above the 30-minute minimum necessary for CPO reporting.

So on the claim, report G0182 (Physician supervision of a patient under a Medicare-approved hospice [patient not present] requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication [including telephone calls] with other healthcare professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more) for the service.