

Internal Medicine Coding Alert

Don't Include E/M Services in Your CPO Documentation

Here's how to report the visits separately

If your internist sees a patient for an E/M visit while the patient is under a home-health plan, your physician will face a denial or audit trouble if he counts the visit as part of the 30 minutes required to bill for treatment supervision.

Instead, the physician should stop counting the 30 minutes and separately report the appropriate E/M code, says **Trish Bukauskas-Vollmer, CMM, CPC, CMSCS**, president and CEO of TB Consulting in Myrtle Beach, S.C.

Example: The internist sees his home-health patient for a total of 15 minutes during the first two weeks of February. Then, in the third week, he admits the patient to the hospital following some hypertension-related heart complications (402.xx). The physician examines the patient in the hospital. A few days later, he discharges the patient, and then the following day, he spends 20 minutes modifying the home-health treatment plan.

Find Out How to Report the Services

Because you can't count the inpatient E/M work with the care plan oversight (CPO) documentation, you should submit the appropriate inpatient E/M code, such as 99223 (Initial hospital care, per day, for the evaluation and management of a patient. ... Physicians typically spend 70 minutes at the bedside and on the patient's hospital floor or unit). To report the hospital discharge, you could use 99238 (Hospital discharge day management; 30 minutes or less), depending on the documentation.

For the CPO, your internist can add the 15 minutes he provided at the beginning of February, with the other 20 minutes of home-health supervision he performed following the hospital stay. Assuming the documentation supports this, you could use one of the following, depending on the patient's insurance:

1. Medicare: G0181 - Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (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
2. Commercial: 99375 - Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (e.g., Alzheimer's facility) ... within a calendar month; 30 minutes or more.