

Internal Medicine Coding Alert

Include These Items in Your CPO Claims

Although it isn't necessary for the internist to see the patient face-to-face when you report care plan oversight (CPO) services, the physician must follow strict guidelines to report these codes. Medicare insurers will only allow you to include certain activities toward the 30-minute requirement before you bill G0181 or G0182.

We've outlined which tasks you can count toward the 30 minutes, and which you can't. You must document the time that you spend performing CPO, along with the activities that the practitioner performs on CPO, before you submit the claim.

You can count these services toward the 30-minute requirement:

1. Regular physician development and/or revision of care plans
2. Review of subsequent reports of patient status
3. Review of related laboratory and other studies
4. Communication with other health professionals not employed in the same practice who are involved in the patient's care
5. Integration of new information into the medical treatment plan
6. Adjustment of medical therapy.

You should document these services, but you should not count them toward the 30-minute requirement:

1. Time associated with discussions with the patient, his family or friends to adjust medication or treatment
2. Time spent by staff getting or filing charts
3. Travel time
4. Physician's time spent telephoning prescriptions into the pharmacist unless the telephone conversation involves discussions of pharmaceutical therapies.

Source: The Medicare Benefit Policy Manual, Chapter 15. For more information, go online to www.cms.hhs.gov/transmittals/downloads/R999CP.pdf.