

## Internal Medicine Coding Alert

### Reader Question: 2 HH-Services Criteria Your Carrier May Impose

**Question:** What type of documentation does Medicare require from a physician in addition to the signed plan of care (485 form) to support G0179-G0180?

Mississippi Subscriber

**Answer:** CMS has never nationally addressed documentation requirements for G0179 (Physician re-certification for Medicare-covered home health services under a home health plan of care [patient not present], including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per recertification period) and G0180 (Physician certification for Medicare-covered home health services under a home health plan of care [patient not present], including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period). Many carriers have filled in the void with local medical review policies (LMRPs) on this topic.

Therefore, you should check with your local Medicare carrier for any LMRP on the home health (HH) certification and recertification codes. If the carrier has an LMRP, make sure you follow the policy's documentation requirements.

The carrier might require the physician to maintain documentation in the patient's medical record supporting the care plan's development and data review.

The internist could describe the activities he used to determine the plan and explain why the plan is appropriate or why he had to revise the plan. Some carriers may allow form CMS-485, "Home Health Certification and Plan of Care," to suffice as documentation.