

Internal Medicine Coding Alert

Reader Questions: Base Your CPO Coding on Time, Location

Question: An elderly Medicare patient suffers a carpal right wrist sprain and right ankle sprain. Due to the injuries, she is confined to a wheelchair in her home, and a home health agency (HHA) is monitoring her. The patient's lack of movement may bar her from performing foot care exercises to prevent peripheral neuropathy, so the internist spends 20 minutes formulating a plan of care outlining the patient's home healthcare requirements. The patient was not present during the internist's plan formulation. How should I report this scenario?

Minnesota Subscriber

Answer: For Medicare patients, you should employ a HCPCS G code to represent the physician's services. These are time-based, non face-to-face E/M services that include many tasks that internists regularly perform for the long-term management of HHA, hospice, and nursing facility patients under their care.

This visit, however, does not appear to meet the 30-minute time minimum for G0181 (Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency [patient not present] ... 30 minutes or more).

Best bet: Unless the encounter notes uncover more CPO time, do not report CPO codes for this encounter. You might go back and check the notes on the visit, counting the minutes on each activity you can report for CPO. If the time exceeds 30 minutes, report G0181 on the claim. Append 842.01 (Sprains and strains of wrist and hand; wrist, carpal [joint]) and 845.00 (Sprains and strains of ankle and foot; ankle, unspecified site) to G0181 to represent the patient's injuries.

(Note: Wondering exactly what activities you can count toward total CPO time? Please see the reader question "Document All Activities During CPO Service" in Internal Medicine Coding Alert, Vol. 10, No. 9.)