

Internal Medicine Coding Alert

READER QUESTIONS: Document All Activities During CPO Service

Question: When the internist performs monthly care plan oversight (CPO) for a Medicare patient, does it matter if he meets the patient face-to-face? Further, what physician activities can we count toward CPO time?

Minnesota Subscriber

Answer: Your internist does not need to see the patient face-to-face to report CPO service codes 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) or 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).

On the other hand: The internist must observe some strict rules to report these codes. Medicare payers count only certain activities toward the 30-minute requirement for G0181 and G0182.

Here's a list of tasks that count toward CPO time (From CMS IOM 100--4 Chapter 12: Care Plan Oversight Services):

- Regular physician development/revision of care plan
- Review of subsequent reports of patient status, related laboratory and other studies
- Communication with other physicians/health professionals not employed in the same practice who are involved in the patient's care
- Integration of new information into the medical treatment plan
- Adjustment of medical therapy.

Here's a list of tasks that do not count toward CPO time (although these activities don't count, you should still document these services on your claim):

- Time spent with the patient, his or her family, or friends to adjust medication or treatment
- Time staff spends retrieving/filing charts
- Travel time
- Time physician spends phoning prescriptions in to the pharmacist (unless the internist and pharmacist are discussing pharmaceutical therapies).

(Note: For more information on CPO billing, go to www.cms.hhs.gov/transmittals/downloads/R999CP.pdf.)