

Part B Insider (Multispecialty) Coding Alert

Care Plan Oversight: Billing for CPO Requires Careful Planning

Every Minute Counts for Medicare CPO

If your practice has lots of patients who go into home health or hospice care, then chances are your physicians are doing enough work to bill for Medicare's lucrative care plan oversight code, G0181 .

Yet many practices avoid billing for care plan oversight because it requires too much finicky documentation of the doctor's activities. "I've got to admit that none of my doctors bill for it because they never kept track of it," says **Christine Berger**, coding expert at St. Louis University Hospital in St. Louis. It's especially difficult at an academic medical center, where different doctors come in on different days and respond to home health-related questions.

"They are reimbursed fairly well, and it does require a lot of work," says **Marcella Bucknam**, HIM coordinator with Clarkson College in Omaha, Neb. Here are some issues you should be aware of if you're billing for CPO:

Physician, time thyself. When Berger worked in a private practice, she used a spreadsheet for time-consuming patients, and asked physicians to note every time they talked to a patient's social worker, family members or nurse about issues that came up. "At the end of the month I would go by and pick those up."

High Point Orthopedic in Thomasville, N.C., has a "cheat sheet" that it staples to forms that come in from the home health agency, so the physician has it close to hand, says coder **Jerri Freeman**. This lets the physician document time spent on that patient, then the clinicians use that documentation to get the charge into the system.

Another recommended approach: Staple a table to the inside of the patient's chart, Bucknam says. Every time the physician talks to the patient or receives an e-mail or fax with lab results or other info, "document what was received, what the results were, and how many minutes they spent," Bucknam says.

Is your coder used to Private Pay? For some reason, Medicare refuses to follow the American Medical Association's CPT Guidelines for CPO billing. Most payers recognize CPT codes 99374-99380, but Medicare only recognizes G0181, which corresponds to 99375. This means Medicare won't reimburse CPO that takes from 15-29 minutes as CPT recommends, but only CPO that takes longer than half an hour. If your coder is used to other payers, this could lead to confusion.

Consider recerts instead. If you can't prove your physician spent enough time for CPO, you can bill G0179 or G0180 for recertifying a patient in home health, which doesn't require any documentation of time, Berger says. To bill for G0179 or G0180, you must document the steps you went through to decide whether the home healthcare plan is appropriate or needs to be modified. Keep a copy of the approved care plan in the patient's chart.