

## Eli's Rehab Report

### Create a Foolproof System for Tracking CPO Services

As with other time-based codes, you must have thorough documentation to report CPO services, and each physician must keep his own records for each patient. CMS regulations prohibit physicians from using documentation supplied by home health agencies or hospices in lieu of their own documentation.

"Consistency is the key here," says **Marcella Bucknam, CPC**, HIM program coordinator at Clarkson College in Omaha, Neb. "Tracking CPO services can be a chore, but by coming up with a system to keep tabs on time, you can reduce the effort considerably."

For each patient receiving CPO, Bucknam uses a spreadsheet that becomes part of the patient's record. She labels each spreadsheet with the patient's name and includes columns to record date, time in/time out and a description of services performed. Whenever the physician performs an activity relevant to CPO, he or she adds the required information to the spreadsheet for that patient. At the end of each month the billing department or other staff totals the time spent and files claims accordingly.

When filing the claim, you need not list each date the physician provided CPO services (although this information should be available upon request). CMS guidelines say providers billing for CPO must submit the claim with no other services billed on that claim and may bill only after the end of the month in which the CPO services were rendered.

Most payers only reimburse one unit of CPO per month, so you cannot bill multiple units of 99374-99380. In addition, only one physician per month can receive payment for CPO services for a specific patient: The physician who signed the plan of care for the home health agency or hospice is the physician who bills the care plan oversight service.