

## Eli's Rehab Report

### Reader Question: Code G0180

**Question:** What is the proper use of G0180? Must the psychiatrist always follow the home-health program, or is planning, certifying and ordering the home-health plan sufficient to bill the code?

Kentucky Subscriber

**Answer:** When billing for G0180 (physician certification services for Medicare-covered services provided by a home-health agency [patient not present]) the psychiatrist must stay actively involved in the patients home-health services -- planning, certifying and ordering the services is not enough to satisfy Medicares requirements for billing the code. The following requirements were found in the policy of HGS Administrators, Pennsylvanias Medicare Carrier, and apply to many other carriers as well:

The physician must furnish at least 30 minutes of care plan oversight (CPO) (99374-99380) within the calendar month for which payment is claimed.

The physician or nonphysician practitioner must have provided a covered physician service that required a face-to-face encounter (99201-99263, 99281-99357) within the six months prior to the first CPO, not including EKG, lab services or surgery.

The CPO services must be personally furnished by the physician who bills them.

Services provided incident to a physicians service do not qualify as CPO and do not count toward the 30-minute requirement.

The physician may not bill CPO during the same calendar month in which he bills the Medicare monthly capitation payment for the same beneficiary.

The physician billing for CPO must document in the patients record which services were furnished and the date and length of time associated with those services.

CPO can be billed only when the patient has not received Medicare-covered home-health services for at least 60 days.

The following are examples of services that count toward the physicians required minimum 30 minutes of CPO services: review of charts, reports, treatment plans, or lab or study results, except for the initial interpretation or review of lab or study results that were ordered during or associated with a face-to-face encounter; phone calls with other healthcare professionals (not employed in the same practice) involved in the care of the patient; team conferences; phone or face-to-face discussion with a pharmacist about pharmaceutical therapies; and medical decision-making.

Only one physician can bill for CPO for each patient per month. It should also be noted that the OIG has recently taken an interest in physicians approval of home-health services, because the OIG and CMS have tracked many cases of physicians who prescribe home-health services when they are not medically necessary. Even though the homecare provider is actually filing the home- health claims, if the physician is knowingly certifying patients for homecare who dont meet the criteria, then that physician can be considered to be assisting in the submission of a false claim. Therefore, it is very important always to document and follow up on all CPO patients.