

Psychiatry Coding & Reimbursement Alert

Reader Question: Know Coverage Criteria For Reporting G0180

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

Colorado Subscriber

Answer: When billing for G0180 (Physician certification for Medicare-covered home health services under a home health plan of care [patient not present], including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period), your psychiatrist is expected to stay actively involved in the patient's home-health services. As Novitas Solutions, Pennsylvania's Medicare administrative contractor, notes on its web site, "The physician billing for physician certification must be the provider supervising the patient's care." It is likely that this presumption applies with many other Medicare contractors as well.

According to Novitas, a physician's services involved in physician certification (and recertification) of Medicare-covered home health services include creation and review of a plan of care and verification that the home health agency initially complies with the physician's plan of care. The physician's work in reviewing data collected in the home health agency's patient assessment would also be included in these services.

To the extent the psychiatrist is providing ongoing care plan oversight of a Medicare home health patient, he may be able to report those services using code G0181 (Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present)...within a calendar month, 30 minutes or more). As this description implies:

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

The CPO services must be personally furnished by the physician who bills them. Services provided incident to a physician's service do not qualify as CPO and do not count toward the 30-minute requirement.

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.

The following are examples of services that count toward the physician's required minimum 30 minutes of CPO services: development or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan, and/or adjustment of medical therapy. Care plan oversight does not include the routine pre-and post-service work associated with visits and procedures. Also, telephone calls with patients and/or their families are not included.

Only one physician can bill for CPO for each patient per month. Even though the homecare provider is actually filing the home- health claims, if the physician is knowingly certifying patients for homecare who don't 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 patients for whom the physician is certifying Medicare-covered home health.

Resources: For more information, check this link at

http://www.novitas-solutions.com/webcenter/faces/oracle/webcenter/page/scopedMD/sad60252a_5537_4c5d_9350_ca405e36e159/Page133.jspx?contentId=00081587&_adf.ctrl-state=om2qmpugk_96&_afrLoop=174542618189000#.

