



Physician Care Plan Oversight for Skilled Home Health Services

Care Plan Oversight (CPO) is physician supervision of patients under the home health benefit where the patient requires complex or multi-disciplinary care requiring ongoing physician involvement.

To qualify for CPO payments, the patient must:

- Be receiving Medicare covered home health services during the period in which the care plan oversight services are furnished.
- Require complex or multi-disciplinary care modalities requiring ongoing physician involvement in the patient's plan of care.

To receive CPO payments, the physician must:

- Be the same physician who signed the home health or hospice plan of care.
- Furnish at least 30 minutes of care plan oversight within the calendar month for which payment is claimed and no other physician has been paid for care plan oversight within that calendar month.
- Have provided a covered physician service that required a face-to-face encounter with the beneficiary within the 6 months immediately preceding the provision of the first care plan oversight service.
- Not bill CPO during the same calendar month in which he/she bills ESRD benefit for the same beneficiary.

Non-Physician Practitioners and Care Plan Supervision Services Nurse Practitioners (NPs) and Physician Assistants (PAs) may provide care plan supervision (G0181) services if they:

- Are part of the same group practice as the physician who signed the plan of care
- If an NP, they must have a collaborative agreement with the physician who signed the plan of care
- If a PA, the physician who signed the plan of care must also provide general supervision over the PA.
- Are providing on-going care for the beneficiary through evaluation and management services
- Provide 30+ minutes of services; the 30+ minutes cannot be divided between multiple people
- Have their own Medicare billing number

Note that non-physician practitioners may not bill for certification (G0180) or recertification (G0179) because the physician must sign the plan of care.

Code	Type	Description
G0180	Certification (Physician Only)	Used when the patient has not received Medicare-covered home health care for at least 60 days. <u>Includes:</u> <ul style="list-style-type: none"> • Ordering the plan of care • Signing the 485 (Plan of Care) • Documenting the face-to-face encounter
G0179	Recertification (Physician Only)	Used when patients have received Medicare-covered home health services over the past 60 days. Billing for recertification should be reported only once every 60 days, unless the patient starts a new episode before 60 days have elapsed and requires a new plan of care to start a new episode.
G0181	Care Plan Supervision (Physician or other NPP)	Used to document care plan supervision totaling 30 minutes or more during a calendar month. (Cannot be filed on same date as G0180)

What Qualifies as Care Plan Supervision?

- Review of charts, reports, treatment plans, lab and other test results outside initial patient review
- Telephone calls to other health care professionals involved in care of patient (not in office)
- Telephone call/discussions with pharmacist about medication therapies
- Medical decision making
- Activities to coordinate services requiring the skills of a physician
- Team conferences
- Documenting services provided (includes time to write a note about service provided, decision making performed, time spent on countable services)
- Time spent on activities undertaken on day of hospital discharge separately documented as occurring after physical discharge from hospital

What does not Qualify as Care Plan Supervision?

- Office staff time spent getting/filing charts, calling Home Health Agencies or patients/families
- Physician time spent to call in prescriptions to pharmacy
- Physician time getting/filing chart, dialing phone, or on hold waiting
- Travel time
- Time spent preparing/processing claims
- Initial time spent reviewing results of tests ordered during face-to-face encounter
- Informal consultations with health professionals not involved in the patient's care
- Time spent on day of hospital discharge to manage the discharge plan

This form can help you keep track of care plan oversight services, but should not be relied on as your exclusive means of documenting care plan supervision services. Specific documentation of services provided should be separately maintained in your patient charts.

Monthly Home Health Physician Care Plan Oversight Tracking Log

PATIENT NAME: _____

DOB: _____ MRN: _____

PHYSICIAN: _____

FACILITY NAME: _____

CIRCLE MONTH: JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC

Billing Code	Type of Service	Date	Diagnosis
G0180	Certification		
G0179	Recertification		

Care Plan Supervision (G0181)						
	Date	Minutes	Date	Minutes	Date	Minutes
Review of Charts, Reports, Treatment Plans, Labs or Other Tests						
Telephone Calls to Other Healthcare Professionals Involved in Care						
Telephone Call/Discussion with Pharmacist						
Documentation						
Medical Decision Making						
Revision to Care Plan						
Team Conference						
Other (Define) *must be a qualified task*						
Minute Totals:						

TOTAL MONTHLY CARE PLAN SUPERVISION MINUTES PROVIDED:

Physician Signature: _____

Date: _____



9191 Old Seward Highway • Suite 19A • Anchorage, AK 99515
Phone: (907) 830-8548 • Fax: (907) 868-2958

