noridian
Healthcare Solutions

Care Plan Oversight (CPO)

Presented by:
Medicare Part B Provider Outreach and Education (POE)
April 2017

DISCLAIMER

- This information release is the property of Noridian Healthcare Solutions, LLC. It may be freely distributed in its entirety but may not be modified, sold for profit or used in commercial documents.
- The information is provided “as is” without any expressed or implied warranty. While all information in this document is believed to be correct at the time of writing, this document is for educational purposes only and does not purport to provide legal advice.
- All models, methodologies and guidelines are undergoing continuous improvement and modification by Noridian and CMS. The most current edition of the information contained in this release can be found on the Noridian website at http://www.med.noridianmedicare.com and the CMS website at http://www.cms.gov
- The identification of an organization or product in this information does not imply any form of endorsement.
-

Agenda

- CPO Guidelines
- Covered Services
- Billing Requirements
- Documentation Requirements
- Noteworthy Information & Resources

Note:

- Read Special Edition (SE) 1436
  - *Certifying Patients for Home Health Benefit*
  - http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1436.pdf

Helpful Acronyms

Acronym	Description
CNS	Certified Nurse Specialist
E/M	Evaluation and Management
F2F	Face to Face
HHA	Home Health Agency
IOM	Internet Only Manual
NPP	Non Physician Practitioner
POC	Plan of Care

Coverage Overview

- Beneficiary has Home Health/Hospice
- CPO physician supervises beneficiary
  - Includes MD, NPPs or DO
- Billing physician same as one who certifies/signs either
  - Home Health or Hospice plan of care (POC)
    - G0179-G0180 Recertification/Certification
- Requires ongoing patient involvement

Coverage Overview 2

- Incident To services not qualified/counted
- Furnish at least 30+ minutes per month
- Only 1 physician bills CPO per month
  - CPO physician = billing physician
- No financial/contractual interest in HHA
  - Per CFR 424.22(d)
- Physician bills monthly
  - G0181-G0182 (HHA or Hospice)

Coverage Overview 3

- Physician not employee of hospice
  - Nor under contractual agreement
- If unrelated to surgery, CPO may be billed during Post-Op and append modifier 24
  - Routine post-op not covered
- Patient must have complex/multi-disciplinary care modalities
  - Next slide explains

Modalities

- Complex or Multi-Disciplinary Care
- Development and/or revision of care plans
- Review reports and patient status
- Review laboratory/other studies
- Communication with health professionals
- Add new information to care plan
- Adjustment of medical therapy

CPO Concept

- Physician (and/or other NPPs) coordinate patient's care
- Physician sees beneficiary within 6 months preceding first CPO service
- Appropriate prior E/M codes:
  - 99201 – 99255 99281 – 99357
- Lab, surgical and EKG not sufficient
  - Do not meet F2F CPO rule

Who Can Provide CPO?

- Physician (MD/DO)
- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Clinical Nurse Specialist (CNS)
- IOM 100-01,Chapter 4, Section 30
  - *Certification and Recertification by Physicians for Home Health Services*
  - https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ge101c04.pdf

Home Health CPO and NPPs

- NPPs can perform CPO **only** if physician signing POC provides care and
  - Provides regular ongoing care under POC
  - Physician and NPP are in same group
  - NP/CNS = physician signing POC has agreement with NPP
  - PA = physician signing POC provides general PA supervision and bills on PA behalf

Home Health CPO and NPPs 2

- CPO billing when furnished by NPP
- All three must be met:
  - NPP has seen/examined patient
  - NPP not a consultant
  - NPP integrates care with physician
- NPP may **not** certify HHA for beneficiary
- F2F provider must not have financial relationship with HHA

Assisted Living - POS 13

- “Assisted Living” approved if patient under Home Health or Hospice program
- Providers need to determined that the assisted living facility (personal care home, group home, etc.) does not primarily provide services below:
  - Diagnostic/therapeutic services for medical diagnosis;
  - Treatment; care of injured, disabled or ill patients;
  - Rehabilitation services or other skilled services needed to maintain patient's current condition or prevent or slow further deterioration;
  - Skilled nursing care or related patient services who require medical or nursing care.

Hospice CPO

- Attending physician may bill hospice CPO
  - Physician or Nurse Practitioner
- Attending physician identified by beneficiary when s/he elects hospice
  - At hospice election
  - Most significant role in care
  - Not employed/paid by hospice
- IOM 100-04, Chapter 11, Section 40.1.3.1

noridian
Healthcare Solutions

Physician Certification/Recertification

Patient Eligibility of Home Health

Informational

Home Health/Hospice Contractor

- *AK, AZ, CA, GUAM, HI, ID, N. Mariana Islands, NV, OR, WA*
  - NGS 855-834-5596 Indianapolis, IN http://www.ngsmedicare.com/
- *MT, ND, SD, UT, WY*
  - CGS Admin. 877-299-4500 (HH)
  - 866-539-5592 (Hospice) Nashville, TN http://www.cgsmedicare.com/
- IOM 100-02, Chapter 7, Sections 20 & 30

Informational

Home Health Physician Certification

- To initiate care, certification must be completed and eligibility criteria met
  - F2F encounter for initial care
  - Documentation with signature and dated
- Recertification:
  - Decision to recertify (after 60-day episode)
- Need more information? Go to the CGS or NGS websites, depending on state locality

90-Day & 30-Day Rule

- Face-to-face (F2F) encounter
  - With allowed certified physician/NPP
  - No more than 90 days prior to or within 30 days after start of home health care
  - Encounter related to primary reason patient requires home health services
  - Follow the IOM coverage 12 requirements
  - Must document encounter date

Informational

Hospice

- G0337 - billed by Hospice agency
- Billed to Part A per CR 3585
  - Do not bill Part B this code
- Pre-Evaluation/Counseling Session
  - Beneficiary must have terminal illness
  - No hospice election made previously
- Services include:
  - Evaluation of patient needs
  - Counseling on care options and planning

Common Working File (CWF)

- Noridian Part B confirms coverage of patient receiving Home Health or Hospice
  - Payable through Part A benefits
- If CWF denial, then Part B denial
  - Beneficiary must have coverage for CPO
- Check HHA/Hospice first to avoid denials

CPO Not Covered

- Nursing Facility (NF)
- Skilled Nursing Facility (SNF)
- If no Medicare-covered home health
- If no Medicare-covered hospice

noridian
Healthcare Solutions

Countable Services

Acceptable Services

- Review
  - Treatment plans, charts, patient status reports
- Phone call with other physicians
  - Not employed same practice
- Pharmacy phone/face-to-face discussions
  - Pharmaceutical therapies
- IOM 100-04, Chapter 15, Section 180
  - Care Plan Oversight Services

Acceptable Services 2

- Medical decision making
  - Wound care protocol; medication
- Coordinate Services
  - If activities require physician skills
- Additional time reviewing/signing previous order in a previous month
  - Beneficiary must have been under HH/Hospice

noridian
Healthcare Solutions

Non-Countable Services

Non-Countable Services

- Services by non-physicians
- Phone calls to patient, family or friends
- Phoning prescriptions
- Travel time, claim preparation & processing time
- Initial lab/study reviews from face-to-face

Non-Countable Services 2

- Services included in E/M
  - Signing previous orders without reviewing order prior
- Informal consults with uninvolved physicians
- Discussions with his/her nurse or any nurse phone calls with HHA or hospice
- Hospital discharge (99238 – 99239) or observation discharge (99217) work not counted

noridian
Healthcare Solutions

Billing Instructions

Home Health Plan of Care

- **G0180** (CPO Physician Certification)
  - Initial certification/implementation of POC period meeting patient's needs
  - Patient not present (contact with HHA)
  - Patient status report/develop patient POC
- **G0179** (CPO Physician Recertification)
  - Once every 60 days after initial certification
- NPPs may not certify beneficiary for HHA
  - May bill CPO

CPO HCPCS

- **G0181**
  - Home Health (physician supervision of patient under care of Medicare covered HHA within calendar month; 30 minutes or more without patient present
- **G0182**
  - Hospice (same as above for hospice patient)
- Once HHA/Hospice ends, no CPO

Dates of Service

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. ICD-10 dx B. ICD-10 dx C. D.

E. F. G. H.

I. J. K. L.

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER
1	08	03	2016	08	24	2016	11		G0181	A	
2											
3											
4											
5											
6											

CPO Billing

- Bill on separate claim
- Bill only once per month
- Submit claim after end of month
- Item 23 – Prior Authorization Number
  - Enter NPI of Home Health/Hospice when billing G0181 or G0182

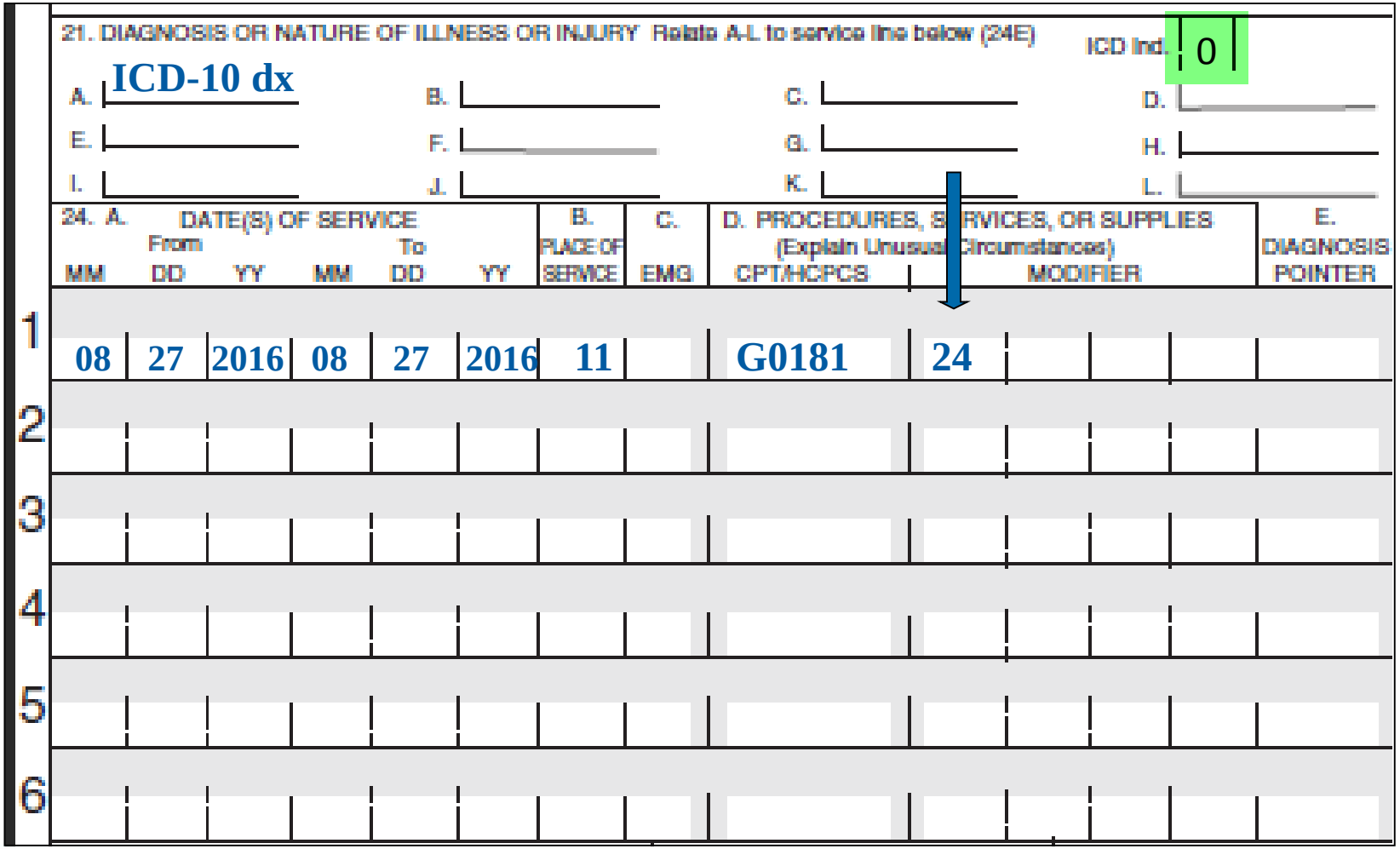
Who Bills?

- Same physician (or group) signing/billing plan of care certification (either Hospice/Home Health)
  - G0180 or G0179
- Same physician (or group) billing monthly CPO
  - G0181 or G0182
- NPP may bill if under state scope of license:
  - Combines his/her care with POC physician
  - Has examined patient
  - Not a consultant for single condition; must be multi-disciplinary coordination of care

Post Op Period

- Billing G0181/G0182 - surgery unrelated
- Append modifier 24 (*unrelated E/M by same physician during postoperative period)*
  - E.g. orthopedic surgeon may bill G0181 if UNRELATED to hip surgery post op during
- Document “surgery” information - Item 19
  - ICD-10 diagnosis(es)
  - Date
  - Procedure code

Modifier 24 Example



Item 32 - CMS 1500

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES RENDERED (if other than home or office)

Dr. Medi Painless
123 Oversight St.
CarePlan, CA 56789

Helpful Q/A

- **Is it appropriate for a provider to bill for HCPCS G0179 and G0180 without performing G0181?**
  Yes. CMS wants to provide an additional way for practices to receive credit for services provided, but there are no requirements for providers to bill HCPCS G0181 or G0182.

  The physician who bills the monthly CPO must be the same physician who signed the home health or hospice plan of care. Once home health care coverage ends, CPO is no longer covered.

CMS References

- CMS Internet Only Manual (IOM)
  - 100-01, Chapter 4, Section 30
  - 100-02, Chapter 15, Section 30
  - 100-04, Chapter 12, Sections 180.1 A & B

- http://www.cms.hhs.gov/manuals/cmsindex.asp

Past PDF and Q/A

- Events, Materials and Tutorials – JF & JE
  - https://med.noridianmedicare.com/web/jfb/education/event-materials
  - https://med.noridianmedicare.com/web/jeb/education/event-materials
- Under E/M, then CPO

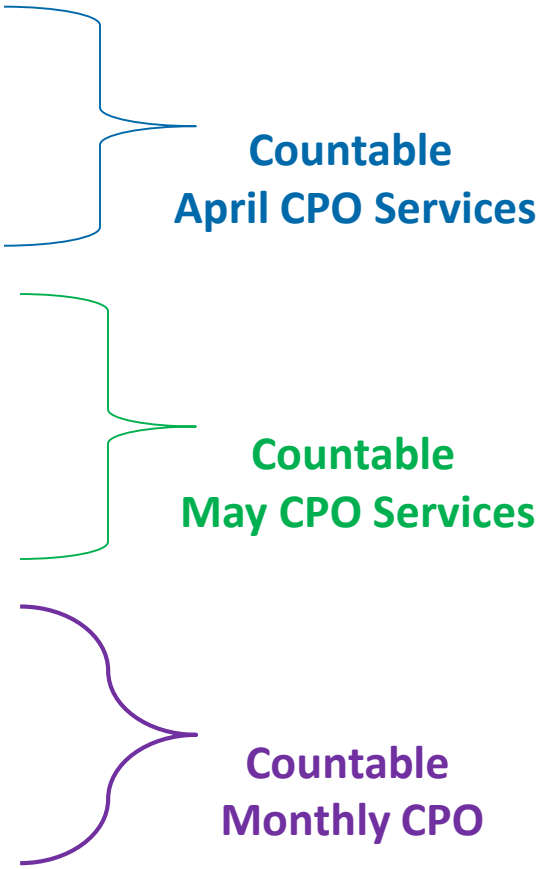
Evaluation and Management (E/M)	• Care Plan Oversight - Aug 2016 [PDF] • Common E&M Errors by CERT and Medical Review - April 2016 [PDF]	• N/A	• Q&A

noridian
Healthcare Solutions

CPO Documentation Requirements

Documented Example

- April 27
  - **Revised POC – 15 minutes**
- April 28
  - **Revised POC – 20 minutes**
- May 4
  - **Review orders – 10 minutes**
- May 5
  - **Review labs, revised POC – 25 minutes**
- May 7
  - **Billed April CPO and paid**
- June 1
  - **Billed May CPO and paid**



Documentation Needed

- Support need for ongoing complex medical management
  - Integration of new information
  - Adjustments to therapy
- Submit records if requested
- Include reports if referenced
- Reasonable and necessary CPO service
  - “Physician reviewed report” without actual report would not meet documentation needs

Not Allowed

- Practice not meeting Medicare guidelines:
  - Documentation provided by HH/Hospice
  - Standardized Activity Summaries

- *NOTE: Documentation prepared by home health agencies or hospice may **NOT be used** in lieu of physician's documentation*

Activity or Summary Sheet

- Services furnished
- Dates of service
- Time of services
  - 30 + minutes of services
- Signed by physician

Summary

- Excerpt from Code of Federal Regulations (CFR) 414.39 titled
  - *Special Rules for Payment of CPO*
- Recurrent physician therapy supervision of 30 mins. or more per month
- Payment to only one physician/month
- If CPO during post op, must document that services unrelated to surgery
- NPP may furnish care
  - May not certify home health patient

noridian
Healthcare Solutions

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Thank you!

CEU/Survey Reminder

- Take short polling survey
  - Pops up **after** closing out of webinar
- CEU emailed 3 days after presentation
  - Earn **1.0 CEU** today
  - No password/index number needed for AAPC
- PDF & Q/A posted after 30 business days