Care Plan Oversight (CPO)

Presented by: Part B Provider Outreach and Education
August 2017
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# Acronyms

http://www.cms.gov/apps/acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CPO</td>
<td>Care Plan Oversight</td>
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<tr>
<td>CNS</td>
<td>Certified Nurse Specialist</td>
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<tr>
<td>E/M</td>
<td>Evaluation and Management</td>
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<tr>
<td>F2F</td>
<td>Face to Face</td>
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<tr>
<td>HH</td>
<td>Home Health</td>
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<tr>
<td>IOM</td>
<td>Internet Only Manual</td>
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<td>NPP</td>
<td>Non Physician Practitioner</td>
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<td>POC</td>
<td>Plan of Care</td>
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Agenda

• Care Plan Overview (CPO) Guidelines
• Covered Services
• Billing Requirements
• Documentation Requirements
• Noteworthy & Resources
Care Plan Oversight (CPO)

- Care plan oversight (CPO) is the physician supervision of patients receiving complex and multidisciplinary care as a part of Medicare-covered services provided by participating home health agency or Medicare approved hospice.
Coverage Overview

• Beneficiary has Home Health/Hospice
  – Complex/multi-disciplinary care modalities
• CPO physician certifies/signs either
  – Home Health or Hospice Plan of Care (POC)
    • G0179-G0180 Recertification/Certification
  – Requires ongoing patient involvement
  – Incident To services not qualified/counted
• Physician bills monthly
  – G0181-G0182 (HH or Hospice)
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
Coverage Guidelines

• Furnish at least 30+ minutes per month
• Only 1 physician bills CPO per month
  – CPO physician = billing physician
• Physician has no financial/contractual interest in the Home Health Agency
• Physician not employee of hospice
• May be billed during Post-Op if unrelated
  – Routine post-op not covered
CPO Concept

• Physician (and/or other NPPs) coordinate patient’s care
• Physician sees beneficiary within 6 months immediately preceding first CPO service
• Appropriate prior E/M codes:
  o 99201 – 99255  99281 – 99357
• Lab, surgical and EKG not sufficient
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*
Home Health CPO and NPPs

• NPPs can perform CPO only if physician signing POC provides care under same POC as the NPP and either
  – 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

- CPO billing when furnished by NPP
- All three must be met:
  - NPP has seen/examined patient
  - NPP is not a consultant
  - NPP integrates care with physician
- NPP may certify HH for beneficiary
- F2F provider must not have financial relationship with HH
• “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 sick persons;
  – Rehabilitation services or other skilled services needed to maintain a patient's current condition or to prevent or slow further deterioration; or
  – Skilled nursing care or related services for patients 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
Physician Certification/Recertification
Patient Eligibility of Home Health
Home Health/Hospice Contractors

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

• **G0180** (CPO Physician Certification)
  – Initial certification period/no services 60 days+
  – Patient not present (contact with HH)
  – Patient status reports
  – Develop POC that meets patient’s needs

• **G0179** (CPO Physician Recertification)
  – Once every 60 days after initial certification
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
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
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
Acceptable Services

• 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
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

• 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
CPO HCPCS

- Use these HCPCS to bill CPO
- Once HH/Hospice ends, no CPO covered
- **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)
### Dates of Service

#### ICD-10 dx

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<th>B.</th>
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**24. A. DATE(S) OF SERVICE**

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<th>From</th>
<th>To</th>
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<td>07/24/2017</td>
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CPO Billing

• Bill on a 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

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<td>D.</td>
<td>G0181</td>
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32. NAME AND ADDRESS OF FACILITY WHERE SERVICES RENDERED (if other than home or office)

Dr. Medi Painless
123 Oversight St.
CarePlan, CA 56789
• 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.
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
Activity or Summary Sheet

- Services furnished
- Dates of service
- Time of services
  - 30 + minutes of services
- Signed by physician
Noteworthy Information & Resources
New Medicare Card Project

- Medicare Beneficiary Identifier (MBI) replacing the Medicare Health Insurance Claim Number (HICN)
  - MBI Format Specifications

- Timelines
  - Transition period April 2018 - December 2019
  - Remittance Advice Release October 2018
  - Noridian Medicare Portal (NMP) MBI lookup anticipated June 2018

- Resource
Five Steps to Get Ready for New Medicare Card Project

1. Sign up for CMS MLN Connects newsletter
   - [https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive.html](https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive.html)

2. Attend quarterly calls

3. Verify all patient addresses
   - Beneficiary receives new Medicare card

4. Display helpful information for patients
   - Materials available this fall

5. Test system changes
   - Live test / make adjustments
Special Edition SE1436


• Providers who certify patient eligibility for home health and submit claims:
  – Patient needs intermittent SNF care, PT and/or SLP service
  – Patient is confined to home
  – A plan of care has been established and will be periodically reviewed by a physician
  – Services will be furnished while individual was or is under care of a physician
• A face-to-face encounter:
  – Occurred no more than 90 days prior to the home health start of care date or within 30 days of the start of the home health care
  – Related to primary reason the patient requires home health services
  – Performed by a physician or allowed Non-Physician Practitioner
Federal Rule – Proposed

• CMS accept comments until September 6, 2016
• Proposed rule appeared July 15, 2016 Federal Register
• May be downloaded at:
  – hptt://www.federalregister.gov/public-inspection
Miscellaneous Reminders

• Check Enrollment Revalidation – Cycle 2
• Sign up for online eligibility Portal (NMP)
• Noridian email listserv sign up
• Attend Noridian webinars when possible
CMS Resources


The Internet-only Manuals (IOMs) are a replica of the Agency's official record copy. They are CMS' program issuances, day-to-day operating instructions, policies, and procedures that are based on statutes, regulations, guidelines, models, and directives. The CMS program components, providers, contractors, Medicare Advantage organizations and state survey agencies use the IOMs to administer CMS programs. They are also a good source of Medicare and Medicaid information for the general public.
CMS Resources

- CMS Internet Only Manual (IOM)
  - 100-02, Chapter 15, Section 30
  - 100-4, Chapter 11 Section 40.1.3.1
  - 100-04, Chapter 12, Sections 180.1 A & B
Noridian Website

- Noridian website
  - [https://med.noridianmedicare.com/](https://med.noridianmedicare.com/)
- Jurisdiction JE or JF
  - Medicare Part B
  - Education & Outreach
    - Webinars
    - Q & As
Finding CPO New Materials

- Noridian website
  - [https://med.noridianmmedicare.com/](https://med.noridianmmedicare.com/)
- Jurisdiction JE or JF
  - Medicare Part B
  - Browse by Specialty
  - Under Evaluations and Management
Finding CPO Past Events

- Events, Materials and Tutorials
- JF  [https://med.noridianmedicare.com/web/jfb/education/event-materials](https://med.noridianmedicare.com/web/jfb/education/event-materials)
- Not under CPO, under E/M

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<th>Evaluation and Management (E/M)</th>
<th>Care Plan Oversight - Apr 2017 [PDF]</th>
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<td>Common E&amp;M Errors by CERT and Medical Review - Apr 2016 [PDF]</td>
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<td>Critical Care Billing and Coding - Feb 2015 [PDF]</td>
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<td>Transitional Care Management - Jan 2017 [PDF]</td>
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<td>Q&amp;A</td>
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Noridian Likes Website Feedback!

• Provide constructive/complimentary feedback to continue Noridian website growth and improvement
New Medicare Card Project

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Thank you!