



# Care Plan Oversight Minute-Tracker for Physicians

Care Coordination with McLaren Homecare Group

(To be retained in patient's chart)

Patient Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Patient Medical Record #: \_\_\_\_\_ SSN: \_\_\_\_\_

Diagnosis for Treatment: \_\_\_\_\_ Physician Billing #: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Home Health Agency Provider #: \_\_\_\_\_

ACTIVITY	CPO CODE	DATE
CERTIFICATION	G0180	
RECERTIFICATION	G0179	

*CARE PLAN OVERSIGHT/G0181	DATE	MIN	DATE	MIN	DATE	MIN	TOTAL
Development of Care Plan							
Revision of Care Plan							
Review of patient records from agency							
Lab Reviews							
Verbal communication with other health care professionals							
Diagnostic test reviews							
Adjustment of medical therapy							
Intergration of new informaion into treatment plan							
Other (define)							
<b>TOTAL</b>							

**Total of monthly minutes:** \_\_\_\_\_ **Has Care Plan Oversight (CPO) been met?**  Yes  No

\*CPO: Time spent must equal at least **30 minutes** in a calendar month in order to bill Medicare.

Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Activities listed as countable toward the 30 minutes a month of physician supervision time required for CPO payments are based on information originally published by HCFA, now CMS.

Courtesy of McLaren Homecare Group

## QUICK REFERENCE GUIDE

### Physician Payments for Care Plan Oversight

### Patient Certification | Recertification and Home Care Visits

#### G0179: BILLING FOR RECERTIFICATION

This code will be used after the patient has received services for at least 60 days when the physician signs the certification after the initial certification period. While generally the G0179 code can be reported only once every 60 days, it can also be used when a patient starts a new episode before the 60 days elapses and requires a plan of care to start a new episode. This would occur where the patient voluntarily transfers to another agency before the lapse of the episode and where the patient is discharged with goals met and readmitted during the 60-day period.

#### G0180: BILLING FOR INITIAL CERTIFICATION

This code will be used for the initial certification. This code can be used only if the patient has not received Medicare-covered home health services in the past 60 days. CMS has established a separate code for the initial certification because it determined that the activities involved at that point of care are more extensive than later recertifications.

#### G0181: BILLING FOR CARE PLAN OVERSIGHT

Physician supervision of a patient under care of home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (included telephone calls) with other health care professionals involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more.

LOCALITY	G0179	G0180	G0181
Michigan	\$39.48 - \$43.13	\$51.65 - \$56.43	\$104.75 - \$114.44

(Rates are based on an average range for all regions. Rates may vary depending on location and are subject to change by CMS.)