

Care Plan Oversight

What is Care Plan Oversight (CPO)?

CPO (GO181) is physician supervision of a Medicare patient under the care of a home health agency. The patient must require complex or multi-disciplinary care that involves regular physician revision of patient care plans.

CPO (GO182) is physician supervision of a Medicare patient under the care of a hospice agency

How do CPO payments work?

Physicians who accept Medicare-assigned rates for complex Medicare home health or hospice patients may file a claim to receive Medicare payments.

What are physicians paid?

The reimbursement for CPO is \$115.11 (check your fiscal intermediary to confirm this). To receive payment, submit HCFA Form 1500. Documentation of services does not need to be submitted with the claim but must be maintained in the patient's record.

Services covered by Medicare are

- Review of patient status reports.
- Review of labs and other studies.
- Team conferences.
- Communication including telephone calls with other health care professionals involved in the patient's care.
- Addition of new information.
- Adjustment of therapy to the patient treatment plan.
- Review of verbal orders.
- Medical decision-making.

Rules for a successful claim per Medicare guidelines:

- Document patient services. Include notes in the patient record describing the services provided, decision-making statements and time spent performing the service.
- The Physician must spend at least 30 minutes in a calendar month on Medicare-approved services.
- The Physician must furnish a service requiring a face-to-face encounter with the patient six (6) months prior to the initial CPO claim.
- Claims must be submitted on HCFA Form 1500 and must include the home health agency provider number.

- Medicare will make one payment per patient to one physician per month. Only the physician who signs the plan of care (485) can submit the claim.
- Claims can be submitted each calendar month. Make sure the “to and from” dates on the claim form reflect the date of your first and last CPO services that month.

“Do Not’s” for filing your claim per Medicare guidelines:

- Do not claim time spent by a nurse, nurse practitioner, physician assistant or other staff in retrieving charts, filing charts, calling home health agencies and/or patients, etc.
- Do not count physician calls to patient or family.
- Do not count physician time spent telephoning prescriptions to a pharmacist.
- Do not count physician time spent retrieving or filing a chart.
- Do not count physician time spent dialing the phone or being placed on hold.
- Do not count travel time.
- Do not count time spent preparing claims.
- Do not count initial time used for review of lab or test results that were ordered during or associated with a face-to-face encounter.
- Do not count informal consultations with health professionals not involved in the patient’s care.
- Do not count time spent with the patient by other physicians.
- Do not count time spent conversing with nurses employed by you.

Other points of interest...

- If the physician is filing a claim for Medicare ESRD Capitation reimbursement, a CPO claim cannot be submitted in the same month.
- You do not need to send documentation with your claim. It should remain in the patient’s chart if needed upon Medicare’s request.
- Payment will not be made for Medicare patients that are in a skilled nursing facility.
- Payment will not be made when the physician has a substantial financial or contractual relationship with the home health agency.
- After a patient has been hospitalized, a claim can be filed during the month following discharge if other conditions for payment are met (30 minutes).
- CPO is a physician service rather than a home care service. Patients are responsible for a 20% co-pay for the service. This only affects those that do not have supplemental medical insurance to cover co-payments.
- During a postoperative period, the physician must document in the patient’s record that the CPO services are unrelated to the surgery.
- The Center for Medicare & Medicaid Services allows 15 to 27 months to submit payment requests.