



LEADERS IN HOSPICE AND PALLIATIVE CARE

Are You Losing Out On Medicare Reimbursement?

UNDERSTANDING CPO

Collecting Medicare reimbursements for the time you spend overseeing care plans for your hospice patients is easy. Learn the facts below and use *Unity's Care Plan Oversight Monthly Tracker* to document your care time.

What is Care Plan Oversight (CPO)?

Care Plan Oversight (CPO) is the physician or nurse practitioner supervision of a patient receiving complex and/or multidisciplinary care as part of Medicare-covered services provided by a participating Medicare-approved hospice. CPO requirements:

- The attending provider must have seen the patient face-to-face in the 6 months prior to the first billing for services
- The attending provider must spend more than 30 minutes per calendar month on qualifying care
- Only the attending provider can bill CPO (a hospice-employed physician cannot bill CPO separately)
- The attending provider who bills CPO must be same provider who signs the plan of care
- Use HCPCS code G0182 and bill to Medicare part B
- Use claim form CMS-1500 or its electronic equivalent (CR4374 clarifies CPO billing policies and HCPCS codes for CPO)
- Services must be billed once per calendar month with the first and last date of services documented on one line
- Claims must be submitted after the end of the month in which services are performed
- Services must be documented in the medical records showing what services were completed and the length of time associated with those services

The Value of CPO

- 10 hospice patients x \$105.15 (G0182 2014 Medicare Reimbursement Rate) = \$1,051.50/month x 12 months = \$12,618 annual income.

Activities That Qualify For CPO:

- Ongoing review of reports, charts, treatment plans, etc.
- Discussion with other health care professionals involved in the patient's care
- Discussion with pharmacist about medications or adjustment of other medical therapies
- Medical decision-making
- Documenting the services provided

Activities That DO NOT Qualify For CPO:

- Services rendered for patients residing in nursing homes
- Time spent retrieving files or placing phone calls
- Telephone calls to patient or family
- Telephone calls to place a prescription
- Travel time

Common Billing Mistakes On Form 1500:

- Box Item 23: Prior Authorization Number is the hospice six-digit Medicare provider number or PTAN
- Not using the appropriate modifier code: "GV" (attending - physician or nurse practitioner) "GW" (service not related to terminal condition)

Sample Claim Form 1500

- Date(s) of Service:** Include actual dates of your service in a calendar month
- Place of Service:** 11 (Office)
- Type of Service:** 01
- CPT Code:** G0182 (Care Plan Oversight: Hospital)
- Hospice Agency Provider Number:** 521503
- Modifier:** "GV" (services related to terminal diagnosis) "GW" (service not related to terminal condition)
- Charge:** G0182 (Care Plan Oversight: Hospice)
- Diagnosis:** Include hospice terminal diagnosis
- Physician's Office**

Call Unity 24/7 at **920.338.1111** or **800.990.9249** to request a free patient informational visit or assessment for hospice eligibility.