

Implicit in the concept of PCPO is the expectation that the physician has coordinated the aspect of the patient's care with the hospice during the month for which the services were billed. The physician who bills for PCPO must be the same physician who signs the plan of care.



The attending physician may bill for hospice PCPO when they are acting as an attending physician. The care plan oversight services are billed to Medicare Part B using Form CMS 1500 or the electronic equivalent. Providers must submit the claim with no other services billed on that claim and may bill only after the end of the month in which the PCPO services were rendered. PCPO services may not be billed across calendar months and should be submitted only for one unit of service.

Common mistakes on form 1500:

- Item 23; Prior authorization number (The Hospice 6-digit Medicare provider number)
- Item 32: Facility where services were furnished
- The physician's office (when the name and address of the facility were furnished is the same as the billers name and address shown in item 33, enter the word "SAME")

Provided to You As A Service by:

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**Physician Care
Plan Oversight**





Physician Care Plan Oversight

The Centers for Medicare & Medicaid Services (CMS) has allowed separate payment for physician care plan oversight (PCPO) services rendered to hospice patients. Physicians, not the hospice, must bill for physician care plan oversight services. These services are billed under code G0182 (hospice).

Visit the CMS website at <http://www.cms.gov/> for more information.

What physician activities are considered care plan oversight services for which separate payments is allowed?

Care plan oversight includes the following physician activities:

- Development or revision of care plans
- Review of subsequent reports of patient status
- Review of related laboratory and other studies
- Communication with other health care professional, not employed in the same practice, who are involved in the patient's care
- Integration of new information into the medical treatment plan
- Adjustment of medical therapy



What documentation is required?

Physicians claiming payment for care plan oversight must document in their records

the care plan oversight services they furnish, including the dates and exact duration of time spent on the services for which payment is claimed. Care plan oversight is recognized by Medicare as a physician service and must be provided and documented only by the responsible physician.

Services NOT included as physician care plan oversight (PCPO)

The following activities are NOT countable toward the 30 minute or more time requirement for care plan oversight:

- Time associated with discussions with the patient, his or her family or friends to adjust medication or treatment
- Time spent by staff getting or filing charts
- Travel time; and/or
- Physician's time spent telephoning prescriptions in to the pharmacists unless the telephone conversation involves discussions of pharmaceutical therapies.

To qualify for PCPO payment, the patient must:

- Be receiving Medicare-covered hospice services
- Have been seen face-to-face by the physician within the last six (6) months prior to billing for the PCPO (On-going face-to-face encounters every 6 months are not required for PCPO)
- Require complex or multi-disciplinary care modalities involving frequent physician development or revision that necessitate a high level of decision-making and go beyond the administrative functions; and have complex medical conditions requiring intensive treatments, frequent determinations of responses to therapies, and reassessment to the plan of care.

The physician must:

- Spend at least 30 minutes rendering care plan oversight services to each patient in a calendar month period
- Not have a significant ownership interest or significant financial or contractual relation with Hospice
- Not be the medical director of the hospice or contract with the hospice to provide medical services and not be a physician providing services to rural health care clinic patients.

