Policy Name | Care Plan Oversight
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Summary | Care Plan Oversight (CPO) is the physician supervision of a patient under the care of home health agencies, hospice, or nursing facilities. CPO includes services where the patient requires complex or multi-disciplinary care modalities requiring ongoing physician involvement, such as the time spent reviewing reports on patient status and participating in care conferences, development and/or revision of care plans, and medical therapy.
Policy Statement | CPO services are not eligible for reimbursement because they do not involve direct patient contact. For Medicare members, coverage of CPO services billed with G0179-G0182 follows Medicare’s National Coverage Provision.
Definitions | **Codes reimbursable for Medicare only:**

**G0179** – Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period

**G0180** – Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period

**G0181** – Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or review of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the 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

**G0182** – Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the 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
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<tr>
<th>Code Lists</th>
<th>Care Plan Oversight Non-Covered Code List</th>
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| Resources           | • Centers for Medicare and Medicaid Services (CMS)  
                      • *Current Procedural Terminology* (CPT®)  
                      • Healthcare Common Procedure Coding System (HCPCS)  
                      • National Physician Fee Schedule (NPFS) |
| Effective Date      | 09/01/1997                                 |
| Revision Updates    | 01/01/2020      Annual code update  
                      11/01/2019      Annual policy review  
                      02/17/2017      Annual policy review  
                      04/14/2016      Annual policy review  
                      01/01/2016      Annual code update |