

Internal Medicine Coding Alert

Reader question: Home Health Care and Billing Appropriate HCPCS Codes

Question: Our internist recently contacted a home health care agency to plan and provide home health care to a debilitated patient who could not come to our office for follow up care. What codes can we use to report the services of our physician? The patient is a Medicare patient.

Texas Subscriber

Answer: If the physician undertook to certify the home health that he ordered, you may be able to report the services of your internist with the HCPCS code, 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). Note that this code can only be reported for Medicare patients and not for patients on a commercial healthcare plan.

For you to be able to report G0180, the patient should not have received Medicare-covered home health services for at least 60 days, which would indicate that this is an initial certification of a home health episode of care rather than a recertification of an existing episode. Also, the patient should meet Medicare's definition of "homebound" as well as other eligibility criteria, such as the need for skilled services.

Also, the agency providing the home health care should be enrolled with Medicare to provide skilled services to Medicare patients. For instance, your clinician might order a home health-care nurse to administer total parenteral nutrition (TPN) intravenously, monitor the patient's weight and vital signs, assess the effects of medications prescribed, take lab specimens and add supplements to the TPN mixture if necessary. Your physician can dictate these orders to the agency via the telephone. He will also create goals for the patient and expectations of what progress should occur as part of a required plan of care for the patient.

If the plan extends beyond the initial period of 60 days, you should use G0179 (Physician re-certification...per recertification period) for recertification of the care plan. This can be the same plan that was previously certified or a modification of it.

Once the plan of care has been certified, any coordination of care done with the home health care agency should be reported as care plan oversight. For example, your physician may decide after a week to change the patient's medications and increase the number of nurse visits. This modification is part of the care plan oversight and can be billed with code G0181 (Physician supervision of a patient receiving...30 minutes or more).

For more information check these links at

www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/2014-12-16-HHBenefit-HL.pdf and <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/HomeHlthProsPamytm.pdf>.