

Care Plan Oversight Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

Care Plan Oversight (CPO) Services refer to physician and other qualified health care professional supervision of patients under the care of home health agencies, hospice, or nursing facilities. Care Plan Oversight services are reported separately from codes for office/outpatient, hospital, home, nursing facility, or domiciliary services. Code selection for Care Plan Oversight Services is determined by the complexity and approximate time spent by the physician or other qualified health care professional within a 30-day period.

Reimbursement Guidelines

UnitedHealthcare considers Care Plan Oversight Services to be reimbursable services when submitted with the following codes only:

Care Plan Oversight Eligible List

94005	99375	99378	99380	G0086	G0087
G0179	G0180	G0181	G0182	G2014	G2015

CPO services are reimbursed for 30 minutes or more per Centers for Medicare & Medicaid Services (CMS) guidelines. The following codes are not reimbursable for Care Plan Oversight Services:

Care Plan Oversight Non-Eligible List

99374	99377	99379	S0220	S0221	S0250	S0270	S0271	S0272
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Questions and Answers

1	Q: Does UnitedHealthcare reimburse Care Plan Oversight Services codes for less than 30 minutes?
	A: UnitedHealthcare follows CMS payment methodology for reimbursement of Care Plan Oversight Services. According to the CMS <i>Medicare Benefit Policy Manual, Covered Medical and Other Health Services</i> , Chapter 15, Section 30, these services are covered only if the physician furnished at least 30 minutes of Care Plan Oversight within the calendar month for which payment is claimed.

Resources

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History

1/1/2024	Policy Version Change Logo Updated History Section: Entries prior to 1/1/2022 archived.
1/1/2023	Policy Version Change Reimbursement Guidelines Care Plan Oversight Eligible and Non-Eligible Lists Updated History prior to 1/1/2021 archived
9/1/1997	Policy implemented by UnitedHealthcare Employer & Individual