

Care Plan Oversight Policy, Professional for Louisiana

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 Community Plan reimbursement policies 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 Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan 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 Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, 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 Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan 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 UnitedHealthcare Community Plan Medicaid products.

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 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 health care professional within a 30-day period.

Reimbursement Guidelines

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

- CPT codes 94005, 99340, 99375, 99378, 99380, 0405T
- HCPCS codes 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:


- CPT codes 99339, 99374, 99377, 99379
- HCPCS codes S0220, S0221, S0250, S0270, S0271, S0272

Questions and Answers

Q: Does UnitedHealthcare Community Plan reimburse Care Plan Oversight Services codes for less than 30 minutes?

A: UnitedHealthcare Community Plan follows CMS payment methodology for reimbursement of Care Plan Oversight Services. According to the CMS *Medicare Benefit Policy Manual, Covered Medical and Other Health Services*, 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.

Attachments

 Care Plan Oversight Eligible Codes Policy List	Designates services allowed for Care Plan Oversight reimbursement.
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Resources

Individual state Medicaid contracts, regulations, manuals & fee schedules

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

2/25/2020	State Exceptions section: Removed state exceptions grid, including all state exceptions previously referenced History section: Entries prior to 2/25/2020 archived
1/30/2006	Policy implemented by UnitedHealthcare Community & State