



**EFFECTIVE DATE:** 02|01|2008

**POLICY LAST UPDATED:** 03|19|2020

### OVERVIEW

This policy documents coding and payment guidelines for Care Plan Oversight services.

### MEDICAL CRITERIA

Not applicable

### PRIOR AUTHORIZATION

Prior Authorization is not required

### POLICY STATEMENT

#### BlueCHiP for Medicare and Commercial Products

Care plan oversight services that **extend beyond 30** or more minutes in duration **are** separately reimbursed services.

Care plan oversight services, that are **less** than 30 minutes in duration, are considered covered but not separately reimbursed services--they are included in the post service work.

Care plan oversight services are considered to be inclusive in caring for a patient at a Domiciliary, Rest Home (e.g., Assisted Living Facility), Home, or a Skilled Nursing Facility/Nursing Facility and are considered not separately reimbursed services.

Only one (1) care plan oversight or physician supervision service will be allowed every 30 days, per patient.

### COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement for applicable physician services coverage/benefits.

### BACKGROUND

Care Plan Oversight Services are reported separately from codes for office/outpatient, hospital, home, nursing facility or domiciliary services. The complexity and approximate physician time of the care plan oversight services provided within a 30-day period determine code selection. Only one physician may report services for a given period, to reflect that physician's sole or predominant supervisory role with a particular patient.

The work involved in providing very low intensity or infrequent supervision services is **included** in the pre-and post-encounter work for home, office/outpatient, and nursing facility or domiciliary visit codes.

Care Plan Oversight and Physician Certification are distinctly separate services. Physician Certification/Recertification of Care Plans is described in a separate policy, so titled.

## **CODING**

### **BlueCHiP for Medicare and Commercial**

#### **The following CPT codes are separately reimbursed:**

- 99375:** Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in 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.
- 99378:** Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in 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.

#### **The following CPT codes are not separately reimbursed:**

- 99339:** Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) 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 related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes.
- 99340:** Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) 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 related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in 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.
- 99374:** Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes.
- 99377:** Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes.
- 99379:** Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that

individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes.

**99380:** Supervision of a nursing facility patient (patient not present) requiring complex and multi-disciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in 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.

**99483:** Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (eg, home), including motor vehicle operation; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.

**The following CPT codes are covered for BlueCHiP for Medicare, use alternate procedure code for Commercial:**

**G0181:** Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multi-disciplinary 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

**G0182:** Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multi-disciplinary 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

**RELATED POLICIES**

Physician Certification/Recertification of Care Plans

Non-Reimbursable Health Service Codes

**PUBLISHED**

Policy Update, May 2020

Policy Update, January 2019

Policy Update, February 2018  
Policy Update, December 2007

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