

Medical Coverage Policies

[Printer-Friendly Page](#)

Care Plan Oversight

EFFECTIVE DATE	06/01/2003	LAST UPDATED	10/02/2007
RELATED POLICIES	Physician Certification/Recertification		

Description:

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 of time, 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.

Medical Criteria:

Not applicable. This is a claims payment policy only.

Policy:

Care plan oversight services that extend beyond 30 or more minutes in duration are reimbursed services (99375, 99378).

Care plan oversight services, that are less than 30 minutes in duration, are considered not separately reimbursed services--they are included in the post service work (99374, 99377).

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 (99339, 99340, 99379, 99380).

Physician supervision services are reimbursed services, once per 30 days.

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/Rite Care contract for applicable physician services coverage/benefits.

Coding:

The following codes are not separately reimbursed:

99339
99340
99374
99375
99377
99379
99380

G0181 Use alternative CPT code 99375. (Effective 2/01/08)

The following code may be separately reimbursed:

99378

Published:

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This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgement in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center . If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions.

This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.

 [Back to Previous Page](#)