

Medical Coverage Policies

[Printer-Friendly Page](#)

Physician Certification/Recertification of Care Plans

EFFECTIVE DATE	10/02/2007	LAST UPDATED	10/02/2007
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Description:

Physician Certification/recertification of care plans describes services where physicians are certifying/recertifying the care plan (i.e., signing the standard form) of those patients receiving home health services. Physician certification is the initial home health certification with the physician reviewing and signing the initial plan of care. Physician recertification is done if the patient's care continues for an additional 60 days. The physician must review and sign a recertification plan of care.

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

Medical Criteria:

Not applicable. This is a claims payment policy only.

Policy:

Physician certification/recertification services (**G0179, G0180**) are not separately reimbursable services as they are considered inclusive in the post service work performed.

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:

G0179

G0180

Published:

Policy Update, December 2007

References:

MedGuide-Home Health Services. Retrieved on August 17, 2007 from Pinnacle RI Medicare Web site: <http://www.rimedicare.org/provider/medguide/coverage37.pdf>

Program memorandum Carriers. Transmittal B-00-65. CR 1438. November 21, 2000. Subject: 2001 Physician Fee Schedule for Payment Policies. Retrieved on August 17, 2007 from CMS Web.

Program Memorandum Intermediaries. Transmittal A-03-028. April 11, 2003. Subject: January Medicare Outpatient Code Editor (OCE) Specifications Version 18.1R1 for Bills from Hospitals that are not paid under the Outpatient Prospective Payment System (OPPS). Retrieved on August 17, 2007 from CMS Web site.

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](#)