

## Care Plan Oversight Policy, Professional

### **IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

*You are responsible for the 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 uses 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.*

*\*CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.*

### 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:

#### 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
-------	-------	-------	-------	-------	-------	-------	-------	-------

**State Exceptions**

<b>Arizona</b>	Arizona Medicaid is exempt from this policy based on state requirements.
<b>Colorado</b>	Per state guidelines, CHIP covers codes 99339, 99374, 99377, 99379, S0220, S0221, S0250, S0270, S0271 and S0271 are covered.
<b>Indiana</b>	Indiana Medicaid is exempt from this policy based on state requirements.
<b>Kansas</b>	Per State Regulations, code S0221 with modifier U1 is reimbursable under the OneCare Kansas (OCK) program.
<b>Kentucky</b>	The state of Kentucky does not reimburse for the following codes: <ul style="list-style-type: none"> <li>• CPT codes: 94005, 99340, 99375, 99378, 99380, 0405T</li> <li>• HCPCS codes: G0086, G0087, G0179, G0180, G0181, G0182, G2014, G2015</li> </ul> KY is exempt from this policy based on state regulations.
<b>Massachusetts</b>	Per State Regulations, Code 99379 is eligible for reimbursement.
<b>Minnesota</b>	Minnesota Health Care Plans are not covered by Care Plan Oversight services.
<b>New Mexico</b>	Codes G0179 and G0180 are not covered for Medicaid Non-Dual members.
<b>Texas</b>	Procedure code 99374 or 99375 must be used when billing for services requiring interaction with a home health agency.
<b>Virginia</b>	Virginia Medicaid and CCC Plus are exempt from this policy based on State requirements.
<b>Washington DC</b>	Per state guidelines, codes 99340, 99375, 99378, 99380, G0086, G0087, G0179, G0180, G0181, G0182, G2014 and G2015 are not covered.  Per state guidelines, codes S0220, S0221 are covered.
<b>Wisconsin</b>	Wisconsin Medicaid does not cover Care Plan Oversight services.

**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.

**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 Set

History	
<b>6/30/2024</b>	Policy Version Change State Exception Section: New Mexico exception codes updated History prior to 6/30/2022 archived
<b>9/24/2023</b>	Policy Version Change State Exception Section: Texas exception codes updated
<b>6/18/2023</b>	Policy Version Change State Exception Section: Massachusetts added Header: Updated Branding History prior to 6/18/2021 archived
<b>1/1/2023</b>	Policy Version Change Reimbursement Guidelines Care Plan Oversight Eligible and Non-Eligible Lists Updated State Exception Section: Colorado added
<b>11/20/2022</b>	Policy Version Change State Exception Section: Texas exception codes updated History prior to 11/20/2020 archived
<b>1/30/2006</b>	Policy implemented by UnitedHealthcare Community & State