



PALM VALLEY HEALTH CARE, INC.

“Our Family Taking Care of Your Family”



ATTENTION: Physicians and Office Managers

These services are covered only once per calendar month if all of the following requirements are met:

1. The beneficiary must require complex or multidisciplinary care modalities requiring ongoing physician involvement in the patient’s plan of care.
2. The CPO services should be furnished during the period in which the beneficiary was receiving Medicare-covered HHA or hospice services.
3. The physician who bills CPO must be the same physician who signed the home health or hospice plan of care (refer to information under “Non-Physician Practitioners” if provided by an NPP).
4. The physician furnished at least 30 minutes of CPO within the calendar month for which payment is claimed, providing no other physician has been paid for CPO within the calendar month.
5. The physician provided a covered physician service that required face-to-face encounter with the beneficiary within the six months immediately preceding the first CPO service. Only E/M services are acceptable as prerequisite face-to-face encounters for CPO. EKG, lab and surgical services are not sufficient face-to-face services for CPO.
6. The CPO billed by the physician was not routine postoperative care provided in the global surgical period of a surgical procedure billed by the physician.
7. If the beneficiary is receiving HHA services, the physician did not have a significant financial or contractual interest in the HHA. A physician who is an employee of a hospice, including a volunteer medical director, should not bill CPO services. Payment for the services of a physician employed by the hospice is included in the payment to the hospice.
8. The physician who bills the CPO services is the physician who furnished them.
9. Services provided incident to a physician’s service do not qualify as CPO and do not count toward the 30-minute requirement.
10. The physician is not billing for the Medicare End Stage Renal Disease (ESRD) capitation payment for the same beneficiary during the same month.
11. The physician billing for CPO must document in the patient’s record the services furnished and the date and length of time associated with those services.

If you have questions or are interested in learning more about the Physician’s Certification/Recertification and the Care Plan Oversight for Medicare reimbursement? Contact Iris Sanchez @ 956-292-0900 ext. 292. or email at : isanchez@pvhcinc.org