



GUIDELINES

BILLING FOR CERTIFICATION / RECERTIFICATION FOR HOME CARE

Certification: Procedure Code G0180. (This code is used when Box 2 and Box 3 of Care Plan are the same date). This indicates a new episode of care.

Re-certification: Procedure Code G0179. (This code is used when Box 2 Date of Care Plan is NOT the same as Box 3 Date). This indicates that it is a re-certification; i.e., an additional episode of care.

Provider Number must be placed in Box 23 of HCFA form under "Prior Authorization Number." The provider number is found in Box 5 of Care Plan.

Date of Service is the start of care date which is the first date found in Box 3 of the Care Plan. (Place under date of service HCFA Form #24A)

Place of Service is the physician's office. (HCFA Form #24B)

Keep a copy of **Care Plan in the Patient's Chart.**

DO NOT send a copy of the Care Plan with the billing information.

Medicare can be billed for this reimbursement. Check with HMOs regarding billing for their patients.

*For additional information or to make a referral
Call 908-766-0180 Fax 908-766-5492*