



Let us help you obtain Medicare reimbursement for reviewing & signing *Home Health Certification & Plan of Treatment* (HCFA Form 485).

Dear

Attached is a HCFA Form 485, *Home Health Certification and Plan of Treatment* for your review and signature. **You can invoice Medicare for reviewing and signing the document.**

Home Health of Montana provides this reminder/assistance to physicians who have referred home care patients to us.

**To bill for review & signature, all the physician needs to do is:**

- 1) review the attached HCFA Form 485
- 2) sign in box #27-both pages
- 3) fax the signed Form 485 to Home Health of Montana at 541-2039
- 4) put the signed (& now faxed) original of Form 485 in your patient's file
- 5) on THIS document (the letter you are reading), complete the line below titled:  
     " \*\* Date Physician signed Form 485 \*\* "
- 6) submit THIS document to your billing department. DO NOT SEND THIS DOCUMENT BACK TO HOME HEALTH OF MONTANA, as we cannot bill for you.

If I can be of further assistance, please don't hesitate to contact me.

Sincerely,

Nedra Gasvoda, RN, Director of Nursing

**Physician: Complete & submit to your billing department.**

**\*\* Date Physician signed Form 485: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*\***

<b>Patient Name:</b>	<b>Medicare #</b>
<b>Agency Name:</b> <u>Home Health of Montana</u>	<b>Agency Medicare Provider # :</b> <u>277094</u>
<b>Services were provided at:</b> <u>Physician's office (11)</u>	<b>Primary ICD-9 Code:</b> _____
<b>Does the patient have other insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Insurer/Patient ID #:</b> _____

**Billers/Coder**

Use the following CPT Code:  **G0180 (Certification), \$ 52.68**       **G0179 (Recertification), \$ 40.00**

Note: 1) These are 2008 rates for Montana. 2) Medicare will reimburse 80% of the above rates.  
3) Per Medicare, NPs & PAs are ineligible for reimbursement on these codes.