***Care Plan Oversight Encounter Worksheet***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Care Plan Oversight Encounter Worksheet** | | | | | | | | | |
| **Physician: Patient Name: Month:**  *Supporting documentation is found in patient’s medical record.* | | | | | | | | | |
| **Date of Service** | **Documented service** | | **Start Time** | | **End Time** | | **Total Minutes** | | **Monthly Subtotal** |
|  |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  |
| **Time Requirements per Calendar Month** | | **Patient in Home, Domiciliary, or Rest Home (eg, assisted living facility)** | | **Patient Under the Care of a Home Health Care Agency** | | **Hospice Patient** | | **Nursing Facility Patient** | |
| 15–29 min | | 99339 | | 99374 | | 99377 | | 99379 | |
| ≥30 min | | 99340 | | 99375 | | 99378 | | 99380 | |
| ≥30 min Medicare code | |  | | G0181 | | G0182 | |  | |
| **Code Supported:** | | | | | | | | | |
| *See* [*www.aap.org/cfp*](http://www.aap.org/cfp) *for an online version of this worksheet (access code AAPCFP26).* | | | | | | | | | |