***Care Plan Oversight Encounter Worksheet***

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| **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** |
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| **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).*  |