***Care Plan Oversight Billing Worksheet Template***

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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:** | | | | | | | | | |