***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:** |