**Figure B-8. Care Plan Oversight Encounter Worksheet**

See www.aap.org/cp for an online version of this worksheet, access code AAPCFP20.

Physician: ________________  Patient Name: ________________

Services Provided:
The letter that corresponds with each service provided should be placed in column #2.
A. Regular physician development and/or revision of care plans
B. Review of subsequent reports of patient status
C. Review of related laboratory or other studies
D. Communication (including telephone calls not separately reported with codes 99441–99443) with other health care professionals involved in patient’s care
E. Integration of new information into the medical treatment plan and/or adjustment of medical therapy
F. Other (Attach additional explanatory materials on the services provided.)

<table>
<thead>
<tr>
<th>Date of Service XX/XX/XXXX</th>
<th>Services Provided</th>
<th>Contact Name and Agency</th>
<th>Start Time</th>
<th>End Time</th>
<th>Total Minutes</th>
<th>Monthly Subtotal</th>
</tr>
</thead>
</table>

Explanation for additional services provided:

Date: ____________

Date: ____________

Date: ____________

<table>
<thead>
<tr>
<th>Time Requirements Per Calendar Month</th>
<th>Patient in Home, Domiciliary, or Rest Home (eg. Assisted Living Facility)</th>
<th>Patient Under the Care of a Home Health Care Agency</th>
<th>Hospice Patient</th>
<th>Nursing Facility Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>15–29 min</td>
<td>99339</td>
<td>99374</td>
<td>99377</td>
<td>99379</td>
</tr>
<tr>
<td>≥30 min</td>
<td>99340</td>
<td>99375</td>
<td>99378</td>
<td>99380</td>
</tr>
<tr>
<td>≥30 min Medicare code</td>
<td>G0181</td>
<td>G0182</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Monthly Total: ____________  CPT Code: ____________

CPT copyright 2014 American Medical Association. All rights reserved.