

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

See [www.aap.org/cfp](http://www.aap.org/cfp) 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.)

Date of Service XX/XX/XXXX	Services Provided	Contact Name and Agency	Start Time	End Time	Total Minutes	Monthly Subtotal
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**Explanation for additional services provided:**

Date: \_\_\_\_\_ / \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_

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	

Monthly Total: \_\_\_\_\_ CPT Code: \_\_\_\_\_