



1510 Prince Avenue • Athens, Georgia 30606
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Home Health Care: CARE PLAN OVERSIGHT TRACKER

Patient: _____ DOB: _____ Account Number: _____

Physician: _____ Medicare Provider Number _____

ACTIVITY	CPO CODES	DATE	DIAGNOSIS
Home Health Certification	G0180		
Home Health Recertification	G0179		

CARE PLAN SUPERVISION (Home Health: G0180) <i>DO: Doctors orders WU:Wound Updates FR: Faxed Reports HHNC: Home Health Nurse Contact 60DS: 60 day-Summary DC:D/C Summary</i>							
Activities to Coordinate Services (DO, FR, HHNC, WU,60DS, DS)*	Date	Minutes	Date	Minutes	Date	Minutes	
Documentation							
Medical Decision Making							
Review (charts, treatment plans, lab, other test results)							
Team conferences							
<i>Telephone calls with other health professionals</i>							
Discussions with pharmacist (re: pharmaceutical therapies)							
Minutes Total: (must equal 30 minutes in calendar month to bill Medicare)							

Total Monthly Care Plan Supervision Minutes**** _____

 Physician signature

 Date