



PALM VALLEY HEALTH CARE, INC



"Our Family Taking Care of Your Family"

Physician Care Plan Oversight Documentation Sheet

Patient's Name:		Patient D.O.B.:
Physician's Name:		Last MD Visit:
Home Health Medicare Provider # 459167	Month/Year:	

G0181 Home Health Care Plan Oversight

CPO activities may include:

1. Communication with other health professional
2. Developing the Care Plan
3. Revising the Care Plan
4. Reviewing Patient Status Reports
5. Medication Adjustment
6. Review of Labs
7. Review of Diagnostic Tests
8. Review of Telemonitoring Data
9. Adjustment of Medical Therapy
10. Integration of new information into medical treatment plan

Date	Amount of Time	CPO Details

Physician Signature:		Total Monthly Minutes:
Date:	*Time Spent must be equal to at least 30 minutes in a calendar month in order to bill Medicare.	