

**Care Coordination with  
AFFINITY HOME HEALTH CARE**

**PHYSICIAN OVERSIGHT BILLING FOR MEDICARE HOME HEALTH**

**Patient's Name:**

**Patient's HIC#:**

**Patient's DOB:**

**Month/Year: \_\_\_\_\_**

| <u>ACTIVITY</u>                           | <u>CPO CODE</u> | <u>DATE</u> |
|---|-----------------|-------------|
| CERTIFICATION, Home Health Plan of Care   | G0180           |             |
| RECERTIFICATION, Home Health Plan of Care | G0179           |             |

| <b>CARE PLAN OVERSIGHT, Home Health Patient, G0181</b>  |             |             |             |             |             |             |
|---|-------------|-------------|-------------|-------------|-------------|-------------|
| ** CPO: Time spent must equal at least 30 minutes in a calendar month in order to bill Medicare |             |             |             |             |             |             |
|   | <b>Date</b> | <b>Min.</b> | <b>Date</b> | <b>Min.</b> | <b>Date</b> | <b>Min.</b> |
| Activities to Coordinate Services   |             |             |             |             |             |             |
| Documentation   |             |             |             |             |             |             |
| Medical Decision Making   |             |             |             |             |             |             |
| Review (charts, treatment plans, lab, or other test results)                                    |             |             |             |             |             |             |
| Telephone calls with other health care professionals  |             |             |             |             |             |             |
| Team Conferences  |             |             |             |             |             |             |
| Discussions with pharmacist (telephone or face to face)<br>Re: pharmaceutical therapies         |             |             |             |             |             |             |

**Total of Monthly Minutes: \_\_\_\_\_**

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date