

Physician Oversight Billing for Medicare Home Health

Patients Name: _____ DOB: _____

Month: _____

Activity	CPO Code	Date
Certification	GO180	
Recertification	GO179	

Home Health Care Plan Oversight CPO Code G0181	Date	Min	Date	Min	Date	Min	Date	Min
Develop Care Plan								
Revise Care Plan								
Activities to coordinate services								
Documentation								
Medical Decision Making								
Review (charts, treatment plans, lab or other test results)								
Communication with other health care professionals								
Team Conferences								
Adjustment of medication; Discussion with pharmacist – may be telephone or face to face								
Other (describe):								

Total monthly minutes:* _____ *CPO: Time spent must be equal to at least 30 minutes in a calendar month in order to bill Medicare.

Physician Signature: _____ Date: _____