

**MEDICARE  
CARE PLAN OVERSIGHT (CPO)  
Physician Tracking Form  
*HOSPICE***

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**CPO** for Month of : \_\_\_\_\_ Year: \_\_\_\_\_

**Hospice Care Plan Oversight (CPO) Billing Code for Medicare: GO182**

CPO Code GO182	Date/Min	Date/Min	Date/Min	Date/Min	Date/Min	Date/Min	Date/Min	Date/Min
Develop Care Plan								
Revise Care Plan								
Coordinate Svcs								
Documentation								
Med Decision making								
Review of: Charts, TX plans, labs, other tests								
Communication w/ other health care professionals								
Team Conferences								
Med mngmt / adjustments; discussions w/ pharmacists (phone or face to face)								
Other (describe)								

**Total monthly minutes:** \_\_\_\_\_ **CPO** (*Time must total at least 30 minutes in a calendar month in order to bill Medicare*)

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Form courtesy of **Providence Home Services***