



MED-CARE PROVIDERS TIME SHEET

Provider: _____ Title: _____
 Patient Name: _____ DOB: _____

PLACE OF SERVICE: ☐ Home (POS 12) ☐ Group Home (PO S14) ☐ Assisted Living (POS 13)

✓ Type of Visit	Visit Description	CPT Codes	Description
	New Patient Visit	99341	Home Visit New, Low Severity, 30 minutes
		99342	Home Visit New, Moderate Severity, 30 minutes
		99343	Home Visit New, Moderate – High Severity, 45 minutes
		99344	Home Visit New, High Severity, 60 minutes
		99345	Home Visit New, Unstable/ New problems requires immediate attention, 75 mins.

✓ Type of Visit	Visit Description	CPT Codes	Description
	Established Patient Home Visit	99347	Home Visit Est, Self-Limited / Minor, 15
		99348	Home Visit Est, Low-Moderate Severity, 25
		99349	Home Visit Est, Moderate-High Severity 40 mins
		99350	Home Visit Est, Unstable/ New problems requires immediate attention, 60 mins.

✓ Type of Visit	Visit Description	CPT Codes	Description
	New Patient Group Home Visit	99324	Group Home Visit New, Low Severity, 30 minutes
		99325	Group Home Visit New, Moderate Severity, 30 minutes
		99326	Group Home Visit New, Moderate – High Severity, 45 minutes
		99327	Group Home Visit New, High Severity, 60 minutes
		99328	Group Home Visit New, Unstable/ New problems requires immediate attention, 75 mins.

✓ Type of Visit	Visit Description	CPT Codes	Description
	Established Patient Group Home Visit	99334	Group Home Visit Est, Self-Limited / Minor, 15 mins
		99335	Group Home Visit Est, Low-Moderate Severity, 25 mins
		99336	Group Home Visit Est, Moderate-High Severity 40 mins
		99337	Group Home Visit Est, Unstable/ New problems requires immediate attention, 60 mins.

✓ Type of Visit	Visit Description	CPT Codes	Description
	Annual Wellness Visit	G0402	Initial Preventive Physical Examination (Welcome to Medicare Visit)
		G0438	Initial Annual Wellness Visit
		G0439	Subsequent Annual Wellness Visit
	Tobacco Cessation Counseling	99406	Tobacco Cessation Counseling 3-10 minutes
		99407	Tobacco Cessation Counseling less than 10 minutes

DATE OF SERVICE	PATIENT/ CAREGIVER SIGNATURE	VISIT TIME	
		Start Time	End Time

