

**ANGELUS HOME HEALTH**

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**ROUTE SHEET****Patient Name:****Medical Records No:****Employee Name:****Employee Signature:**

	Date	Visit Time In	Visit Time Out	G-Code	Specific Visit Code	Patient/Caregiver Signature	Comments
1				G01			
2				G01			
3				G01			
4				G01			
5				G01			
6				G01			
7				G01			
8				G01			
9				G01			
10				G01			

**G-CODES**

G0299 - RN Evaluations/Follow-up/Teachings	G0160 - OT Maintenance - Eval / Follow-up
G0300 - LVN Follow-up/Teachings	G0152 - OT Restorative - Eval / Follow-up
G0159 - PT Maintenance - Eval / Follow-up	G0158 - OT Assistant Follow-up
G0151 - PT Restorative - Eval / Follow-up	G0161 - ST Maintenance - Eval / Follow-up
G0157 - PT Assistant Follow-up	G0153 - ST Restorative - Eval / Follow-up
	G0156 - CHHA Follow-up

**SPECIFIC VISIT CODE**

01 - Start of Care	07 - Resumption of Care
02 - Follow-up	08 - Discharged
03 - Non-Visit / Refused	09 - IV Therapy
04 - Supervisory	10 - Blood draw/Injections
05 - Administrative	11 - Wound Care
06 - Recertification	12 - Non-Billable Visit

\*\*\* Report only one code per discipline; report the G-code which reflects the service for which most of the time was spent during that visit \*\*\*

**Med Rec: Initial** \_\_\_\_\_

Audited Notes: \_\_\_\_\_

**For Accounting Use Only:**

Total - Transaction Count

