

AVEN HOME HEALTH SERVICES

WEEKLY/DAILY ROUTE SHEET

Contract Staff YES NO

CLINICIAN NAME AND SIGNATURE	TITLE	EMPLOYEE ID #	WEEK BEGINNING	WEEK ENDING
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- I CERTIFY THAT I HAVE RENDERED SERVICES TO PATIENT LISTED BELOW AT THE TIME AND DATE INDICATED. PATIENT MUST SIGN. ONLY ONE PATIENT PER ROUTE SHEET.
- I CERTIFY THAT THE SERVICES WERE WITHIN THE APPROVED PLAN OF CARE.
- I UNDERSTAND THAT COMPLETED **SOC /ROC/RECERT/DC/EVAL PACKETS** MUST BE TURNED INTO THE OFFICE **WITHIN 48 HOURS** FOR MY WORK TO BE CONSIDERED FINISHED.
- I UNDERSTAND THAT COMPLETED **ROUTE SHEETS AND VISIT NOTES** MUST BE TURNED INTO THE OFFICE **EVERY MONDAY** FOR VISITS OF THE PREVIOUS WEEK.
- ANY SUBMISSIONS AFTER EACH MONDAY WILL BE PROCESSED ON SUBSEQUENT PAYROLL PERIOD. PAYROLL WILL NOT BE PROCESSED WITHOUT CORRESPONDING VISIT NOTES.

DATE	TIME IN	TIME OUT	PATIENT NAME/ MR #	FIELD VISIT TYPE	G-CODE SERVICE TYPE	OFFICE VISIT TYPE	TOTAL MILES	AUTHORIZING NAME/SIGNATURE (E.g. Case Manager, Supervisor, Patient, Patient's Representative)
TOTAL								

FIELD VISIT TYPE		G-CODE SERVICE TYPE			OFFICE VISIT TYPE
1 = SOC EVAL	7 = IV	D = Direct Skilled Care (RN/LVN providing direct hands on care)			1 = IN-SERVICE
2 = RECERT	8 = LAB DRAW	O = Observation/Assessment (RN/LVN observing and assessing patients condition)			2 = ORIENTATION
3 = RESUMPTION	9 = THERAPY EVAL	T = Training/Teaching (RN/LVN training and / or educating patient or family members)			3 = STAFF MEETING
4 = DISCHARGE	10 = THERAPY FOLLOW-UP				4 = TEAM CONFERENCE
5 = FOLLOW-UP	11 = NON-BILLABLE EVAL/REFUSED VISIT				5 = WEEKDAY ON-CALL
6 = SUPERVISORY	12 = NON-BILLABLE COMM RELATIONS VISIT				6 = WEEKEND ON-CALL
RN EVAL / RECERT / ROC G0154-Direct Skilled Care G0163-Observation & Assessment G0164-Training & Education	RN /LVN FOLLOW-UP G0154-Direct Skilled Care G0164-Training & Education RN DISCHARGE G0154-Direct Skilled Care G0164-Training & Education	RN/LVN IV & INJECTION G0154-Direct Skilled Care G0164-Training & Education RN/LVN WOUND CARE G0154-Direct Skilled Care G0164-Training & Education	PT G0151-Direct Care G0159-Maintenance Program PTA G0157-Direct Care	OT G0152-Direct Care G0160-Maintenance Program OTA G0158-Direct Care	ST G0153-Direct Care G0161-Maintenance Program MSW G0155-Social Worker HHA G0156-Home Health Aide

Field Visit type to be used in combination with Service Code to describe visit. E.g. 5D indicates a follow up visit involving direct care. The reason for visit is decided by the clinician, based on “main reason” for visit, which may be reflected by the amount of the time spent on the skill, physician orders and/or qualifying skilled need. This reason may vary from visit to visit, even for the same patient.