

# Download File PDF Hospice Nursing Documentation Examples

#Jenny



Finally I get this ebook, thanks for all these I can get now!

#Rio



Cool! I'am really happy

#Markus Jensen



I did not think that this would work, my best friend showed me this website, and it does! I get my most wanted eBook

#Hun Tsu



wtf this great ebook for free?!

#Che Salsa



My friends are so mad that they do not know how I have all the high quality ebook which they do not!

#Diego Butler



so many fake sites. this is the first one which worked! Many thanks

REASONS: 5057\*

REASON CODE NARRATIVES FOR HIC/ICM: XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX

5057\* MEDICARE NEEDS TO RECEIVE THE RETURNED AOR INFORMATION BY THE 45TH DAY. PLEASE ALLOW ENOUGH TIME FOR THE AOR TO BE RECEIVED AND THE CLAIM MOVED INTO THE MEDICAL REVIEW STATUS/LOCATION SENSORS BY DAY 45 OR IT WILL BE DENIED WITH REASON CODE 56900 ON THE 46TH DAY. PLEASE SEND THE FOLLOWING INFORMATION TO SUPPORT THE TERMINAL ILLNESS AND ALL DAYS/SERVICES BILLED:

- \*INITIAL ASSESSMENT AND VISIT NOTES FOR ALL SERVICES PROVIDED THIS BILLING PERIOD.
- \*PLAN OF CARE/UPDATES AND INTERDISCIPLINARY GROUP NOTES TO COVER ALL DAYS IN THIS BILLING PERIOD, WHICH MAY INCLUDE THE LATEST UPDATE PRIOR TO THIS BILLING PERIOD.
- \*PHYSICIAN ORDERS AND VISIT NOTES
- \*HOSPITAL DISCHARGE AND/OR PHYSICIAN SUMMARIES
- \*HISTORY AND PHYSICAL EXAM, LAB, X-RAY AND/OR SURGICAL REPORTS
- \*SIGNED/DATED: CERTIFICATION OF TERMINAL ILLNESS, AND REVOCATION (IF APPLICABLE)
- \*SIGNATURE POLICY IF UTILIZING ELECTRONIC SIGNATURES
- \*ANY PERTINENT INFORMATION PRIOR TO/AFTER THIS BILLING PERIOD
- \*DATES AND TIMES OF SERVICE CHANGES, WHEN BILLING MULTIPLE LEVELS OF CARE
- \*THE BENEFICIARY SIGNED HOSPICE ELECTION STATEMENT, WITH HOSPICE EFFECTIVE

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