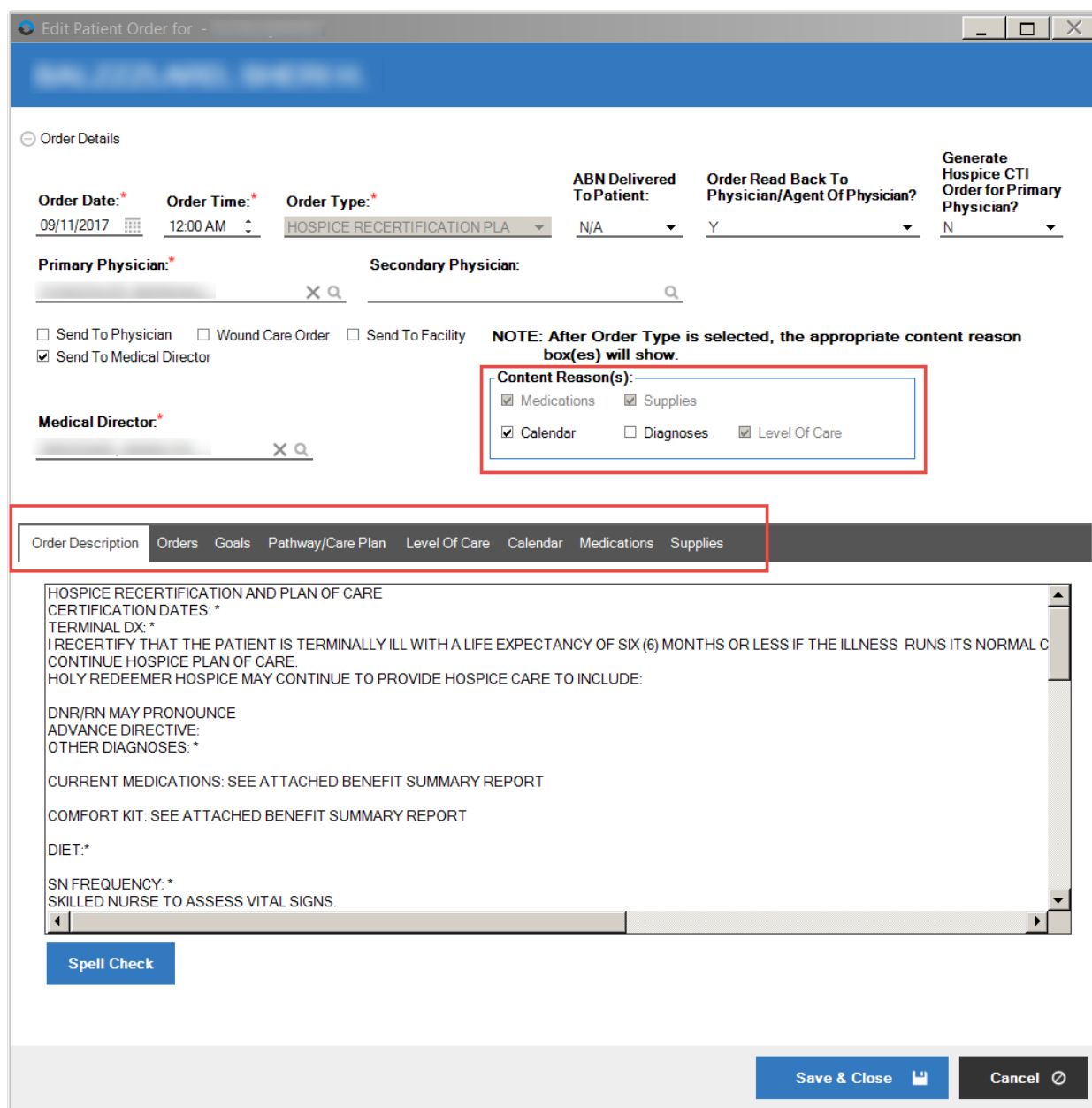


# HCHB Update - Enhanced Hospice Recertification Process

HCHB has developed a **new** Enhanced Hospice Recertification Process to enable agencies to have a more robust Hospice Recertification Order. This enhancement will allow agencies to use a new order to manage their Hospice Recertifications.

## Overview of Changes

The major enhancement to the process is the creation of a new order type. The new order type is called the Hospice Recertification Plan of Care Update order. The order will be populated with more content than the previous Hospice Recertification Order. As shown below, the new order adds content for Medications, Supplies and Levels of Care. Additionally, Order Text, Goal Text and Pathways/Care Plan are available. The content reasons of Calendar, Medications, Supplies and Levels of Care are selected by default. Note that Medications, Supplies and Levels of Care cannot be deselected. This is to prevent accidental removal of the content under these tabs as it cannot be recovered automatically. However, any transactions under Supplies can be removed at the user's discretion. Each tab on the order will be described in detail in a separate section below.



The screenshot displays the 'Edit Patient Order' interface. At the top, there are fields for Order Date (09/11/2017), Order Time (12:00 AM), and Order Type (HOSPICE RECERTIFICATION PLA). Other fields include ABN Delivered To Patient (N/A), Order Read Back To Physician/Agent Of Physician? (Y), and Generate Hospice CTI Order for Primary Physician? (N). Below these are fields for Primary and Secondary Physicians, and checkboxes for Send To Physician, Wound Care Order, Send To Facility, and Send To Medical Director. A Medical Director field is also present. A red box highlights the 'Content Reason(s)' section, which includes checkboxes for Medications, Supplies, Calendar, Diagnoses, and Level Of Care. Below this is a tabbed interface with 'Order Description' selected. The main content area contains text for 'HOSPICE RECERTIFICATION AND PLAN OF CARE', including certification dates, terminal diagnosis, and current medications. A 'Spell Check' button is located at the bottom left, and 'Save & Close' and 'Cancel' buttons are at the bottom right.

## Order Tab

The Order tab will populate with the current order text associated with the patient's pathways and care plan.

Order Description Orders **Goals** Pathway/Care Plan Level Of Care Calendar Medications Supplies

The Orders listed below reflect the current orders for the episode. Any changes made via the Pathway/Care Plan will impact these orders.

HOSPICE NURSE TO EVALUATE PATIENT AND DEVELOP PLAN OF CARE.  
 HOSPICE NURSE TO MONITOR PAIN LEVEL USING PAIN SCALE EACH VISIT AND REPORT UNCONTROLLED CHANGES TO PHYSICIAN  
 SN TO INSTRUCT FAMILY /CGSIN DECUBITUS CARE. INSTRUCTIONS/REINFORCEMENT RELATED TO COMPLICATIONS OF INTEGUMENTARY STATI  
 INSTRUCT BOWEL PROTOCOL AS NEEDED  
 PATIENT MAY HAVE HOSPICE COMFORT KIT FOR EMERGENCY USE: 1-----ATROPINE EYE DROPS 1%: 4-8 DROPS UNDER TONGUE EVERY 4 HOUF  
 TRATE 15 MG (0.75 ML) EVERY 4 HOURS AS NEEDED FOR SEVERE PAIN OR DYSPNEA. CALL HOSPICE NURSE BEFORE GIVING 1ST DOSE. 7-----D  
 CHAPLAIN/CLERGY TO EVALUATE PATIENT AND DEVELOP PLAN OF CARE.  
 MSW TO EVALUATE PATIENT AND DEVELOP PLAN OF CARE.  
 HOME HEALTH AIDE TO ASSIST WITH ADLS AND PERSONAL CARE NEEDS

Spell Check

Save & Close Cancel

## Goals Tab

The Goals tab will populate with the current goal text associated with the patient's pathways and care plan.

Order Description Orders **Goals** Pathway/Care Plan Level Of Care Calendar Medications Supplies

The Goals listed below reflect the current goals for the episode. Any changes made via the Pathway/Care Plan will impact these goals.

A HOSPICE PLAN OF CARE WILL BE ESTABLISHED THAT MEETS THE PATIENT'S NEEDS  
 PATIENT/CAREGIVER WILL UNDERSTAND THE PAIN SCALE. HOW TO MANAGE PAIN AND REPORT CHANGES TO HOSPICE  
 PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE ADEQUATE KNOWLEDGE OF SKIN CARE AND INTEGUMENTARY STATUS  
 PATIENT WILL HAVE AN EFFECTIVE BOWEL PROGRAM  
 HOSPICE COMFORT KIT WILL BE PROVIDED TO THE PATIENT  
 A HOSPICE PLAN OF CARE WILL BE ESTABLISHED THAT MEETS THE PATIENT'S NEEDS  
 A HOSPICE PLAN OF CARE WILL BE ESTABLISHED THAT MEETS THE PATIENT'S NEEDS  
 PATIENT'S PERSONAL CARE NEEDS WILL BE MET

Get Goal Text from Treatment Codes Spell Check

Save & Close Cancel

**Pathways/Care Plan Tab**

This tab shows the pathways and care plans that are current for each discipline that is currently seeing the patient. Changes to the pathways on this tab will update the order and goal text tabs respectively.

Order Description Orders Goals **Pathway/Care Plan** Level Of Care Calendar Medications Supplies

Discipline: SN Pathway: HOSPICE SKILLED NURSING

Changes to Problem Statement answers resulting in treatment codes changes will impact the Orders/Goals for this order. Change Answer

Drag a column header here to group by that column.

Sequence	Answer	Problem Statement
1	YES	HOSPICE SKILLED NURSE EVAL PERFORMED. ADDITIONAL VISITS TO BE PERFORMED
2	YES	SKILLED NURSE TO PROVIDE CARE TO HOSPICE HOME TEAM, HOSPITAL, NURSING HOME, OR ALF CLIENT.
3	YES	ALTERED COMFORT-HOSPICE
4	YES	NEED FOR OBSERVATION AND ASSESSMENT OF ALTERED COMFORT-HOSPICE
5	NO	NEED FOR SKILLED TEACHING OF ALTERED COMFORT-HOSPICE
6	NO	NEED FOR O/A OF PSYCHOSOCIAL/SPIRITUAL FACTORS AFFECTING PAIN-HOSPICE
7	NO	NEED FOR SKILLED ADMINISTRATION OF PAIN MEDICATION-HOSPICE
8	NO	ALTERED CARDIAC/CIRCULATORY SYSTEM-HOSPICE

Problem Statements Report Continue

Save & Close Cancel

**Levels of Care Tab**

This tab will populate with the Level of Care type associated with the previous benefit period's end of benefit period Level of Care type. The effective date will default to the pending benefit period's start of benefit period and is not editable. Upon approval of the Hospice Recertification Plan of Care Update order in the pending benefit period, the Levels of Care in the pending benefit period will be populated based upon the Level of Care established in the order.

Order Description Orders Goals Pathway/Care Plan **Level Of Care** Calendar Medications Supplies

Level of Care Type:  
ROUTINE HOME CARE

Effective Date:  
10/07/2017

Save & Close Cancel

After approval of the order, the levels of care are populated to the benefit period.

Date	Ordered Level of Care	Billable Level of Care	Status	Non-Covered	CBSA	Service Location	Fac
10/07/2017	ROUTINE HOME CARE	ROUTINE HOME CARE	HOLD	NO	42680	Q5001	PA
10/08/2017	ROUTINE HOME CARE	ROUTINE HOME CARE	HOLD	NO	42680	Q5001	PA
10/09/2017	ROUTINE HOME CARE	ROUTINE HOME CARE	HOLD	NO	42680	Q5001	PA
10/10/2017	ROUTINE HOME CARE	ROUTINE HOME CARE	HOLD	NO	42680	Q5001	PA
10/11/2017	ROUTINE HOME CARE	ROUTINE HOME CARE	HOLD	NO	42680	Q5001	PA
10/12/2017	ROUTINE HOME CARE	ROUTINE HOME CARE	HOLD	NO	42680	Q5001	PA
10/13/2017	ROUTINE HOME CARE	ROUTINE HOME CARE	HOLD	NO	42680	Q5001	PA
10/14/2017	ROUTINE HOME CARE	ROUTINE HOME CARE	HOLD	NO	42680	Q5001	PA
10/15/2017	ROUTINE HOME CARE	ROUTINE HOME CARE	HOLD	NO	42680	Q5001	PA
10/16/2017	ROUTINE HOME CARE	ROUTINE HOME CARE	HOLD	NO	42680	Q5001	PA
10/17/2017	ROUTINE HOME CARE	ROUTINE HOME CARE	HOLD	NO	42680	Q5001	PA
10/18/2017	ROUTINE HOME CARE	ROUTINE HOME CARE	HOLD	NO	42680	Q5001	PA
10/19/2017	ROUTINE HOME CARE	ROUTINE HOME CARE	HOLD	NO	42680	Q5001	PA
10/20/2017	ROUTINE HOME CARE	ROUTINE HOME CARE	HOLD	NO	42680	Q5001	PA
10/21/2017	ROUTINE HOME CARE	ROUTINE HOME CARE	HOLD	NO	42680	Q5001	PA
10/22/2017	ROUTINE HOME CARE	ROUTINE HOME CARE	HOLD	NO	42680	Q5001	PA
10/23/2017	ROUTINE HOME CARE	ROUTINE HOME CARE	HOLD	NO	42680	Q5001	PA
10/24/2017	ROUTINE HOME CARE	ROUTINE HOME CARE	HOLD	NO	42680	Q5001	PA
10/25/2017	ROUTINE HOME CARE	ROUTINE HOME CARE	HOLD	NO	42680	Q5001	PA
10/26/2017	ROUTINE HOME CARE	ROUTINE HOME CARE	HOLD	NO	42680	Q5001	PA

Add Missing Levels of Care
View Validations
Edit Validations

Change Status to Hold
Change Status to Not Billable
Marked Non-Covered
Tiered LOC Calculation
Close

There is special functionality on this tab if the patient will be continuing or will start Respite Care at the beginning of the pending benefit period, Respite Care can be selected in the order and the effective date will default to the start of the pending benefit period and is not editable. The expiration date will need to be selected. The system will validate across benefit periods to make sure no more than five consecutive respite days are requested. Additionally, a Level of Care type will need to be selected for the remainder of the benefit period. The Level of Care type will have an effective date of one day after the expiration of Respite Care and will not be editable.

Order Description
Orders
Goals
Pathway/Care Plan
Level Of Care
Calendar
Medications
Supplies

**Level of Care Type:**  
RESPITE CARE

**Effective Date:**  
10/07/2017

**Expiration Date:**  
10/10/2017

**Level of Care Type:**  
ROUTINE HOME CARE

**Effective Date:**  
10/11/2017

Save & Close
Cancel

### Calendar Tab

This tab works the same as the Hospice Recertification Order. The agency will plot visits for the pending benefit period on this tab. Upon approval of the Hospice Recertification Plan of Care Update Order, the visits will be transferred to the scheduling console for scheduling.

Order Description
Orders
Goals
Pathway/Care Plan
Level Of Care
Calendar
Medications
Supplies

**Calendar Frequency:**

SN 1WK1
▲

CH 2WK1
▼

**Calculated Frequency:**

SN 1WK1
▲

CH 2WK1
▼

**Effective Date:** 10/08/2017

Allow Scheduling Days in the Past

Show All Calendar Visits

Episode Analysis Tool

Calendar View
Grid View

Add +

Edit

Void

Deselect All

Today

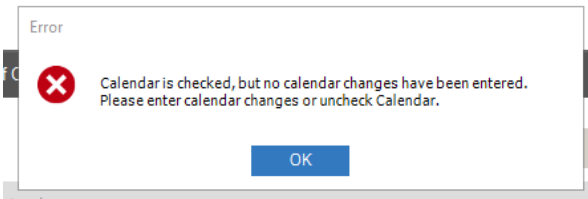
Print Current Calendar

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	October 1	2	3	4	5	6	7
10/1 - 10/7							
10/8 - 10/14	8	9	10	11	12	13	14
+	SN11H				+ CH11H		
+	CH11H						

Save & Close

Cancel

The calendar cannot be deselected, which makes it a hard stop, and you can't move through the order without making edits. The calendar frequencies must be adjusted to complete and approve the Hospice Recertification Plan of Care Update.



After approval of the order, the visits transfer to the scheduling console.

### Medications Tab

This tab will populate with the patient’s current medications from the current benefit period. The medications will be placed on the order as Add Transactions. Upon approval of the Hospice Recertification Plan of Care Update Order, the medications will be transferred to the patient’s medication list in the new pending benefit period.

Transaction Type	Medication	Dose	Frequency	Amount	Route	Alt. Route	Reason
ADD	ACETAMINOPHEN ORAL	500 MG/15 ML	EVERY 6 HOURS PRN	15 ML			PAIN OR FE
ADD	ACETAMINOPHEN REC...	325 MG	EVERY 6 HOURS PRN	2 SUPPOSIT...			TEMP GREA
ADD	ATIVAN ORAL	0.5 MG	EVERY 4 HOURS PRN	1 TO 2 TABS			ANXIETY, N
ADD	CALMOSEPTINE TOPICAL	0.44-20.6 %	AS NEEDED	LIBERAL		TOPICALLY	SKIN PROTE
ADD	DULCOLAX	10 MG	FVFRY DAY PRN	1 SUPP			CONSTIPAT

**Our agency uses eMOE for Medication management. Do not make any modifications to the patient's medications in this Medications tab, it will not flow to eMOE. If changes are needed, please complete them via the eMOE application.**

After approval of the order, the medications will be transferred to the medication list.

Show Current Meds Only     Show All Meds

Drag a column header here to group by that column.

Order Date	Medication	Classification	Dose	Amount
08/29/2017 11:35:40...	ACETAMINOPHEN ORAL	ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC	500 MG/15 ML	15 ML
08/29/2017 11:35:40...	ACETAMINOPHEN RECTAL	ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC	325 MG	2 SUPPOSITORIES
08/29/2017 11:35:40...	ATIVAN ORAL	CENTRAL NERVOUS SYSTEM AGENTS	0.5 MG	1 TO 2 TABS
08/29/2017 11:35:40...	CALMOSEPTINE TOPICAL	DERMATOLOGICAL	0.44-20.6 %	LIBERAL

■ Meds displayed with a blue background will not be tested for drug interactions.  
■ Meds displayed in red text are D/C, Ended, or Voided.

Review Meds

View Allergies

View Med Understanding Changes

Edit

Print

Close

### Supplies Tab

This tab will populate with the patient’s current supplies from the current benefit period. The supplies will be placed on the order as Add Transactions. Upon approval of the Hospice Recertification Plan of Care Update Order, the supplies will be transferred to the patient’s supply list in the new pending benefit period. If the agency does not want a particular supply to carry over to the new pending benefit period, they can highlight the supply and select Delete Transaction in this tab. The agency can also add any new supplies they wish to include upon recertification.

Order Description
Orders
Goals
Pathway/Care Plan
Level Of Care
Calendar
Medications
Supplies

New Transaction ▾
Delete Transaction
Current Supplies

Drag a column header here to group by that column.

Transaction Type ▾	Supply	User	Transaction Date
ADD	NONE	KBLAKEMAN	08/29/2017 12:02:17 PM
ADD	BRIEFS/BLADDER CONTROL PADS	KBLAKEMAN	08/29/2017 12:02:17 PM
ADD	CHUXS	KBLAKEMAN	08/29/2017 12:02:17 PM
ADD	GLOVES	KBLAKEMAN	08/29/2017 12:02:17 PM
ADD	TOOTHETTES	KBLAKEMAN	08/29/2017 12:02:17 PM
ADD	SHAMPOO/BODYWASH	KBLAKEMAN	08/29/2017 12:02:17 PM
ADD	CALMOSPETINE	KBLAKEMAN	08/29/2017 12:02:17 PM
ADD	WASH CLOTH DISPOSABLE	KBLAKEMAN	08/29/2017 12:02:17 PM
ADD	HAND SANITIZER	KBLAKEMAN	08/29/2017 12:02:17 PM
ADD	GAIT BELT	KBLAKEMAN	08/29/2017 12:02:17 PM

Save & Close 
Cancel

After approval of the order, the supplies will be transferred to the supplies list.

Supplies

Drag a column header here to group by that column.

Supply	Date Entered	DC By	DC Date	Entered By	Voided By
NONE	08/29/2017				
BRIEFS/BLADDER CONTROL PADS	08/29/2017				
CHUXS	08/29/2017				
GLOVES	08/29/2017				
TOOTHETTES	08/29/2017				
SHAMPOO/BODYWASH	08/29/2017				
CALMOSPETINE	08/29/2017				
WASH CLOTH DISPOSABLE	08/29/2017				
HAND SANITIZER	08/29/2017				
GAIT BELT	08/29/2017				

Print
Hide Voided and D/C Supplies
Close



## Diagnoses Tab

This tab works the same as the Hospice Recertification Order. It is not required content for this order. If changes need to be made to the diagnoses effective with the recertification, the changes should be made in this tab. Otherwise, the diagnoses will be carried over to the new pending benefit period as they currently do prior to this enhancement.

## The Enhanced Hospice Recertification Process

The new Hospice Recertification Plan of Care Update order will be generated at the same time the current Hospice Recertification Order is today.

Once the order is generated, the workflow Review/Edit/Approve Hospice Recert Order will be generated as well. This workflow can be used to make any adjustments to the order. This workflow will be used to approve the New Hospice Recertification Plan of Care Update order as it is today to approve the current Hospice Recertification Order. Upon approval, the pending benefit period will be updated with all the content of the order (medications, levels of care, etc.).

## Recertification Window – Keeping data in sync from current to pending benefit period

To help understand this process, let's start with a few definitions.

**Current benefit period** – This is the benefit period under which the patient is currently being seen. The current date is within this benefit period's start and end dates.

**Pending benefit period** – This is the benefit period created for recertification and contains the new Hospice Recertification Plan of Care Update order.

**Recertification Window** – This is the time period between the date the Hospice Recertification Plan of Care Update Order is created and the start of benefit period of the pending benefit period.

With the enhanced process, HCHB will be implementing a recertification window feature. This feature will keep the current benefit period data in sync with the pending benefit period data if changes are made via an order in the current benefit period.

For example, in the current benefit period an order is written to add a new medication. Upon approval of that order, the medication will be transferred to the current benefit period's medication list. Additionally, if the patient is within the recertification window, the new medication will also be applied to the pending benefit period.

The changes made to medications, supplies or diagnoses in the current benefit period will be applied to the pending benefit period as follows:

If the Hospice Recertification Plan of Care Update Order is unapproved in the pending benefit period at the time of approval of the order in the current benefit period, the transactions from the order in the current benefit period will also be applied to the transactions on the Hospice Recertification Plan of Care Update Order in the pending benefit period. When the Hospice Recertification Plan of Care Update Order is approved, those transactions along with any other transaction already present on the order will be transferred to the pending benefit period (medication list, supplies list etc.).

If the Hospice Recertification Plan of Care Update Order is already approved in the pending benefit period at the time of approval of the order in the current benefit period, the transactions from the order in the current benefit period will be automatically applied directly to the pending benefit period (medication list, supplies list etc.).

**Example #1:**

In the first example an order is written in the current benefit period to add medications, supplies and diagnoses. In the pending benefit period, the Hospice Recertification Plan of Care Update Order is present but unapproved.

Add Patient Order for -
\_ □ ×

⊖ Order Details

<b>Order Date:*</b>	<b>Order Time:*</b>	<b>Order Type:*</b>	<b>ABN Delivered To Patient:</b>	<b>Order Read Back To Physician/Agent Of Physician?</b>
09/01/2017 <input type="text"/>	08:50 AM <input type="text"/>	HOSPICE PHYSICIAN ORDER <input type="text"/>	N/A <input type="text"/>	Y <input type="text"/>

**Primary Physician:\***         **Secondary Physician:**

Send To Physician   
  Wound Care Order   
  Send To Facility   
 **NOTE: After Order Type is selected, the appropriate content reason box(es) will show.**

Verbal Order   
 **Date:**     
 **Time:**

**Content Reason(s):**  
 Medications     Supplies  
 Calendar     Diagnoses     Level Of Care

Order Description
Medications
Supplies
Diagnoses

ORDER IN CURRENT EPISODE WITH UNAPPROVED HOSPICE RECERTIFICATION PLAN OF CARE UPDATE ORDER IN PENDING EPISODE

A supply is added and another is voided.

Order Description Medications **Supplies** Diagnoses

New Transaction ▾ Delete Transaction Current Supplies

Drag a column header here to group by that column.

Transaction Type ▾	Supply	User	Transaction Date
VOID	NONE	ADMIN HCHB, CUSTOMER SUPPORT	09/01/2017 8:53:18 AM
ADD	ABD PAD	ADMIN HCHB, CUSTOMER SUPPORT	09/01/2017 9:08:26 AM

Save & Close Cancel

A diagnosis is added.

Order Description Medications Supplies **Diagnoses**

Primary Payor Coding Version: ICD-10

ICD-9 Codes ICD-10 Codes

Add Diagnosis + Add Optional Diagnosis

Move Up Move Down Edit Delete

Order	ICD Code	Description	Onset/Exacerbation	Onset/Exacerbation Date	Type	Sym Ctrl Rtg	Related
1	C50.912	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	EXACERBATION	04/28/2017	D		Y
2	C44.320	SQUAMOUS CELL CARCINOMA OF SKIN OF UNSPECIFIED PARTS OF FACE	EXACERBATION	05/01/2017	D		Y
3	C79.89	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	EXACERBATION	05/01/2017	D		Y
4	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	EXACERBATION	09/01/2017	D		Y

Save & Close Cancel

The order in the current benefit period is approved via workflow. Since the benefit period is within the recertification window, the Hospice Recertification Plan of Care Update Order updates as follows:

The medication is added to the Hospice Recertification Plan of Care Update order.

Order Description Orders Goals Pathway/Care Plan Level Of Care Medications Supplies Vital Sign Parameters Diagnoses

Add Transaction Edit Transaction Delete Transaction Current Medications

Drag a column header here to group by that column.

Transaction Type	Medication	Dose	Frequency	Amount	Route	Alt. Route	Reason
ADD	SEKOT ORAL	8.6 MG	AS NEEDED	1 TAB			CONST
ADD	SKIN PREP WIPES	1 WIPE	DAILY AS NEEDED	1 WIPE		TOPICALLY	SKIN P
ADD	WOUND AND SKIN CLEANSER TOPICAL	1 UNIT	DAILY	1 UNIT			L BELC
ADD	12 HOUR DECONGESTANT ORAL	120 MG	2 TIMES DAILY	1			CONGE

Change D/C Date: Change D/C Date

Save & Close Cancel

The added supply is added to the Hospice Recertification Plan of Care Update order and the voided supply is removed.

Order Description Orders Goals Pathway/Care Plan Level Of Care Medications Supplies Vital Sign Parameters Diagnoses

New Transaction Delete Transaction Current Supplies

Drag a column header here to group by that column.

Transaction Type	Supply	User	Transaction Date
ADD	ABD PAD	KBLAKEMAN	09/01/2017 9:23:04 AM

Save & Close Cancel

The diagnosis is added to the Hospice Recertification Plan of Care Update order.

Order Description Orders Goals Pathway/Care Plan Level Of Care Medications Supplies **Diagnoses**



**Primary Payor Coding Version: ICD-10**

ICD-9 Codes ICD-10 Codes

**Add Diagnosis** + Add Optional Diagnosis

Move Up **Move Down** **Edit** **Delete**

Order	ICD Code	Description	Onset/Exacerbation	Onset/Exacerbation Date	Type	Sym Ctrl Rtg	Related
1	C50.912	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	EXACERBATION	04/28/2017	D		Y
2	C44.320	SQUAMOUS CELL CARCINOMA OF SKIN OF UNSPECIFIED PARTS OF FACE	EXACERBATION	05/01/2017	D		Y
3	C79.89	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	EXACERBATION	05/01/2017	D		Y
4	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	EXACERBATION	09/01/2017	D		Y

**Save & Close**  **Cancel** 

**Example #2:**

In the second example an order is written in the current benefit period to add medications, supplies and diagnoses. In the pending benefit period, the Hospice Recertification Plan of Care Update Order is present and approved.

Add Patient Order for
\_ □ ×

Order Details

Order Date: *	Order Time: *	Order Type: *	ABN Delivered To Patient:	Order Read Back To Physician/Agent Of Physician?
09/07/2017	02:25 PM	HOSPICE PHYSICIAN ORDER	N/A	Y

Primary Physician:  X Q      Secondary Physician:  Q

Send To Physician   
  Wound Care Order   
  Send To Facility   
 **NOTE: After Order Type is selected, the appropriate content reason box(es) will show.**

Verbal Order   
 Date:    
 Time:

Content Reason(s):

Medications   
  Supplies   
  Vital Sign Parameters  
 Calendar   
  Diagnoses   
  Level Of Care

Order Description    Medications    Supplies    Diagnoses

MEDICATION, SUPPLY, DIAG ORDER IN CURRENT EPISODE AFTER HOSPICE RECERTIFICATION POC UPDATE ORDER APPROVED IN PENDING EP

[Spell Check](#)

[Save & Close](#)    [Cancel](#)

A supply is added, voided and discontinued.

Order Description Medications **Supplies** Diagnoses

New Transaction ▾ Delete Transaction Current Supplies

Drag a column header here to group by that column.

Transaction Type ▾	Supply	User	Transaction Date
ADD	ACE WRAP	KBLAKEMAN	09/07/2017 3:53:31 PM
VOID	GAIT BELT	KBLAKEMAN	09/07/2017 3:53:31 PM
DC	WASH CLOTH DISPOSABLE	KBLAKEMAN	09/07/2017 3:53:31 PM

Save & Close 📄 Cancel ⌛

A diagnosis is added.

Order Description Medications Supplies **Diagnoses**

Primary Payor Coding Version: ICD-10

ICD-9 Codes ICD-10 Codes

Add Diagnosis + Add Optional Diagnosis

Move Up Move Down Edit Delete

Order	ICD Code	Description	Onset/Exacerbation	Onset/Exacerbation Date	Type	Sym Ctrl Rtg	Related
8	Z87.440	PERSONAL HISTORY OF URINARY (TRACT) INFECTIONS	EXACERBATION	04/20/2015	D		
9	Z99.81	DEPENDENCE ON SUPPLEMENTAL OXYGEN	EXACERBATION	04/21/2015	D		
10	Z79.01	LONG TERM (CURRENT) USE OF ANTICOAGULANTS	EXACERBATION	04/20/2015	D		
11	Z74.01	BED CONFINEMENT STATUS	EXACERBATION	04/21/2015	D		
12	Z51.5	ENCOUNTER FOR PALLIATIVE CARE	ONSET	04/21/2015	D		
13	C22.0	LIVER CELL CARCINOMA	EXACERBATION	09/07/2017	D		Y

Save & Close 📄 Cancel ⌛

Once the order is approved. The updates to the supplies and diagnoses are added to the pending benefit period. The supply actions are applied directly to the supply list.

Supply	Date Entered	DC By	DC Date	Entered By	Voided By
NONE	08/29/2017			KBLAKEMAN	
BRIEFS/BLADDER CONTROL PADS	08/29/2017			KBLAKEMAN	
CHUXS	08/29/2017			KBLAKEMAN	
GLOVES	08/29/2017			KBLAKEMAN	
TOOTHETTES	08/29/2017			KBLAKEMAN	
SHAMPOO/BODYWASH	08/29/2017			KBLAKEMAN	
CALMOSPETINE	08/29/2017			KBLAKEMAN	
WASH CLOTH DISPOSABLE	08/29/2017	KBLAKEM...	09/07/2017	KBLAKEMAN	
HAND SANITIZER	08/29/2017			KBLAKEMAN	
GAIT BELT	08/29/2017			KBLAKEMAN	KBLAKEMA
ACE WRAP	09/07/2017			KBLAKEMAN	

Print    Hide Voided and D/C Supplies    Close

The diagnosis is added to the patient's referral.

Order	ICD Code	Description	Onset/Exacerbation	Onset/Exacerbation Date	Type	Sym Ctrl Rtg	Related
1	G30.9	ALZHEIMER'S DISEASE, UNSPECIFIED	EXACERBATION	04/20/2015	D		Y
2	F03.90	UNSPECIFIED DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE	EXACERBATION	04/20/2015	D		Y
3	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	EXACERBATION	04/20/2015	D		Y
4	I10	ESSENTIAL (PRIMARY) HYPERTENSION	EXACERBATION	04/20/2015	D		
5	R09.02	HYPOXEMIA	EXACERBATION	04/20/2015	D		
6	R63.4	ABNORMAL WEIGHT LOSS	EXACERBATION	04/21/2015	D		
7	Z86.711	PERSONAL HISTORY OF PULMONARY EMBOLISM	EXACERBATION	04/20/2015	D		
8	Z87.440	PERSONAL HISTORY OF URINARY (TRACT) INFECTIONS	EXACERBATION	04/20/2015	D		
9	Z99.81	DEPENDENCE ON SUPPLEMENTAL OXYGEN	EXACERBATION	04/21/2015	D		
10	Z79.01	LONG TERM (CURRENT) USE OF ANTICOAGULANTS	EXACERBATION	04/20/2015	D		
11	Z74.01	BED CONFINEMENT STATUS	EXACERBATION	04/21/2015	D		
12	Z51.5	ENCOUNTER FOR PALLIATIVE CARE	ONSET	04/21/2015	D		
13	C22.0	LIVER CELL CARCINOMA	EXACERBATION	09/07/2017	D		Y

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