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An Individual Is Considered To Be Terminally Ill If The

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Geographic Jurisdiction (map Below) To Process Medicare Part A And Part B Claims. CMS Relies On A Network Of MACs To Serve As The Primary Operational Contact Between The Medicare Program And Individual Providers (i.e., Hospice Agencies) Enrolled In The Medicare Program. Jan 13th, 2024

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Note: A Hospice Agency Or Documentation Vendor May Request As Part Of Their Internal Policy That Two Physician Signatures Are Obtained At The Start Of Care For Each Benefit Period. This Is Not A Centers For Medicare & Medicaid Services (CMS) Mandate, It Is An Internal Policy. Seethe Jan 8th, 2024

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Documentation By The Physician And A Change On The Next CTI, But No New Mid-benefit Period CTI. AHPCO Spring Conference 05/23/2014 [www.ahpco.org](http://www.ahpco.org) 11 NEVER-PRIMARY ICD-9 DIAGNOSES Never-primary ICD-9 Diagnoses • HIPAA: Hospice Must Follow Coding

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