

## Comparative Coding Agency / Client Profile

Agency Name:

Agency Address:

Phone:

Fax:

Email:

Contact Person and Title:

### Four Simple Steps!

1. Select one or two current assessments your Agency **has already billed**. (Unbilled assessments are not accepted.)
2. Fill out all Agency information above.
3. Remove all HIPAA related information from assessments (Patient Name, month/day of birth, Social Security Number and/or Medicare number...*if different*) unless a business associate agreement is already in place with NCC.
4. **Fax Assessment (s) and completed form as your cover page to (877) 786-4977.**

OR

### CONTACT US FOR ALTERNATIVE OPTIONS TO SEND PATIENT ASSESSMENTS

Our expert CQA and coding staff will review these Assessments and return our recommendations and coding. *(Please allow up to 5 business days for comparative reports to be completed)*

### REQUIRED DOCUMENTATION CHECKLIST

#### HOME HEALTH

- SOC Comprehensive Assessments: (Start of Care)
- Face to Face Physician Encounter Form
- CPC, Physician Orders or Referral for Start of Care
- Current Comprehensive Assessment including OASIS items
- 485 / Plan of Care / Plan of Treatment
- Goals (if not within OASIS documents)
- Medication Profile
- History & Physical (H&P), Discharge summary, or both. Based on patient preadmission status (if available).
- Any Therapy evaluation and/or Plan of Treatment (completed within the first five (5) days of certification period).

#### HOSPICE

- HIS Documentation (Health Information Set)
- Current Comprehensive Assessment
- CTI (Certification of Terminal Illness)
- Face to Face Physician Encounter (if applicable)
- CPC, Physician Orders or Referral for Start of Care
- 485 / Plan of Care / Plan of Treatment
- Medication Profile
- History & Physical (H&P), Discharge summary, or both. Based on patient preadmission status (if available).