CUSTOMER.....CAF/FAC

PROVINCE.....NF

POC 08

LANGUAGE.....E

PRINT DATE: MAY 02, 2025

PROVINCE: NF
PROGRAM OF CHOICE: 08 - NURSING SERVICES

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHORIZATION GROUP A	PRE-AUTHORIZATION GROUP B	FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
CFHS REQUESTED OT REPORTS	230312	01-08-2015			YES			$120.00 PER HOUR	Y	FOR AMENDMENTS AND ADDITIONAL JUSTIFICATION
HOME CARE - MEDICAL SUPPLIES	230330	01-08-2015	MD,NP,RN,PA							
HOME CARE - NURSING ASSESSMENT BY RN	230302	01-05-2025	MD,NP,RN,PA		YES			$50.00/HR	Y	1 OCCURRENCE = 1 VISIT / SEE NOTE 1 FOR REPORT REQUIREMENTS
HOME CARE - NURSING VISIT	230300	01-05-2025	MD,NP,PA		YES				Y	1 OCCURRENCE = 1 VISIT / SEE NOTE 1 FOR REPORT REQUIREMENTS
HOME CARE - NURSING VISIT BY LPN/RPN	230311	01-05-2025	MD,NP,RN,PA		YES				Y	1 OCCURRENCE = 1 VISIT / SEE NOTE 1 FOR REPORT REQUIREMENTS
HOME CARE - PERSONAL SUPPORT	230310	01-05-2025	MD,NP,RN,OT PA		YES				Y	1 OCCURRENCE = 1 VISIT / SEE NOTE 2 FOR REPORT REQUIREMENTS
OTHER ESSENTIAL NURSING SERVICES	230361	01-05-2025	MD,NP,PA		YES				Y	1 OCCURRENCE = 1 VISIT
TAXES - GST/HST (GST/HST REGISTRATION NUMBER REQUIRED)	0GST	01-06-2010								

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- SPECIAL NOTE 1: PROVIDER NOTE: VERIFY PROVIDER PKG FOR REPORT REQUIREMENTS

- SPECIAL NOTE 2: PROGRESS REPORTS EVERY 2 MONTHS AND DISCHARGE NOTE ON ALL CLIENTS