



GROVE MEDICAL

MEDICARE PART B REFERENCE GUIDE

ENTERAL NUTRITION SUPPLIES

- Patient must be fed through Gastrostomy/Jejunostomy tube or Nasogastric tube
- Patient must have permanent impairment. The condition is of long and indefinite duration (at least 3 months).
- Tube feeding must be required to provide sufficient nutrients to maintain patient's weight and strength.
- Covered items:
 - Enteral Nutrition Formula
 - Supply kits
 - Syringe Fed- syringe, administration set tubing, dressings, tape
 - Pump Fed- syringe, administration set tubing, dressings, tape
 - Gravity Fed- administration set tubing, dressings, tape
 - Feeding bag/container, flushing solution bag/container
 - Gastrostomy/Jejunostomy tubes, and Nasogastric tubes
 - ** (more than 3 NG tubes or 1 G/J tube every 3 months is NOT reasonable and necessary)

OSTOMY SUPPLIES

- Patient must have a surgically created opening to divert urine, or fecal contents outside of the body.
- Commonly covered items:
 - *Skin barriers
 - *Drainable pouch/Closed pouch
 - *Seal/skin barrier ring
 - *Paste
 - *Adhesive remover wipes
 - *Skin prep wipe
 - *Deodorant/Appliance cleaner
 - *Powder
 - *Belt
 - *Tape
 - *Bedside drainage bags for Urostomy

PAPERWORK REQUIREMENTS

- Face Sheet
- Copy of insurance card(s)
- Copy of Facility Chart Order (signed and dated by Physician or N.P)
- Completed Grove Enteral Order Form
- Additional documentation required:
 - *Face to Face/Progress Notes/History & Physical
- Other documentation may be required for special formula:
 - *Consultation Notes, Swallowing Study, Surgical Notes, Post Op Report, Medication Record, Fingerstick Record
- **Completed Grove Enteral Order Form signed and dated by Physician or N.P serves as a Detailed Written Order which is required by Medicare.

PAPERWORK REQUIREMENTS

- Face Sheet
- Copy of insurance card(s)
- Copy of Facility Chart Order (signed and dated by Physician or N.P)
- Completed Grove Ostomy Order Form
- Additional documentation required:
 - *Face to face/Progress Notes/History & Physical
- **Completed Grove Ostomy Order Form signed and dated by Physician or N.P serves as a Detailed Written Order which is required by Medicare.

***Contact Grove Medical, Inc by Phone: (864)269-0283 or Fax: (864)272-1569**

Orders received by 12:00pm EST, will be shipped the same day pending all documentation requirements are met.



GROVE MEDICAL
THIRD PARTY REFERENCE GUIDE
(MEDICARE PART B)

UROLOGICAL SUPPLIES

- Patient must have permanent urinary incontinence or retention that is not expected to be medically or surgically corrected within 3 months
- Covered items
 - Indwelling Catheter Kit:
 - Foley Catheter
 - Insertion Tray
 - Urinary Drainage Bag
 - Intermittent Catheter
 - Male External Catheter
 - Leg bag and leg strap
 - Catheter Securement Device or Tape

WOUND SUPPLIES

- Surgical dressings are covered when either of the following criteria are met:
 1. They are required for the treatment of a wound caused by, or treated by, a surgical procedure; OR
 2. They are required after the debridement of a wound.
- Commonly covered items:
 - *Hydrocolloid: II, III, IV, Unstageable
 - *Hydrogel (wound cover and wound filler): III, IV, Unstageable
 - *Foam (adhesive or non-adhesive): III, IV, Unstageable
 - *Composite: II, III, IV, Unstageable
 - *Calcium Alginate: III, IV, Unstageable-Mod/Heavy exudate
 - *Transparent Film: II, III, IV, Unstageable
 - *Specialty Absorptive: III, IV, Unstageable
 - *Gauze (impregnated and non-impregnated): II, III, IV, Unstageable
 - *Bordered Gauze: II, III, IV, Unstageable
 - *Rolled or Conforming Gauze: II, III, IV, Unstageable
 - *Compression Bandage: II, III, IV, Unstageable
 - *Tape (for dressing securement): II, III, IV, Unstageable

TRACH CARE SUPPLIES

- Covered following an open surgical tracheostomy which has been open and is expected to remain open for at least 3 months
- Commonly covered items:
 - *Trach care kits (starter kit-1st week post op, established kit thereafter)
 - *Trach tube (1-3 months)

PAPERWORK REQUIREMENTS

- Face Sheet
- Copy of insurance card(s)
- Copy of Facility Chart Order (signed & dated by Physician or N.P)
- Completed Grove Urological Order Form
- Additional documentation required for specialty indwelling catheters:
 - Coude, Silicone (latex free), Silver
 - *documentation such as recurrent encrustation, inability to pass a straight catheter, or sensitivity to latex
- Face to Face/Progress Notes/History & Physical
- **Completed Grove Urological Order Form signed and dated by Physician or N.P serves as a Detailed Written Order which is required by Medicare.

PAPERWORK REQUIREMENTS

- Face Sheet
- Copy of insurance card(s)
- Copy of Facility Chart Order (signed and dated by Physician or N.P)
- Completed Grove Wound Order Form
- Supporting documentation required:
 - Wound Assessment/ Wound Roster
- **Completed Grove Wound Order Form signed and dated by Physician or N.P as a Detailed Written Order which is required by Medicare.

PAPERWORK REQUIREMENTS

- Face sheet and copy of insurance card(s)
- Copy of Facility Chart Order (signed & dated by Physician or N.P)
- Operative Report (if tracheostomy was performed within the past year)
- Completed Grove Order Form
- Face to Face/Progress Notes/History & Physical