GROVE MEDICAL, INC
1089 Park West Blvd
Greenville, SC 29611
864-269-0283

PART B BILLING QUICK REFERENCE GUIDE

According to CMS regulations, specific documentation is required by Grove Medical, Inc. in order to properly ship and bill. In an effort to remain compliant with all Federal and State regulations, this documentation must be sent to us BEFORE an order is placed to insure proper delivery of product and also for reimbursement of those item(s).

All orders regardless of supply needed must contain the primary information listed below as well as specific information listed under each category heading at the time of order:

Completed Resident/Patient Face sheet. This sheet should include the following information:

- Resident's/Patient's Full Name and demographic information
- Social Security Number
- Insurance information for all policies with front AND back copies of card(s)

Detailed Written Physician's Order (DWO) which includes the following:

- Beneficiary's name
- Physician's name and NPI
- Date of the order and the start date (if different)
- Detailed description of each item ordered
- Physician's signature and date
- Route of administration for enteral feeding patients (Syringe, Pump, Gravity) (and if bolus how it will be administered). If pump fed, rate of administration.
- Frequency of use ("PRN" or "as needed" not acceptable)
- Quantity to be dispensed. If enteral, calories/day
- Number of Refill(s) or expected length/duration of need

Updated History and Physical as documented in the Official Medical Record demonstrating Medicare coverage criteria are met.

Updated Face to Face physician signed examination of the patient.

Most recent physician signed Progress Note.

Most recent Discharge Summary if patient has recently been discharged from another facility.

We may send specific Medicare, Medicaid, or other required insurance forms for physician completion. These may require annual updates or more frequently as required by regulations.

"Physician" notes

- If a signature is illegible, the specific physician's printed name should be indicated on the form or a signature log or a medical record signature attestation would be needed.
- Physician Assistants and Nurse Practitioners may document medical necessity, including order and Certificates of Medical Necessity, in place of a physician when they are treating the beneficiary for the condition for which the item is needed, are within their state defined scope of practice, and meet CMN practitioner requirements defined in Chapter 15 of Publication 100-02 (Benefit Policy Manual).

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ENTERAL NUTRITION:

- Detailed written physician, NP, or PA signed order.
- Documentation of the height and weight of the patient
- A Clinical Diagnosis (ICD) related to the item(s) ordered must be sent. “Failure to Thrive” or “Anorexia” are insufficient.
- If a special nutritional formula is required (e.g., Glucerna, Diabetisource), send additional documentation demonstrating the medical need/severity of patient’s condition necessitating that formula (e.g., history, physical, diagnostic/lab studies, swallowing studies, medication adjustments to control condition, clinical response to prior standard formula).

UROLOGICAL SUPPLIES:

- Detailed written physician, NP, or PA signed order.
- A Clinical Diagnosis (ICD) related to the item(s) ordered and the primary diagnosis responsible for the incontinence must be sent. Urological supplies are only covered for patients with permanent urinary incontinence or retention.

OSTOMY SUPPLIES:

- Detailed written physician, NP, or PA signed order.
- A Clinical Diagnosis (ICD) related to the item(s) ordered and the primary diagnosis responsible for product(s) needed (i.e. ostomy status, colon cancer) must be sent.

WOUND CARE: (only covered for surgical or debrided wounds)

- Detailed written physician, NP, or PA signed order. In addition to basic DWO guidelines, this order must include type of dressing (e.g. hydrocolloid wound cover, hydrogel wound filler, etc.), size of dressing (if appropriate), number/amount to be used at one time (if more than one), frequency of dressing change.
- Physical location of wound and number of wound(s)
- Dated information defining the number of surgical/debrided wounds being treated with a dressing, reason for dressing use (e.g., surgical wound, debrided wound), and whether dressing is used as primary or secondary dressing.
- Grove Medical wound order form may be used, but clinical records must support information on that order form.

TRACHEOSTOMY SUPPLIES:

- Detailed written physician, NP, or PA signed order.
- Tracheostomy date (if within 2 weeks post-operative)

The Medicare Department of Grove Medical, Inc. MUST be notified immediately regarding any change(s) in resident/patient status including, but not limited to the following:

- Change of Patient Status (e.g., admission/readmission dates to acute care facility, Hospice admission/discharge dates, date of death, home health name and episode dates, any insurance changes with effective/termination dates).
- Change in supply need (e.g., catheter size, quantity, nutrition method of administration, nutrition feeding rate, nutrition calories/day, enteral formula brand)

Additional documentation may be required as requested by Medicare, Medicaid, or individual insurance company regulations and/or for periodic audit verification.