



A NEW STANDARD OF CARE

Patient Focused. Partnership Driven.



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CMS COMPLIANCE

DOCUMENTATION

- ☒ Place of Service 12
- ☒ Up to 30 days

☐ Additional documentation, that may support the medical necessity of the item billed include:

- ☐ Frequency of change;
- ☐ Route of administration;
- ☐ Duration of need.

☐ The practitioner's signature on the written order meets CMS Signature Requirements

☐ Delivery Documentation

| Direct Delivery | Shipped/Mail Order Tracking Slip | Shipped/Mail Order Return Post-Paid Delivery Invoice |
|---|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Beneficiary's name <input type="checkbox"/> Delivery address <input type="checkbox"/> Quantity delivered <input type="checkbox"/> A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. <input type="checkbox"/> Delivery date <input type="checkbox"/> Signature of person accepting delivery <input type="checkbox"/> Relationship to beneficiary | <ul style="list-style-type: none"> <input type="checkbox"/> Shipping invoice <ul style="list-style-type: none"> <input type="checkbox"/> Beneficiary's name <input type="checkbox"/> Delivery address <input type="checkbox"/> A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. <input type="checkbox"/> Quantity shipped <input type="checkbox"/> Tracking slip <ul style="list-style-type: none"> <input type="checkbox"/> References each individual package <input type="checkbox"/> Delivery address <input type="checkbox"/> Package I.D. #/number <input type="checkbox"/> Date shipped <input type="checkbox"/> Date delivered <input type="checkbox"/> A common reference number (package ID #, PO #, etc.) links the invoice and tracking slip (may be handwritten on one or both forms by the supplier) | <ul style="list-style-type: none"> <input type="checkbox"/> Shipping invoice <ul style="list-style-type: none"> <input type="checkbox"/> Beneficiary's name <input type="checkbox"/> Delivery address <input type="checkbox"/> A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. <input type="checkbox"/> Quantity shipped <input type="checkbox"/> Date shipped <input type="checkbox"/> Signature of person accepting delivery <input type="checkbox"/> Relationship to beneficiary <input type="checkbox"/> Delivery date |

If your Physician has
DME PTAN,
Use Encore Product and
Billing NOW !

If Not,
Will help Documentation,
takes 4 - 6 weeks



DOCUMENTATION CHECKLIST SURGICAL DRESSINGS

- REQUIRED DOCUMENTATION**
- ☐ Standard Written Order (SWO)
 - ☐ The SWO contains all of the following elements:
 - ☐ Beneficiary's name or Medicare Beneficiary Identifier (MBI)
 - ☐ Order Date
 - ☐ General description of the item
 - ☐ The description can be either a general description (e.g., "wound dressing" or "hospital gown"), a HCPCS code, a HCPCS code narrative, or a brand name/model number
 - ☐ For supplies – In addition to the description of the item, the SWO may include all concurrently ordered options, accessories or additional features that are separately listed or require an additional code (List each separately)
 - ☐ For supplies – In addition to the description of the item, the DMEPOS order description may include all concurrently ordered supplies that are separately listed (List each separately)
 - ☐ Quantity to be dispensed, if applicable
 - ☐ Treating Practitioner Name or NPI
 - ☐ Treating Practitioner's signature
 - ☐ Any changes or corrections have been initialed and dated by the ordering practitioner.
 - ☐ Additional documentation, that may support the medical necessity of the item billed include:
 - ☐ Frequency of change;
 - ☐ Route of administration;
 - ☐ Duration of need.
 - ☐ The practitioner's signature on the written order meets CMS Signature Requirements
 - ☐ <https://www.cms.gov/medicare-eligibility-and-education/beneficiary-education/medicare-eligibility>
- WRITTEN ORDER REMINDERS**
- Suppliers should not submit claims to the DME MAC prior to obtaining a standard written order.
 - Items billed to the DME MAC before a completed standard written order have been reviewed must be submitted with modifier 51.
 - A new order is needed if a new dressing is added or if the quantity of an existing dressing is increased every 3 months for each dressing being used.

DOCUMENTATION CHECKLIST
SURGICAL DRESSINGS

☐ Build Request

Items Were Obtained in Person at a Retail Store

- ☐ Signed Delivery Slip
 - ☐ Beneficiary's name
 - ☐ Delivery address
 - ☐ Quantity delivered
 - ☐ A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number.
 - ☐ Delivery date
 - ☐ Signature of person accepting delivery
 - ☐ Relationship to beneficiary

OR

Delivered States Request

- ☐ Beneficiary's name
- ☐ Delivery address
- ☐ Quantity delivered
- ☐ A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number.
- ☐ Delivery date
- ☐ Signature of person accepting delivery
- ☐ Relationship to beneficiary

Written Build Request Received from the Beneficiary

- ☐ Name of beneficiary or authorized rep (include relationship)
- ☐ Description of each item being requested
- ☐ Quantity of each item requested
- ☐ Request was not received any earlier than 14 calendar days prior to the delivery date
- ☐ Supplier was notified no later than 10 calendar days prior to the end of usage (or the current product)

Telephone Conversation Between Supplier and Beneficiary

- ☐ Beneficiary's name
- ☐ Name of person contacted (if someone other than the beneficiary, include the person's relationship to the beneficiary)
- ☐ Description of each item being requested
- ☐ Date of call
- ☐ Quantity of each item requested
- ☐ Contact was not made any earlier than 14 calendar days prior to the delivery date
- ☐ Supplier was notified no later than 10 calendar days prior to the end of usage (or the current product)

Delivery Documentation

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|---|--|---|
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NOTE: If a supplier obtains a telephone service or mail order, suppliers have two options for the DCO to use on the claim:

- Suppliers may use the shipping label as the DCO. The shipping label is defined as the date the delivery/shipping service label is created on the date the item is shipped for the shipping service for delivery. However, such date should not demonstrate significant variation.
- Suppliers may use the date of delivery as the DCO on the claim.

All of the Following Criteria Are Met

- ☐ The medical records confirm that the surgical dressings are required for one of the following reasons:
 - ☐ The treatment of a wound caused by, or treated by, a surgical procedure, or
 - ☐ When required after deployment of a wound, regardless of the deployment technique.
- ☐ The surgical dressing code was linked into modifier 51.
- ☐ Medical Records can be documentation from the physician, nursing home, or home care and should include:
 - ☐ For mail-order medical evaluations, the treating practitioner's medical record, nursing home, or

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PROCEDURE EXAMPLE

| Fee Schedule | | |
|--------------------------|--------------------|--------------|
| Product Description Unit | 2025 Reimbursement | Encore Price |
| Collagen Powder 1g | \$ 43.27 | \$ 15.00 |
| Collagen Dressing 1"x1" | \$ 29.38 | \$ 13.50 |
| Collagen Dressing 2"x2" | \$ 29.38 | \$ 12.00 |
| Collagen Dressing 7"x7" | \$ 265.90 | \$ 120.00 |
| Collagen Dressing 5"x10" | \$ 265.90 | \$ 120.00 |

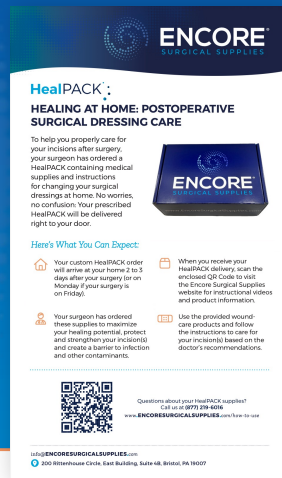


ENCORE
SURGICAL SUPPLIES

Sample Workbook

| Wound Size | Number of Incisions | Products | Days | Total Reimbursement | Encore Invoice | Net | |
|--|---------------------|-------------------------|------|---------------------|----------------|--------------|-------------|
| | | | | | | w/ secondary | w/ Medicare |
| Small Wound (Stalled Wound) | 1 | Collagen Powder 1g | 30 | \$ 1,298.10 | \$ 450.00 | \$ 848.10 | \$ 588.48 |
| Large Incision (Total Knee, Total Hip, Total Shoulder) | 1 | Collagen Dressing 7"x7" | 21 | \$ 5,583.90 | \$ 2,520.00 | \$ 3,063.90 | \$ 1,947.12 |
| Multiple Small Incisions (RCR, Arthroscopic Knee) | 4 | Collagen Dressing 1"x1" | 14 | \$ 1,645.28 | \$ 756.00 | \$ 889.28 | \$ 560.22 |

PATIENT EXPERIENCE



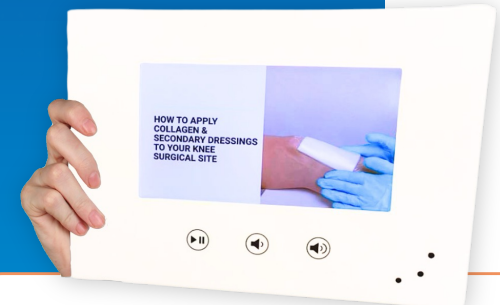
PATIENT HANDOUT

Patient receives an educational flyer, detailing the benefits of HealPACK and clear instructions on what to expect.



NEXT DAY

A supply of customized HealPACK dressings is conveniently delivered to their doorstep the next morning.



ONGOING CARE

Patient follows easy, step-by-step instructional videos to apply and change their dressings, ensuring proper wound care and faster recovery.

ABOUT ENCORE

Encore Surgical Supplies was born from the experience gained at Encore Wound Care, Ohio's largest wound care provider. Treating thousands of wounds weekly across multiple states, Encore identified the need to **raise the industry standard** for wound care products and processes.

Driven by a passion for improving lives, Encore Surgical Supplies delivers innovative solutions that **empower physicians and enhance patient outcomes**. Backed by Novo Health Care Services' proprietary software, including Wound Tracker and advanced billing systems, Encore ensures seamless workflows, compliance, and tailored support.

We're here to set a new standard in care—**one solution at a time.**



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ENCORE®
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THANK YOU




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