



A NEW STANDARD OF CARE

Patient Focused. Partnership Driven.



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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 OMO Signature Requirements

☐ **Delivery Documentation**

Direct Delivery	Shipped/Mail Order Tracking Slip	Shipped/Mail Order Return Post-Paid Delivery Invoice
<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	<input type="checkbox"/> Shipping invoice <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 <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)	<input type="checkbox"/> Shipping invoice <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**



REQUIRED DOCUMENTATION

- Standard Written Order (SWO)
 - The SWO contains all of the following elements:
 - Beneficiary's name or Medicare beneficiary identifier (MBI)
 - Date/Date
 - General description of the item
 - The description can be either a general description (i.e., "wheeled or hospital chair, 16" x 24", 20" x 24", 24" x 36", or a brand name/manufacturer name).
 - For equipment – in addition to the description of the base item, the SWO must include a description of accessories, attachments or additional features that are separately billed or used on an upgraded code (if not, state separately).
 - For supplies – in addition to the description of the base item, the CMSPOS order prescription may include all currently consumed supplies that are separately billed (at each visit).
 - Quantity to be dispensed, if applicable
 - Treating Practitioner Name & Title
 - Treating Practitioner Name & Title
 - Any changes or corrections have been initialed/dated and signed by the ordering practitioner.
 - Additional documentation, that may support the medical necessity of the item billed includes:
 - Physician's change
 - Referral of administration
 - Physician's change
 - Order of administration
 - The practitioner's signature or the written order must include CMS Signature Requirements
 - <https://cms.gsa.gov/Outreach/andEducation/Medicare-Signature-Requirements>

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 received must be submitted with modifier EY.
- A new order is needed if a new dressing is added or if the quantity of an existing dressing to be used is significantly over a 3 months for each dressing/dressing item used.

[illegible]

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

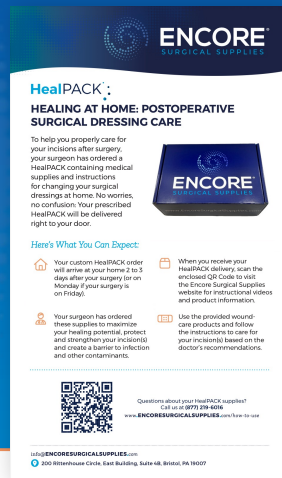


ENCORE
SURGICAL SUPPLIES

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



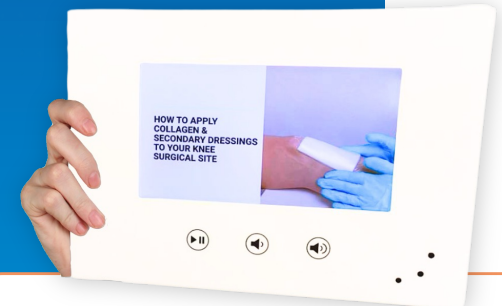
PATIENT HANDOUT

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.

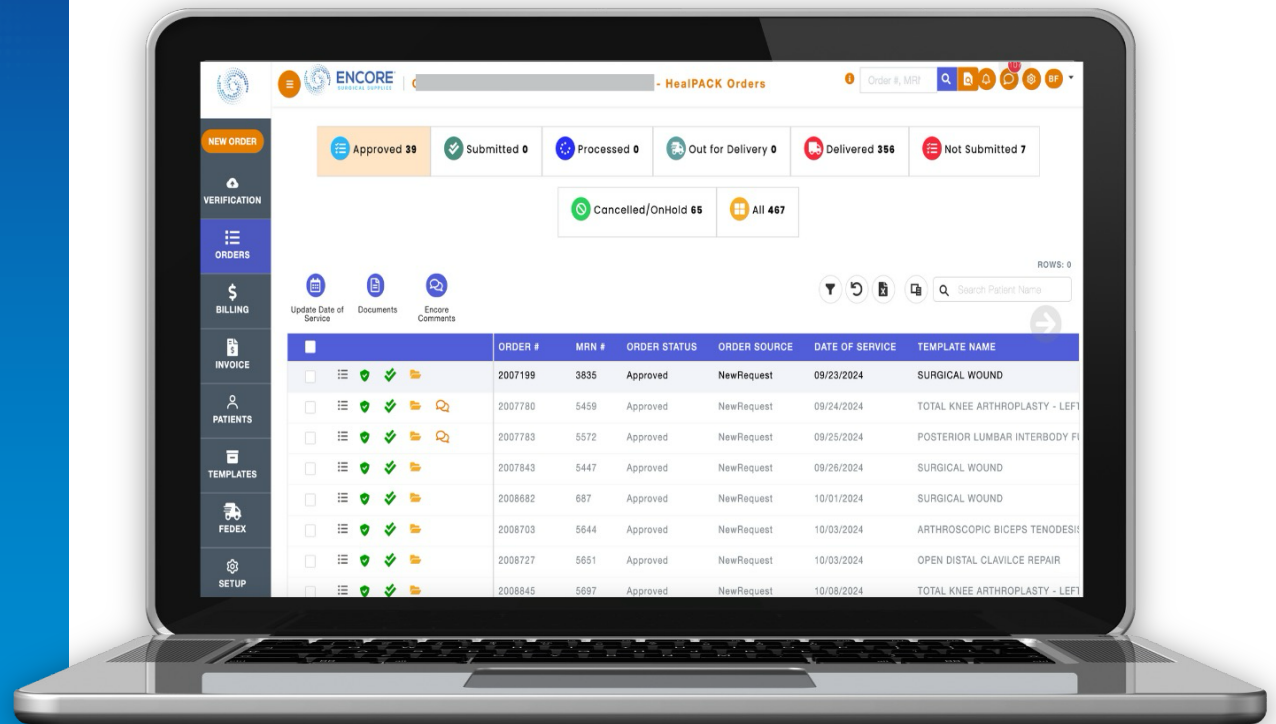


ONGOING CARE

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

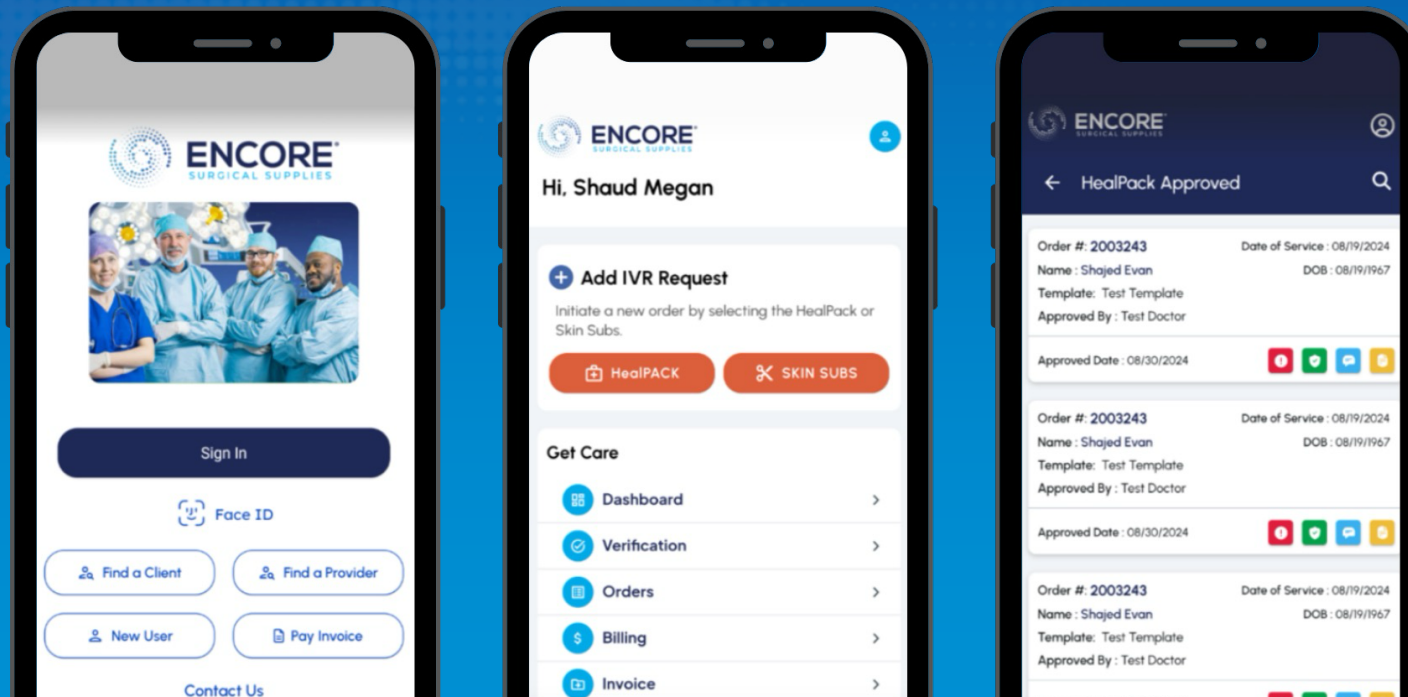
PARTNER PORTAL

- ✓ CMS Safeguards
- ✓ HIPAA Compliant
- ✓ Role Configuration Security
- ✓ Role Hierarchy
- ✓ Access Control
- ✓ Reconciliation





Convenient Access & Alerts



3-STEP PROCESS

Verification

Orders

Billing



 New Request 0	 Data Entry 0	 Client Alerts 10	 Pending IVR 15	 Denied 81	 All 106
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ADD INSURANCE VERIFICATION REQUEST - HealPACK


Client Provider Portal*

Dr.

Template*

Select...

Date Of Service*


MM/DD/YYYY 

Comments

Upload Facesheet*

or Drop a file here

Upload Supporting Documents

Clinical Notes 

3-STEP PROCESS

Verification

Orders

Billing



Approved 39	Submitted 0	Processed 0	Out for Delivery 0	Delivered 356	Not Submitted 7
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ENCORE
SURGICAL SUPPLIES

- Edit Order # 2007780

BF

Client Provider Portal*

Ordering Provider*

Patient*

Template*

TOTAL KNEE ARTHROPLASTY - ...

Date Of Service*

09/24/2024

Clinical Documentation Note

Wound Care Indications Discussed

Expected Outcomes Discussed

Precautions Discussed

Prevention of Complications Discussed

SURGICAL WOUND 1

ADD DOCUMENTATION

LOCATION

Site*

Knee - Left

Proximal/Distal

Select

Inferior/Superior

Select

Dorsal/Plantar

Select

Diagnosis Codes*

M17.12

MEASUREMENTS

Length (cm)*

18

Width (cm)*

1

Depth (cm)*

1

CHARACTERISTICS

Depth Exposure*

Full Thickness

Tunneling*

No

Undermining*

No

Exudate*

Serosanguinous

Exudate Amount*

Moderate

Eschar*

Not Present

Odor*

None

Erythema*

Not Present

Surrounding Skin*

Unremarkable

Temperature*

WNL

Edema*

Not Present

Pain*

No

Cellulitis*

Not Present

ADD ANCILLARY PRODUCT

FACESHEET

PRIMARY

SECONDARY

DOCUMENTS

COMMENTS

CLEAR

SAVE & CLOSE

PREVIEW

SUBMIT

CLOSE

3-STEP PROCESS

Verification

Orders

Billing



NEW ORDER

VERIFICATION

ORDERS

BILLING

INVOICE

PATIENTS

TEMPLATES

FEDEX

SETUP

- Billing

Billing Alerts 29

Ready To Bill 27

Billed 3

Collection 128

Denied 0

Partial Paid 1

All 327

Billing Review

Print Medical Necessity

Download Medical Necessity

Print CMS 1500

Change Status to Billed

Documents

Encore Comments

Search D

	ORDER #	ORDER TYPE	DATE OF SERVICE	SHIPPED DATE	DELIVERED DATE	FOLLOWUP DATE	TOTAL UN
<input type="checkbox"/>	2003784	HealPACK	07/31/2024	08/01/2024	08/02/2024 07:47:00 AM		
<input type="checkbox"/>	2007193	HealPACK	09/17/2024	09/18/2024	09/19/2024 09:19:00 AM		
<input type="checkbox"/>	2007774	HealPACK	09/23/2024	09/24/2024	09/25/2024 11:25:00 AM		
<input type="checkbox"/>	2006825	HealPACK	09/27/2024	09/28/2024	09/30/2024 08:46:00 AM		
<input type="checkbox"/>	2008704	HealPACK	10/03/2024	10/04/2024	10/05/2024 11:30:00 AM		
<input type="checkbox"/>	2008707	HealPACK	10/03/2024	10/04/2024	10/05/2024 09:41:00 AM		
<input type="checkbox"/>	2008729	HealPACK	10/03/2024	10/04/2024	10/05/2024 11:40:00 AM		
<input type="checkbox"/>	2008730	HealPACK	10/03/2024	10/04/2024	10/05/2024 11:34:00 AM		
<input type="checkbox"/>	2008731	HealPACK	10/03/2024	10/04/2024	10/05/2024 09:25:00 AM		

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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THANK YOU



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