

# ProMedB Billing Specialists: Roster Method

**Med B and Insurance Roster**  
**ProMedB Billing Specialist**

Service Dates: 09/23/2016  
Roster Request Date: 10/10/2016  
Anniversary Date: 10/21/2016  
Order Frequency: Monthly / 30 days  
EMR Access: NO  
EMR Name:

**SUPPLIER:**  
Professional Medical, Inc. / ProMedB Billing Services  
1917 Garnet Court  
New Lenox, IL 60451  
Phone: 800-648-5190 / Fax: 855-656-6332  
Sales Rep Name: First Last  
Sales Rep Email: salesrep@promedsupply.com

12345 (FT ID: 1234)  
Facility Name  
Facility Address Line 1  
Facility Address Line 2  
CITY  
Contact Name: First Last  
Contact Email: contact@facility.com

ST 12345

**\*\*\* IN ORDER TO PROCESS - FACILITY CENSUS for the COMPLETE PREVIOUS MONTH for ALL PAYOR TYPES MUST BE INCLUDED \*\*\***

Patient Name	Patient Number	Patient Payor Info	Faciesheet Patient Start Date	POS Start Date	AOB	CMN / Patient Hgt. (In)	CMN / Patient Wgt. (Lbs)	CMN / Dietary Assessment (Cals. / Day)	Patient Suspend Date
LAST FIRST	1234	Medicare Part B	1/1/2010	2/11/2010	Yes	63.00	125.00	1875	
Product Number	ProMed Item Description								
M-154-57469	NUTRITIONALS OSMOLITE 1.5 CAL HI PROTEIN HI CAL 8OZ CAN UNFLV (24/CS)								
M-600-FKIT-R	KITS ENTERAL *BOLUS USE* DISP NS W/60CC PISTON SYRINGE LP COMPLIANCE SOLN (30/CS)								

**PATIENT DOCUMENTATION NEEDED**

Documentation Type	Frequency	Doc. Needed
POS / Physician Orders	Monthly	10/10/2016
Doctor Progress Notes	Monthly	September, 2016

**ENTERAL SPECIFIC**

Documentation Type	Frequency	Doc. Needed
Dietary Notes	Monthly	September, 2016

**SALES REP / FACILITY NOTES:**  
Last MD Notes 7/16

**Remaining Inventory / Refill Request**  
MANDATORY INFORMATION NEEDED  
o/ Send Supplies  
o/ Send Supplies

**Refill Request**  
Qty Ord: 148  
Refill Request: Yes or No  
28 Yes or No

**ANNIVERSARY DATE is your target delivery date, pending the Roster Deadline Return Date of 10/17/2016 is met.**

Print Date: 10/10/2016  
Ver 1.0



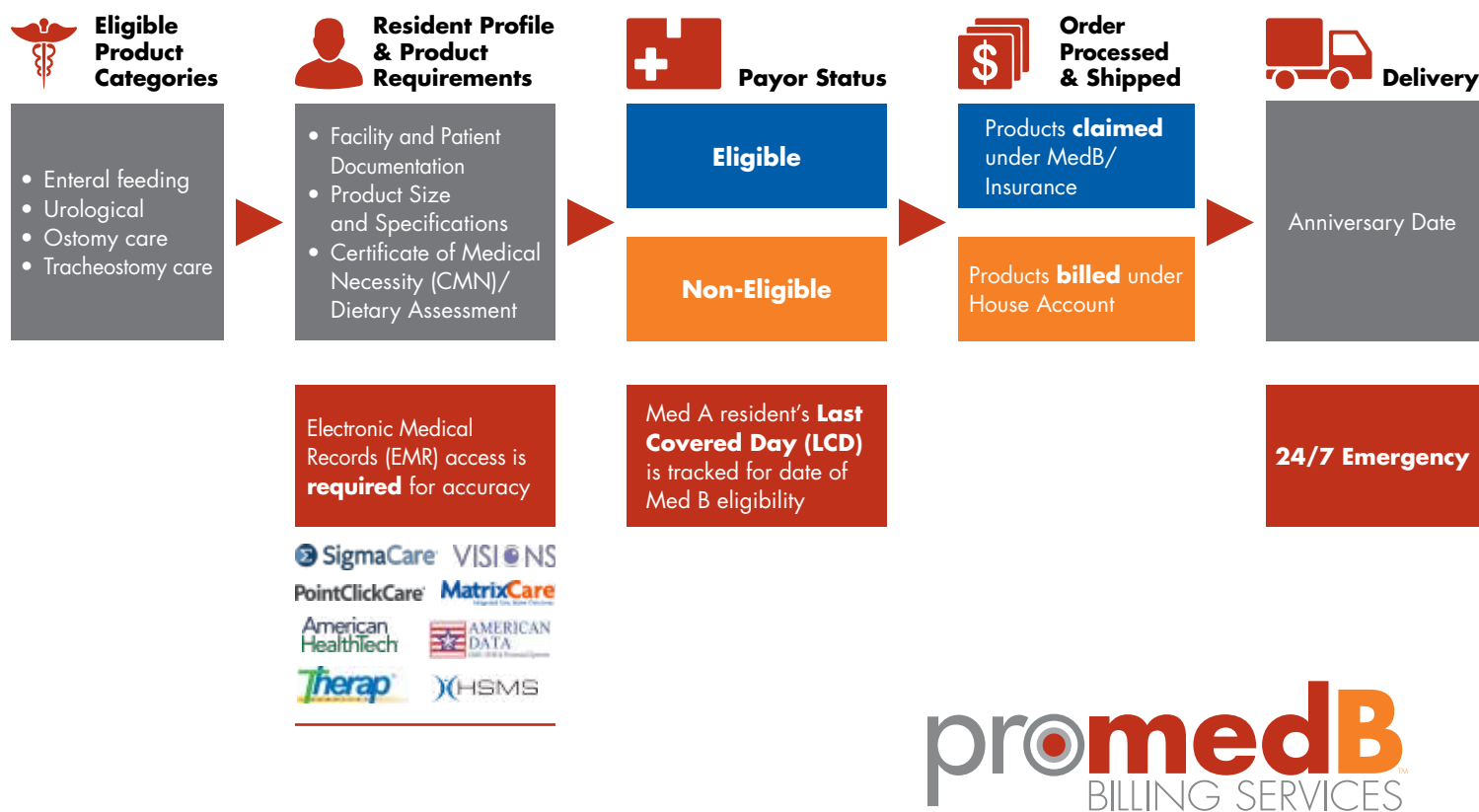
# Our Roster Method Works

**Professional Medical, Inc. (ProMedB)** has been a registered and accredited Medicare Part B provider to the long-term care market since 1982, over 34 years. ProMedB has one of the longest running Medicare Part B programs in the country and is completely blemish-free.

We are dedicated to reducing your bottom line by capturing all eligible Medicare Part B charges. Utilizing our **Roster Method**, ProMedB billing specialists will work with your staff to assure all charges for supplies provided to eligible residents are captured in these covered product categories: enteral feeding, urological, ostomy care, tracheostomy care and wound care. This roster assists with tracking, care responsibilities and survey preparedness.

**Electronic Medical Records (EMR)** has helped to make the Medicare billing process more effective and efficient. Our ProMedB specialists can assist with accurately identifying and gathering required documentation right from your system, helping save your staff time and effort. We have expertise with the largest EMR systems; SigmaCare, Visions, Point Click Care and Matrix.

ProMedB **streamlines finances** by utilizing one simple form for billing all payor sources including **Medicare Part B, Medicaid** and **alternate insurance**. Medicare Part A residents are indemnified for your facility and we aim to capture all eligible charges for residents under Medicare Part B.



Your Facility Med B Contact will receive a draft Roster before each Anniversary Date indicating what information is needed for the next order and any missing or incomplete documentation requests. The **chart below outlines the documentation requirements** per covered product category, for eligible Med B residents.

Monthly					
Document Type	Facility	Enteral Feeding	Urological	Ostomy Care	Tracheostomy Care
Census/All Payor Monthly	X				
Physician Order Sheet (POS) (Signed)		X	X	X	X
Doctor Progress Notes		X	X	X	X
Medication and Treatment Administration Records (MAR/TAR)			X*	X	
Dietary Notes		X			
Urinalysis Lab Reports			X*		
Complete Blood Count (CBC)			X*		
Respiratory Therapy (RT) Progress Notes					X

On Facility Startup or Patient Admission Only					
Document Type	Facility	Enteral Feeding	Urological	Ostomy Care	Tracheostomy Care
Facesheet		X	X	X	X
Diagnosis (DX) Codes/Descriptions		X	X**	X	X
Assignment of Benefits (AOB)		X			
Height and Weight		X			
Dietary Assessments		X			
Swallow Evaluation		X			
Catheter Size per Patient			X		
History of Prior Alternative Measures			X*		
Professional Medical Item Codes (PMIC)				X	X
Respiratory Therapy (RT) Assessments					X

By Request Only					
Document Type	Facility	Enteral Feeding	Urological	Ostomy Care	Tracheostomy Care
Pump Roster		X†			
Medication and Treatment Administration Records (MAR/TAR)		X	X		X
Overutilization			X	X	X

\* Non-intermittent catheter patients

\*\* Must have incontinence or retention codes to qualify | Intermittent catheter patients must additionally have UTI codes

† Only if pump is provided by Professional Medical



***Professional Medical, Inc.***

A Tradition of Quality, Value, & Trusted Service Since 1968

***We Make Improving Care Easier!®***

1917 Garnet Ct. New Lenox, IL 60451

800.648.5190 fax 866.726.7416

[promedsupply.com](http://promedsupply.com)



*Improve Care. Save Time. Reduce Costs.*

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