

SMART PRIME CARE

Allied Health and Home Health Services Policy

Purpose

This policy establishes clear communication and documentation standards between Smart Prime Care and all collaborating allied health and home health providers. It ensures proper verification, minimizes redundant faxes, and supports accurate billing practices.

Policy Overview

- 1. Verification Before Faxing Orders:** Agencies must verify with Smart Prime Care if the physician has approved the order before faxing. Do not send duplicate or unverified faxes.
- 2. Orders Initiated by Outside Physicians:** Smart Prime Care will not sign or certify any orders initiated by external physicians. Such orders must be managed by the originating provider.
- 3. Billing Documentation Requirement:** Agencies must include the billable CMS certification paperwork with all Smart Prime Care–initiated allied health services for billing of certifications.
- 4. Non-Billable and Supplemental Paperwork:** Any non-billable or additional forms must be discussed with the clinic provider before submission. Unapproved paperwork will not be signed.
- 5. Communication Expectations:** Each agency must designate a single contact person for communications. Always verify approval status before sending documents.
- 6. Fax Management and Compliance:** Repeated or unnecessary faxes may delay processing. Agencies repeatedly sending unsolicited faxes may have fax privileges temporarily suspended.
- 7. Acknowledgment and Adherence:** Collaboration with Smart Prime Care requires written acknowledgment of this policy. Adherence ensures efficient, compliant, and safe patient care.

Summary Statement

Smart Prime Care values collaboration with home health and allied health partners. Following these guidelines ensures patient safety, compliance, and accurate billing for certification and care coordination.

Smart Prime Care

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Agency Acknowledgment

By signing below, the agency acknowledges receipt, review, and understanding of Smart Prime Care's Allied Health and Home Health Services Policy, and agrees to adhere to all stated guidelines.

Agency Name:

Authorized Representative Name:

Signature:

Date:
