

POLICY AND PROCEDURE MANUALS

Directions: Save this document to your computer. Complete the Customer information Sheets. The forms are fillable PDF. Complete as applicable. Save the completed document and email it to fboyer@ahcc.com. The manual will be provided to you within 3 days as a draft for your approval. If you approve, you will receive an invoice by email to pay for the documents by credit card and the final manual will be emailed to you as a Word document and PDF.

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Floyd Boyer - fboyer@ahcc.com
Visit my website at www.ahcc.com

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CUSTOMER INFORMATION SHEET

Legal Name _____

DBA Name (if applicable) _____

Contact Person _____ Title _____

Address _____

City _____ State _____ ZIP _____

Phone _____ FAX _____ Email _____

Toll Free Phone Number: _____ Website: _____

Number of locations _____

List location name(s) if different that the DBA Name. List city and state located for each additional location:

Days and Hours of Operation? _____

List each location Days and Hours of Operation, if different that the main office:

CUSTOMER INFORMATION SHEETS

DMEPOS

Scope of Services

(Please check all products you provide)

- DM01 Automatic External Defibrillators (AEDs)
- DM02 Commodes/Urinals/Bedpans
- DM03 Continuous Passive Motion (CPM) Devices
- DM04 Contracture Treatment Devices: Dynamic Splint
- DM05 Blood Glucose Monitors and Supplies (non-mail order)
- DM06 Blood Glucose Monitors and Supplies (mail order)
- DM07 Gastric Suction Pumps
- DM08 Heat & Cold Applications
- DM09 Hospital Beds- Electric
- DM10 Hospital Beds- Manual
- DM11 Infrared Heating Pad Systems
- DM15 Negative Pressure Wound Therapy Pumps and Supplies
- DM16 Neuromuscular Electrical Stimulators (NMES)
- DM18 Pneumatic Compression Devices
- DM19 Speech Generating Devices
- DM20 Support Surfaces: Pressure Reducing Beds/Mattresses/Overlays /Pads
- DM21 Traction Equipment
- DM22 Transcutaneous Electrical Nerve Stimulators (TENS)
- DM23 Ultraviolet Light Devices
- DM26-Pressure reducing Beds/Mattresses/Overlays/pads – Used
- DM27 Cognitive Behavioral Therapy Devices
- DM28 Rehabilitative Therapy Device
- DM29 Urinary Suction pump
- DM30 External Electrical Stimulation Devices (not otherwise classified)
- M01 Canes and Crutches
- M02 Patient Lifts
- M03 Power Operated Vehicles (Scooters)
- M04 Seat Lift Mechanisms
- M05 Walkers
- M06 Wheelchairs-Standard Manual
- M06a Wheelchairs-Standard Manual Related Accessories
- M07 Wheelchairs-Standard Power
- M07a Wheelchairs-Standard Power Related Accessories
- M08 Wheelchairs-Complex Rehabilitative Manual Wheelchairs
- M08a Wheelchairs-Complex Rehabilitative Manual Wheelchairs Related Accessories
- M09 Wheelchairs-Complex Rehabilitative Power Wheelchairs
- M09a Wheelchairs-Complex Rehabilitative Power Wheelchairs Related Accessories
- M10 Wheelchair Seating/Cushions
- OR01 Orthoses: Custom Fabricated
- OR02 Orthoses: Prefabricated - Custom Fabricated
- OR03 Orthoses: Off-The-Shelf
- OR04 Penile Pumps
- PD01 Breast Prostheses and Accessories
- PD04 Neurostimulators
- PD06 Ostomy Supplies
- PD08 Tracheostomy Supplies
- PD09 Urological Supplies
- PD10 Voice Prosthetics
- PE03 Enteral Nutrients
- PE04 Enteral Equipment and/or Supplies
- R01 Continuous Positive Airway Pressure (CPAP) Devices
- R02 High Frequency Chest Wall Oscillation (HFCWO) Devices
- R04 Intermittent Positive Pressure Breathing (IPPB) Devices
- R05 Intrapulmonary Percussive Ventilation Devices

CUSTOMER INFORMATION SHEETS

- R06 Mechanical In-Exsufflation Devices
- R07 Nebulizer Equipment and Supplies
- R08 Oxygen Equipment and Supplies
- R09 Respiratory Assist Devices
- R10 Respiratory Suction Pumps
- R12 Ventilators: All types, not CPAP and RAD
- S01 Surgical Dressings
- S02 Diabetic Shoes/Inserts – Off-the-shelf
- S03 Diabetic Shoes/Inserts – Custom
- S04 Lymphedema Compression Treatment Items

ORTHOTIC / PROSTHETIC / FITTER SERVICES: DEFINITIONS

Custom-Fabricated: A custom-fabricated item is individually made for a specific patient. No other patient can use this item. A custom-fabricated device is made on clinically derived and rectified castings, tracings, measurements, and/or other body part images, such as X-rays. Fabricating may involve calculations, templates, and components. This process uses basic materials including, but not limited to, plastic, metal, leather, or cloth in the form of uncut or unshaped sheets, bars, or other basic forms, and involves substantial work such as vacuum forming, cutting, bending, molding, sewing, drilling, and finishing before a patient fitting.

Custom-Fitted: Custom-fitted orthotics are prefabricated devices. The DMEPOS organization or a manufacturer may supply them as a kit that requires assembly. They all require fitting and adjustment (for example, an individual with modifying expertise must trim it, bend it, mold it [with or without heat], or otherwise modify it for a specific patient). A patient's custom-fitted orthotic requires item modification for an individualized fit. Modifications must involve altering the item beyond simple adjustments made by bending, trimming, and/or item molding, installing add-on components, or item assembly.

Custom-Molded Shoes:

- Are constructed over a positive model of the patient's foot;
- Are made from leather or other suitable, equal quality material;
- Have removable inserts that the Organization staff can alter or replace as the patient's condition warrants; and
- Have some form of shoe closure.

Depth Shoes:

- Have a full length, heel-to-toe filler that when removed, gives a minimum of 3/16 inch of additional depth to accommodate custom-molded or customized inserts;
- Are made from leather or other suitable, equal quality material;
- Have some form of shoe closure; and
- Are available in full and half sizes with a minimum of three widths so the sole is graded to the size and width of the upper portions of the shoes according to the American standard last sizing schedule (the U.S. numerical shoe sizing system) or its equivalent.

External Breast Prostheses: Prefabricated or custom-fabricated forms, bras, and sleeves.

Facial Prostheses: Custom-fabricated prosthetic face restoration including auricular, nasal, mid-facial, orbital (including ocular), upper facial, hemifacial, partial facial, nasal septal, and other face areas disfigured by traumatic injury, disease, and/or ablative surgery, or congenital malformation.

Inserts: Are total contact, multiple density, removable inlays; directly molded to the patient's foot or a model of the patient's foot or directly carved from a patient-specific, rectified model; and are made of a suitable material for the patient's condition.

Minimal Self-Adjustment: 42 CFR § 414.402 defines minimal self-adjustment as an adjustment the patient, caretaker for the patient, or DMEPOS organization can perform without needing certified orthotist services (that is, an individual certified by the American Board for Certification in Orthotics and Prosthetics, Inc., or by the Board for Orthotics/Prosthetist Certification) or an individual with specialized training.

CUSTOMER INFORMATION SHEETS

Molded-to-Patient-Model - is defined as:

- Creating a specific body part impression (for example, a foam box impression, a plaster, or fiberglass cast) directly on the patient and using it to make a positive model of the body part when crafting the final product;
- Computer-Aided Design–Computer-Aided Manufacturing (CAD-CAM) systems software creates a digital image of the patient’s body part. This technology includes specialized probes, digitizers, and scanners that create a computerized positive model that uses direct milling equipment to carve a positive model. The DMEPOS Organization fabricates and molds the device individually over the positive patient model;
- For therapeutic shoe inserts for diabetics, a digitally created patient’s body part using CAD-CAM systems software. This technology includes specialized probes/digitizers and scanners that create a computerized positive model, and then direct milling equipment to carve a patient-specific insert.

Ocular Prostheses: Custom-fabricated ocular prostheses that replace the globe of the eye or cover the existing eye resulting from traumatic injury, disease, and/or ablative surgery, or congenital malformation. Custom-made eye prostheses include conformers, scleral shells, and ocular prostheses that fit within the natural socket tissue and eyelids, and the custom-made ocular prosthesis component integrated into an orbital, upper facial, or hemifacial prosthesis.

Off-The-Shelf (OTS): prefabricated orthotics items need minimal self-adjustment for appropriate use and need no expertise in trimming, bending, molding, assembling, or customizing to fit the individual.

Orthotic Devices: rigid and semi-rigid devices used for supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured body part.

Positive Patient Model:

- Is a negative impression taken of the patient’s body member and used to make a positive model rectification;
- CAD-CAM system uses digitizers to send surface contour data the practitioner uses to rectify or modify the model on the computer screen. The data showing the modified shape goes to a commercial milling machine that carves the rectified model;
- The patient serves as the positive model in a direct formed model. The device is constructed over the patient’s model, and then fabricated to the patient. The DMEPOS Organization checks the completed custom fabrication and makes all necessary adjustments;
- For diabetic therapeutic shoe inserts, a CAD-CAM system uses a digitizer to send surface contour data the practitioner uses to rectify or modify the model on the computer screen. The data showing the rectified model goes to a commercial milling machine that carves the patient-specific insert.

Prosthetic Devices: replace all or part of an internal body organ (including contiguous tissue) or replace all or part of the permanently inoperative or malfunctioning internal body organ’s function, except dental. Medicare does not need a determination of no possibility the patient’s condition may improve in the future. The device passes the performance test when the attending physician’s or prescriber’s opinion and patient’s medical condition are long and of indefinite duration.

Somatic Prostheses: Custom-fabricated somatic prostheses replace areas of the human body not included under definitions of facial and ocular prosthetics but need visual and functional integration. Somatic prosthetics typically include finger, thumb, partial hand, hand, and toe disfigured by traumatic injury, disease, and/or ablative surgery, or congenital malformation.

Specialized Training: Individuals specially trained to give custom fitting services to patients with a medical need for orthotics, include: a physician, a treating practitioner (a physician assistant, nurse practitioner, or clinical nurse specialist), an occupational therapist, or physical therapist who complies with all applicable Federal and State licensure and regulatory requirements.

Therapeutic Shoes and Inserts: Include depth or custom-molded shoes along with inserts for individuals with diabetes.



CUSTOMER INFORMATION SHEETS

JOB DESCRIPTIONS

Check the job descriptions that you need from the list below. For the job descriptions checked, write in the Job title this person reports to on the line provided.

The pharmacy may use any form of organization, such as a partnership, sole proprietorship, or corporation. Depending on the company structure, examples of leadership positions may include:

- The owner(s),
- Leadership,
- President,
- Chief Executive Officer,
- Governing Body, or
- Other individuals responsible for managing the organization and its services.

Leadership Check the Leadership's Title below: _____

Owner, or

Owners, or

President, or

Chief Executive Officer, or

Governing Body, or

Other (list title) _____

Manager Check the Manager's Title Below; _____ Reports to Leadership _____

Manager, or

General Manager, or

Director of Operations, or

Other (list Title) _____

Performance Improvement Coordinator _____ Reports to Leadership _____

Compliance Officer _____ Reports to Leadership _____

Privacy Officer _____ Reports to Leadership _____

Safety Officer _____ Reports to Leadership _____

Administrative Assistant _____ Reports to _____

Director of Human Resources _____ Reports to _____

Director of Reimbursement _____ Reports to _____

Purchasing Manager _____ Reports to _____

Chief Financial Officer _____ Reports to _____

Controller _____ Reports to _____

Assistant Controller _____ Reports to _____

Accountant _____ Reports to _____

Billing Department Supervisor _____ Reports to _____

Billing Clerk _____ Reports to _____

Office Manager _____ Reports to _____

Customer Service Supervisor _____ Reports to _____

Customer Service Representative _____ Reports to _____

Intake Coordinator _____ Reports to _____

Receptionist _____ Reports to _____

Filing Clerk _____ Reports to _____

Accounts Receivable Supervisor _____ Reports to _____

Accounts Receivable Clerk _____ Reports to _____

CUSTOMER INFORMATION SHEETS

- | | |
|---|------------------|
| <input type="checkbox"/> Accounts Payable Supervisor | Reports to _____ |
| <input type="checkbox"/> Accounts Payable Clerk | Reports to _____ |
| <input type="checkbox"/> Sales and Marketing Manager | Reports to _____ |
| <input type="checkbox"/> Sales and Marketing Representative | Reports to _____ |
| <input type="checkbox"/> Medical Director | Reports to _____ |
| <input type="checkbox"/> Director Of Pharmacy | Reports to _____ |
| <input type="checkbox"/> Pharmacist in Charge | Reports to _____ |
| <input type="checkbox"/> Pharmacist | Reports to _____ |
| <input type="checkbox"/> Pharmacy Technician | Reports to _____ |
| <input type="checkbox"/> Registered Nurse | Reports to _____ |
| <input type="checkbox"/> Licensed Practical Nurse | Reports to _____ |
| <input type="checkbox"/> Respiratory Care Supervisor | Reports to _____ |
| <input type="checkbox"/> Respiratory Care Practitioner (RCP) | Reports to _____ |
| <input type="checkbox"/> Assistive Technology Professional (ATP) | Reports to _____ |
| <input type="checkbox"/> Complex Rehab Technology Supplier (CRTS) | Reports to _____ |
| <input type="checkbox"/> Fitter Services Specialist | Reports to _____ |
| <input type="checkbox"/> Orthotist | Reports to _____ |
| <input type="checkbox"/> Pedorthist | Reports to _____ |
| <input type="checkbox"/> Prothesist | Reports to _____ |
| <input type="checkbox"/> DME Technician Supervisor | Reports to _____ |
| <input type="checkbox"/> DME Technician | Reports to _____ |
| <input type="checkbox"/> Delivery Technician | Reports to _____ |
| <input type="checkbox"/> Warehouse Supervisor | Reports to _____ |
| <input type="checkbox"/> Shipping and Receiving Clerk | Reports to _____ |
| <input type="checkbox"/> Other _____ | Reports to _____ |
| <input type="checkbox"/> Other _____ | Reports to _____ |
| <input type="checkbox"/> Other _____ | Reports to _____ |
| <input type="checkbox"/> Other _____ | Reports to _____ |
| <input type="checkbox"/> Other _____ | Reports to _____ |
| <input type="checkbox"/> Other _____ | Reports to _____ |

OTHER INFORMATION

Which job title from the job description list is designated as the Performance Improvement Coordinator for the company?

Which job title from the job description list is designated as the as temporary leader in the absence of the Manager?

CUSTOMER INFORMATION SHEETS

Your Payday is?

- Weekly
- Biweekly (every 2 weeks)
- Monthly, or
- Other _____

Please describe your holiday policy. Check the appropriate checkboxes. Add to as needed.

- New Year's
- Good Friday
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veterans' Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day
- Chanukah / Hanukkah
- Passover
- New Year's Eve
- Other(s): _____
- Other(s): _____
- Other(s): _____
- Other(s): _____



CUSTOMER INFORMATION SHEETS

PLEASE DESCRIBE YOUR VACATION POLICY

- My company does not provide vacation.
- My company provides Paid Time Off instead of vacation.
- The sample policy below is acceptable.
- I have revised the sample policy below.
- I have deleted the sample policy below and pasted my company's policy.

CUSTOMER INFORMATION SHEETS

PLEASE DESCRIBE YOUR SICK LEAVE POLICY.

- My company does not provide sick leave.
- My company provides Paid Time Off instead of sick leave.
- The sample policy below is acceptable.
- I have revised the sample policy below.
- I have deleted the sample policy below and pasted my company's policy.



CUSTOMER INFORMATION SHEETS

INSTEAD OF VACATION AND SICK LEAVE you may choose to use Paid Time Off (PTO).

- My company does not provide Paid Time Off.
- My company provides vacation and/or sick leave instead of PTO.
- The sample policy below is acceptable.
- I have revised the sample policy below.
- I have deleted the sample policy below and pasted my company's policy.

Person completing forms: _____ Date: _____

Please complete, save to your computer and email to me at fboyer@ahcc.com.

Floyd Boyer
Phone: (919) 368-5565