

# EXOGEN

---

# SURVIVAL

---

# MANUAL



GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

RESOURCES

# GETTING STARTED

*Before setting out on any sales call, remember these important steps:*

## PRE-CALL PLAN

Take the time to complete your Routing and Targeting Tool based on account segmentation, ordering patterns and customer trends. Use the Sales Insights-EXOGEN App in Power BI to deep dive into your territory from a current and historical perspective.

[Access Power BI from Okta »](#)

## GAINING ACCESS

You are in a unique position with EXOGEN. If any provider in that practice is a current writer, the account will likely perceive that you are there to support their patients. Use these ordering patterns as a point of entry.

**If you are unable to gain access, try these tactics:**

- Build rapport with gatekeepers by positioning yourself as a clinical partner. Bring in printed open or recently closed orders, ask to discuss them with the provider & team.
- Utilize account contact information from Open Territory Managers, if applicable.
- Partner with your counterparts in other Bioventus verticals.

## What is a good outcome?

- Scheduling an educational discussion over coffee or lunch
- Being granted time with the medical assistant(s) working with potential ordering providers
- Getting an introduction to a provider or practice manager

## SET AN AGENDA

Have a goal for the call when you are granted time in front of your customer. Be prepared with several strong open-ended questions. **Some examples include:**

- When do you currently think of using bone stimulation for your patients?
- In your opinion, what differences are there between electrical and ultrasound bone stimulators?
- What, if anything, holds you back from prescribing EXOGEN?
- What specific patients or certain fractures do you consider “high risk” for nonunion?
- What do you do for fracture patients who are poor candidates for surgery and/or have poor biology?

## IDENTIFY CUSTOMER BELIEFS

**LOYALIST** — *believes in LIPUS for acute and nonunion fractures. Important to be present to remind of specific patient types.*

**Some conversation starters include:**

- Thank you for your recent referral. Can you help me understand more about what prompted you to think of EXOGEN for this patient?
- (Patient Name) got started on their treatments \_\_\_\_\_ day. They were so relieved that you offered them an option that provides an 86%<sup>1</sup> healing rate without any additional interventions. Do you have any other patients that are similar to \_\_\_\_\_?

**DABBLER** — *uses in only certain high-risk fracture and patient types. Some conversation starters include:*

- What specific patients and/or fracture sites give you pause and make you consider bone stimulation?
- If coverage was not a factor, would you order EXOGEN more broadly in your practice?
- How often do you see fracture patients who are diabetic or smoke?<sup>2</sup>

**NON-BELIEVER / INACTIVE PRESCRIBER** — *doesn't believe bone stimulators work in general, or no longer prescribes EXOGEN.*

**Some conversation starters include:**

- I noticed/know you used to think of EXOGEN more often for your fracture patients. Can you help me understand more about what has changed?
- What would you need from me in order to get the chance to prove we can provide the highest level of service for your patients?
- What options do you use when a patient has a nonunion but is a poor candidate for surgery, or you have already performed a revision?



# UNDERSTANDING PAYER LANDSCAPES

Now that you have been able to secure an order, let's take a closer look at the requirements per payer type:

Order Type / Payer	Description / Requirements
Commercial	<ul style="list-style-type: none"><li>• Many commercial plans cover certain fresh fractures as well as nonunions nonunions, e.g., Aetna<sup>3</sup>, Anthem, Cigna<sup>4</sup>, UnitedHealthcare<sup>5</sup></li><li>• Most commercial plans require prior authorization</li><li>• If prior authorization is not required, Reimbursement Services (RS) will perform an internal review</li></ul>
Medicare (Part B)	<ul style="list-style-type: none"><li>• No prior authorization required (RS will review internally)</li><li>• Covers nonunion fractures only</li><li>• Requires 2 sets of X-rays separated by at least 90 days, showing no significant healing of the fracture</li><li>• "Red, white and blue" card</li><li>• Patients may be 65+ yo or disabled</li></ul>
Workers' Compensation	<ul style="list-style-type: none"><li>• No specific guidelines for coverage</li><li>• Must submit a claim # and adjuster info to RS</li><li>• Requires purchase order (PO) or prior authorization before fulfillment</li><li>• Some employers will go through a cost containment company; e.g., One Call</li></ul>

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES  
(1/4)

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

RESOURCES

# UNDERSTANDING PAYER LANDSCAPES

Order Type / Payer	Description / Requirements
Patient Pay	<ul style="list-style-type: none"> <li>• \$500 rate for uninsured patients (or for patients with third-party payers)</li> <li>• Denied orders that are closed out after patient has agreed to coinsurance</li> </ul>
VA (Veteran's Affairs)	<ul style="list-style-type: none"> <li>• No specific guidelines for coverage</li> <li>• Ordering provider places order for EXOGEN in the VA system at the facility, which is routed to Prosthetics Dept</li> <li>• Prosthetics Dept will issue PO, including credit card information (processes through contracted vendor)</li> <li>• Must provide PO #</li> <li>• If credit card info is not complete, TM will be responsible for contacting ordering agent and requesting details</li> </ul> <p>*If Veteran is being treated through the Community Care Network, please see workflow in Resources section.</p>
Purchase Order Accounts	<ul style="list-style-type: none"> <li>• Account provides a PO for agreed upon rate</li> <li>• Access Program accounts will fall under this order type (\$1900/each, with minimum purchase of 3 units)</li> <li>• Rates will require approval from management</li> </ul>
Medicare Advantage (Part C) (also known as Medicare Replacement)	<ul style="list-style-type: none"> <li>• Generally follows Medicare guidelines, e.g., Humana Medicare<sup>6</sup>, Anthem Medicare, UnitedHealthcare Medicare<sup>5</sup>, Aetna Medicare<sup>3</sup></li> <li>• May require prior authorization (review by the carrier for determination of coverage)</li> <li>• If patient has an Advantage/Replacement plan, this is their primary insurance and trumps Medicare Part B</li> </ul>

# UNDERSTANDING PAYER LANDSCAPES

Order Type / Payer	Description / Requirements
Medicaid	<ul style="list-style-type: none"><li>• Most Medicaid plans require prior authorization, e.g., Colorado Access MCD, Medi-Cal, AHCCCS</li><li>• Many of these patients have coverage through the state, but some are managed through commercial parent companies</li><li>• Patients will have \$0 out-of-pocket expenses whether order is approved or denied</li></ul>
Tricare Beneficiaries	<ul style="list-style-type: none"><li>• If order originates at a Military Treatment Facility (MTF), a Consult will be placed and auto-routed for review (no submission needed)</li><li>• If order originates at a civilian clinic, process will vary if member has prime or select coverage (see Resources section)</li></ul>
Auto (Motor Vehicle Accidents/MVAs)	<ul style="list-style-type: none"><li>• Most auto claim orders will not require prior authorization and will normally pay on a first-come, first-served basis, depending upon the time when the claim was received and if funds are still available</li><li>• If MVA and medical treatment are covered under auto insurance plan, provide claim information (name of auto insurance, phone number and claim #)</li><li>• RS must confirm auto claim (open or exhausted) before proceeding with health insurance</li></ul>
Letter of Protection (LoP)	<ul style="list-style-type: none"><li>• Submit attorney office phone number and contact information with order (can obtain from patient)</li><li>• RS will obtain LoP from attorney once order is submitted</li></ul>

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES  
(3/4)

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

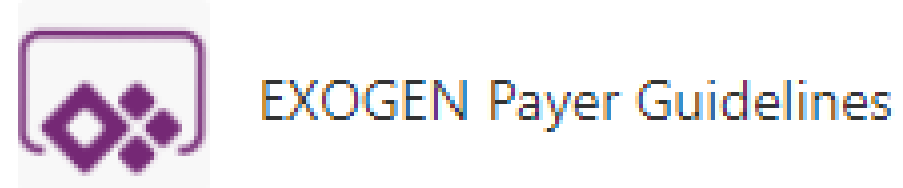
REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

RESOURCES

# UNDERSTANDING PAYER LANDSCAPES

*Get to know who the top payers are in your area and use Power Apps to learn about specific policies*



There are several regional payers that use third-party administrators, which have special requirements before a unit can be placed. Work with your DoS for further details.

[EXOGEN Payer Guidelines - Power Apps »](#)

You can find the breakdown of your payer landscape (number of orders that are received per channel and payer) and research those trends in the Sales Insights - EXOGEN App.

[Growth Stats - Power BI »](#)

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES  
(4/4)

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

RESOURCES



# RECEIVING & SUBMITTING ORDERS

In order to ensure benefit investigations are conducted effectively and with minimum delay, it is essential that you review all documentation for completeness and accuracy before submitting orders in EXOGEN Direct (ED).

*As you review a new order, ask yourself the following questions:*

## CHECKLIST WHEN ASSESSING ALL ORDERS

- Do you have a valid Rx?
- Do you have demographic information and insurance name and ID#?
- Does the patient have a secondary or tertiary insurance? **Note:** *obtaining copies of insurance cards is a best practice to speed up the process.*
- What was the original date of the injury? **Tip:** *Assess from the clinical notes. May need to find out additional details on initial patient phone call. Proof of diagnosis may be noted on an ER report or first visit to another provider who diagnosed the fracture.*
- What is the fracture site and diagnosis code? **Tip:** *If surgically induced, assess which bone(s) are being treated or if there was an arthrodesis/fusion performed, as this may not be apparent from the ICD-10 code on the clinical notes.*

- Are there any comorbidities specifically for acute fractures?
- How many days/months separate the imaging studies? **Tip:** *For commercial orders requiring prior authorization, attempt to gather what is necessary per payer guidelines but if unavailable, submit as is.*
- Do you have a note indicating the initial injury or surgery and the most recent clinical visit?
- Are there any additional requirements specific to a particular payer? (Check Power Apps for policies)

## DID YOU KNOW?

*Delayed unions:* Most payers, including Medicare, do not cover delayed unions. You can submit these orders to commercial payers, as is for prior authorization. If you have questions on delayed unions, please speak with your DoS.

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS  
(1/3)

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

RESOURCES

## COLLECTING ADDITIONAL INFORMATION FOR MEDICARE ORDERS

- Do the clinical notes include multiple view images?  
If not, see *Real-World Best Practices* for more information.
- Is there an assessment by a treating provider in addition to radiology results?  
**Note:** *If imaging studies are less than 90 days apart, treating provider will have to reevaluate patient on or after the 90-day mark.*
- Are the notes properly signed?  
If not, see *Real-World Best Practices* for more information.
- Are there any discrepancies between the provider's final assessment and the provided ICD-10 code? See *Real-World Best Practices* section for more information or check the Medicare policy for guidance.
- Is the ordering provider a mid-level provider? If so, a supervising physician can add an addendum to a note, as deemed appropriate. However, a mid-level provider should not add an addendum for a supervising physician.

## WHAT IS AN ADDENDUM?

When there are discrepancies in verbiage or clarification needed on a clinical note, a provider can ADD information to ensure final assessment is clear.

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS  
(2/3)

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

RESOURCES

# RECEIVING & SUBMITTING ORDERS

## TO THE PATIENT, YOU WILL BE A VITAL PLAYER IN THEIR TREATMENT PLAN

During the initial call with the patient, show empathy, establish credibility and confirm ability to communicate via email or text message.

A good way of doing this is by referencing the provider's name, establishing that you have knowledge of their fracture, inquiring about their treatment history, explaining how EXOGEN is going to help, and providing a timeline for next steps. See the *Patient Interaction Guide* in the *Resources* section.

Best practice is to send electronic correspondence with your contact information, links to helpful videos and expectations following initial contact with the patient and ask that they acknowledge receipt. You can also use Verb Teams to communicate with patients!

*Tip: Make sure to keep your patient and HCP updated on progress.*



GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS  
(3/3)

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

RESOURCES

# WORKING WITH YOUR INTERNAL PARTNERS

## PARTNERING WITH YOUR EXOGEN ORDER SPECIALIST (EOS)

You may have an EXOGEN Order Specialist who will assist with orders in the following ways: Your EOS will draft an order into EXOGEN Direct (ED) within 4 hours of receipt of fax or email, check pVerify<sup>®</sup> for benefit eligibility, list any missing documentation, and attach additional documentation to drafts and orders already created/submitted.

You are responsible for the submission of an order, unless you ask your EOS to submit it. You will also need to make the initial patient phone call and coordinate paperwork needs with your accounts. Enter general notes in ED to keep you organized.



## PARTNERING WITH REIMBURSEMENT SERVICES (RS)

Bioventus has several teams in place to get orders processed with payers in a timely manner. They make up a division called Patient Access and Reimbursement Services (PARS). One of the teams that you will work with regularly is called Reimbursement Services (RS). What should you expect from your RS partners?

Their goal is to move orders through the system in the following ways:

- A. Timely completion of benefits investigation and fully document in Brightree<sup>®</sup> (a system used by RS). Goal is within 24 hours; however we know some payers take up to 48 hours.
- B. Prior authorization follow-ups every 48 hours, unless payer only allows 72 hours.
- C. Additional documentation must be reviewed within 24 hours from submission time.
- D. All orders should be shipped when eligible for shipment daily.

If there are needs outside these parameters, you should engage your DoS for additional guidance, and they will assist by engaging PARS management.

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS  
(1/2)

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

RESOURCES

# WORKING WITH YOUR INTERNAL PARTNERS

## PARTNERING WITH PATIENT FINANCIAL SERVICES (PFS)

Another team that makes up PARS is called Patient Financial Services. They are responsible for having the financial conversation with patients, as well as assisting with post-fulfillment billing questions. What are some best practices when partnering with PFS?

If the patient has a potential out-of-pocket cost, RS will automatically notify PFS once insurance confirms authorization is pending or order has been internally reviewed.

**If you would like to attempt to coordinate, you can assist in the following ways:**

- Option 1: Make three-way call to PFS. Dial 800.847.2381 and stay on the line until the call is complete. If unable to connect, provide phone number to patient and/or go to Option 2 or 3.
- Option 2: Email [patadv@bioventus.com](mailto:patadv@bioventus.com) and they will reach out directly to the patient.
- Option 3: Send message in ED to alert PFS that the patient is awaiting a call.

PFS will have the patient complete all pertinent forms.

If patient has \$0 out-of-pocket costs, Territory Manager (TM) can request shipment/set live fitting as soon as prior authorization has been confirmed with the payer.

If order is approved but the patient received assistance, this will not impact your sales credit.

### IS YOUR PATIENT GETTING THE ERROR, “CONTACT CUSTOMER SERVICE” AFTER SEVERAL ATTEMPTS OF USING THE DEVICE?

*Tip:* Refer them to Customer Service, 800.836.4080. You should circle back with them at the end of the day and ensure resolution.

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS  
(2/2)

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

RESOURCES

# REAL-WORLD BEST PRACTICES

Navigating certain complex scenarios can be tricky, but you must be compliant, make confident decisions, and also be a good resource for your accounts. Here are real-world best practices to help you along the way!

*When you receive an order, become an order detective!*



- Understand the complete history of the fracture or surgery and current state of healing.
- Reference payer guidelines.
- Obtain any existing documentation to assist with authorization.

**These steps should follow:**

1. Add into ED.
2. RS will provide an internal review or proceed with pre-auth, if required.
3. PFS will contact the patient if there is OOP cost and ship the device, OR you can fit with trunk stock.
4. If approved, order will close for full revenue (contract rate).
5. If denied, options will be provided and you will need to make the decision on how to proceed.

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES (1/6)

DELIVERY  
& FITTING

RESOURCES



## ADDENDUMS

**What can you do when you receive notes that do not have a clear final assessment?** You will have to bring it to the attention of the prescriber. Start the conversation by reiterating Medicare's requirements and then follow these three steps that make up **M.A.P.** :

**M**edicare requires two sets of images separated by 90 days that clearly indicate the fracture has not healed, to qualify as a nonunion.

**A**sk the provider if they will clarify the final healing stage by creating an addendum.

**P**rovider decides if they agree to making a clarifying addendum.

**What to do if a provider deletes content from original notes that have been amended?**

- Option 1: If the original note was unlocked (still an open note), provider can amend as they wish prior to signing/locking the note.
- Option 2: If the original note was locked, the provider can revert to the original content from locked/signed note and create an addendum.
- Option 3: Obtain new encounter note referencing original date of service.
- Option 4: Wait for next appointment and obtain new visit note.

## SIGNATURES

**What if a signature is handwritten and scanned (digitalized) without clear verbiage confirming that it is valid (such as “electronically signed by”)?**

- This is acceptable as handwritten and scanned signatures do meet Medicare signature requirements.
- You can also check the acceptable language in the Medicare policy for other ways an electronic medical record (EMR) system may indicate that a note has been signed.
- If none of these indicators are present, you can do the following:
  - Ask if there is a different version that may be printed from the EMR system which is clearly signed.
  - Obtain a wet signature if note is within 30 days from the date of service.
  - If not able to obtain a note that is signed within 30 days from the date of service, you will need to obtain an attestation. Check your local MAC or the Resources section for a copy of the specific attestation form.

*On a prescription, a date stamp is not required next to a signature, as long as there is a date listed on the document.*

## MISSING ELEMENTS AND DISCREPANCIES

### What if you get a note that does not indicate multiple views?

- Obtain copies of the actual images (with patient name, DOB and date of imaging)
- Obtain Radiology Report (separate from office visit note) to verify number of images.
- Obtain addendum (or new encounter note referencing the date of service) to confirm number of images. See acceptable list of identifiers in Medicare policy.

### What do I do if I get an Rx without a covered code?

- Ask the office for a new Rx with corrected code, if applicable.
- Bring in the Bioventus order form and request that the correct code be handwritten by the provider.

*Note: The Rx must be dated on or after the date in which the nonunion was diagnosed AND on or after the 90-day imaging mark in order to meet medical necessity.*

### What do I do if I receive an order with a code ending in G or D in the note and a clear nonunion assessment?

- In this case, you would need to request an addendum (or new encounter note referencing the date of service) that includes a covered code, because non-covered codes are contradictory to the final assessment but are acceptable alongside a covered code.

### What if an HCP dictates both “delayed union” and “nonunion” without clearly establishing progression to nonunion in a final assessment?

- This will require an addendum (or new encounter note referencing the date of service) as Medicare deems “delayed union” as a definitive diagnosis and it is contradictory to “nonunion.”

## DID YOU KNOW?

Medical necessity can be established with a clear nonunion assessment in a note, along with a diagnostic code containing A, B, C, M, N, K or S as the 7<sup>th</sup> digit or M96.0 identifier for failed fusion/arthrodesis.

## OPTIONS FOR DENIED OR OUT OF GUIDELINES (OOG) ORDERS

Once you receive a denial notification in EXOGEN Direct, you will be presented with several options to include:

### What is at-risk?

- When an order is deemed outside the guidelines after internal review, or has been denied during prior authorization, Bioventus will attempt to bill carrier. This option is available after the patient has accepted the device

### When is at-risk an appropriate option?

- Patient has \$0 estimated responsibility (cannot bill for a Medicaid at-risk patient if Bioventus is not credentialed in that state).
- Patient has qualified for 100% discount on estimated responsibility.
- Patient has agreed to an estimated responsibility and it is an order that does appear to meet guidelines (has a higher likelihood of approval with additional review).
- Patient indicates they would like to do an appeal.

- Internally reviewed orders that are deemed out of guidelines by RS (if closed as self-pay in these cases, no claim will be filed with the carrier and the patient cannot appeal).

*Note: Orders submitted for an at-risk patient will close at \$0. If approved, revenue will be realized on billing list. If it remains denied and the patient does pay their portion, you should see this on your billing list once they complete payment.*

### What is self-pay/patient pay?

- When an order will be closed out for the patient's estimated responsibility and Bioventus will not submit a claim to the payer, or when a patient is uninsured and agrees to a \$500 rate.

### When is self-pay an appropriate option?

- Patient has agreed to an estimated responsibility and prior authorization was denied or medical director has denied P2P.

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES (4/6)

DELIVERY  
& FITTING

RESOURCES

# REAL-WORLD BEST PRACTICES

## What is a peer-to-peer (P2P)?

- If the payer allows, a physician may contact the payer’s medical director and discuss medical necessity for the patient. RS may provide a reference number. Be sure to provide the HCP with a rationale for the approval and coordinate efforts with the staff.

*Best practice for P2P: Provide HCP with rationale for approval prior to the call.*

## When is P2P an appropriate option?

- When order is in guidelines but denied, when patient has expressed discontent with a denial and/or when physician is willing to be an advocate for EXOGEN.

## What is a predetermination?

- If prior authorization is not an option but predetermination is, this means we can submit to the payer for review and get an official decision in a similar time period as for a prior authorization. This should be the first option to take, if available.

## When is predetermination an appropriate option?

- When an order was denied following internal review by RS, but an official decision will assist in the fulfillment of the device. Keep in mind, an appeal is not an option

if predetermination is denied. In this case, the best option is to close the order as patient pay.

## What is an appeal and when is it an available option?

- When a prior authorization is denied, an appeal is an option, if the criteria are met.

Appeal Criteria Met	Appeal Criteria Not Met
Internal review was conducted: appears that the order met guidelines, prior authorization was denied	No prior authorization is required. Predetermination was submitted and denied; cannot submit an appeal
Physician writes an appeal letter	Physician does a peer-to-peer with the carrier and the request was denied by the medical director at the insurance plan; cannot submit an appeal
Internal review was conducted: standard guidelines used (specific payer guidelines not available), prior authorization was denied	Plan does not have established guidelines and the FDA approved bone locations/ comorbidities are not met during the internal review; cannot submit an appeal

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES (5/6)

DELIVERY  
& FITTING

RESOURCES

## HOW TO DETERMINE WHEN TO HOLD AN OOG MEDICARE ORDER UNTIL MEDICAL NECESSITY MAY BE MET & WHEN TO MOVE FORWARD WITH AN OOG MEDICARE ORDER

- If documentation does exist but you do not have immediate access to those records (may be at an Urgent Care or ER), work with the patient and/or office to obtain.
- If not possible, the patient should be informed that the order is OOG, and they can get the device for the 20% coinsurance or go through the Patient Assistance Program (only if financial hardship is expressed by patient).
- If patient elects Option 1 on ABN, \$0 is credited toward quota up front.
- If patient elects Option 2, any patient out-of-pocket (OOP) costs will be credited toward quota.
- PAIR is required in all scenarios.

*Keep in mind, if patient doesn't have a supplemental or secondary plan, they will still be responsible for 20% coinsurance even if the order falls within guidelines. The patient will need to agree to the 20% cost through PFS or go through Patient Assistance Program.*

### *Best practices:*

- If waiting for 90-day X-rays, coordinate appointment with the office so you can be present/follow up to see if patient needs device.
- Make sure the patient is aware of reason they need additional X-rays (explain Medicare's guidelines).

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES (6/6)

DELIVERY  
& FITTING

RESOURCES

# DELIVERY & FITTING

## FITTING PATIENTS

Fittings can be completed remotely, or take place in a clinical setting, such as a doctor's office or hospital. Fittings should never take place in a private setting, such as a patient's home, automobile, or private office.

Ensure the time you set with the patient works with the clinic's schedule if you will be meeting at the ordering provider's office. If the patient is casted, ensure you have coordinated with the cast tech and are prepared to guide them through each option.

Completing the final paperwork during an in-person fitting is simple! Pull up the PAIR form via EXOGEN Direct, select the serial number in the drop-down menu and complete the process electronically through DocuSign<sup>®</sup>.

If you are demonstrating the device but want to obtain the patient's signature in-person, you will select the e-Demo pair button in ED and complete the steps for signing the PAIR form.

If any additional straps are needed, make sure to have them on hand or have them shipped to the patient prior to fitting.



GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING  
(1/2)

RESOURCES

# DELIVERY & FITTING

If you are completing a remote fitting, see *Full Fitting* and *Remote PAIR form* instructions in the *Resource* section. It is key to ensure the fracture location has been marked/identified by the patient's health care provider (HCP) or you have a copy of an X-ray that illustrates specific location details.

Encourage your patients, whether fitting in-person or remotely, to utilize all of the resources Bioventus has to offer.



EXOGEN Connects App



EXOGEN.com



EXOGEN Fracture Locator

*Tip: Close the loop with the prescribing HCP, by confirming a successful remote fitting.*

See *Resources* section for *Patient Perspective: Frequently Asked Questions*.



How-to-use  
EXOGEN



How-to-use  
Weighted Applicator



How-to-use  
Metatarsal Strap



How-to-use EXOGEN  
With a Ported Cast

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING  
(2/2)

RESOURCES

## MEDICARE ORDER REQUIREMENTS CHECKLIST

*TM is to confirm the following:*

- Patient has Medicare Part B
- Patient has the same or similar device within five years?
- HCP enrolled with PECOS (an online enrollment system for Medicare)?
- Is patient in a SNF?
- Provider prescribing EXOGEN has treated the patient face-to-face within six months?  
Note: Video visits count as face-to-face visits.
- Is the Rx valid? Rx is only valid for 90 days.
- Is the diagnosis / procedure covered by Medicare?
- Did patient have surgery?
- Date of initial imaging confirming fracture includes:
  - 1. Multiple views noted
  - 2. Interpretation of imaging from HCP
  - 3. Record is signed and dated
- Date of recent imaging includes:
  - 1. Multiple views noted
  - 2. Interpretation of imaging from HCP
  - 3. Record is signed and dated
- Most recent clinical visit is within 90 days of the Rx?
- Medical records confirm nonunion or no clinically significant signs of healing?
- 90 days between X-rays/imaging

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

## INITIAL PATIENT PHONE CALL TALK TRACK (1/4)

The procedure below outlines the initial patient contact, once an order is received from an HCP. This initial patient call should to be made the same day the order is received from the provider's office. If you do not reach the patient the same day, call again the next day, and send a text. If you do not reach the patient within four days, reach out to the office to confirm number(s) are correct or ask for assistance in contacting the patient..

*Note: information provided to patients must be approved and available via EXOGEN.com or inside approved Bioventus marketing materials available on the literature store. The below claims are all in line with approved claims that are readily available in Bioventus materials.*

### 1. Prior to calling the patient:

- Order entry specialist or TM to check pVerify to determine if insurance is active
- Read order in its entirety

### 2. Opening

- Hi, this is [NAME] calling regarding the EXOGEN bone stimulator that Dr. \_\_\_\_\_ ordered to help heal your fracture.
- It looks like you injured it back on \_\_\_\_\_. How did it occur? Confirm all needed info if it is Workers' Comp, auto insurance or if Medicare and in a skilled nursing facility (SNF).

### 3. Educate

- What did your doctor tell you about EXOGEN?
- Explain to patient why EXOGEN was prescribed (high-risk fracture, comorbidity, nonunion, risk for repeat surgery)
- EXOGEN is a fracture-healing device that uses ultrasound to stimulate and accelerate your body's healing process at the fracture site.
- Share MOA....
- EXOGEN acts as an accelerator to this natural process by moving through the healing process at a more rapid pace.
- In fractures like yours, EXOGEN has a proven heal rate of \_\_\_\_\_% (or acceleration rate of 38% faster than those not using EXOGEN) when used once a day for 20 minutes.<sup>7,8</sup>
- The device is easy to use, and you should not feel anything during your treatments.

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

## INITIAL PATIENT PHONE CALL TALK TRACK (2/4)

### 4. Confirm patient information: (get email address to send PAIR or other forms)

- After our call, may I text or email you?
- We have your address as \_\_\_\_\_. Is this where you would like the device shipped? (If PO box, get a physical address for FedEx delivery).
- Is the number I called the best number to reach you?

### 5. Confirm patients insurance information: You may want to ask patient for a copy of the front and back of their insurance cards if the physician's office did not provide that, and if the insurance is inactive on pVerify (Workers' Comp, auto insurance or SNF-related)

- Let me go over your insurance information to make sure we have everything. I see you have XYZ insurance, do you have any additional insurance beyond the XYZ plan? Any healthcare insurance through work or a spouse? I just want to make sure we have all our bases covered.
  - Primary insurance
  - Name as it appears on the card
  - Policy/ID number
  - The plan telephone number on the back of the card

### 6. Clinical information

- What is the date and time of your next doctor's appointment?
- Are you in a cast?
- Have you seen any other physicians besides Dr. \_\_\_\_\_ for the fracture? *(ER/Urgent Care, etc. If yes, does patient have the X-ray records, or HCP name and phone number?)*

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

## INITIAL PATIENT PHONE CALL TALK TRACK (3/4)

- Remote fit candidate or will the patient require a live fitting?
  - Placement of the device is important; do you know exactly where your fracture site is?
  - If not, TM to review X-rays with office, or plan to live fit, especially for long bones\*
  - Send picture of device placement to patient
  - Coordinate best dates and times if live fit is needed, check with the office to ensure there will be space for you to perform the fitting.

### 7. Next steps:

- Dr. \_\_\_\_\_ sent me all your paperwork, along with your insurance information, so we will start processing your order for the EXOGEN device now.
- The next step, occurring within 2-3 business days, is that a representative from Patient Financial Services will be calling you to review your insurance benefits if there is any associated out-of-pocket cost. Please be on the lookout for a call from 1-800-847-2381.
- After your benefits are reviewed, your device will be shipped (or we can plan to meet at the clinic, and I will bring the device).
- I will send you a text or email with links to videos and our website so you can learn more about what EXOGEN does to help heal your bone fracture, and how to use the device.
- What questions do you have for me?
- Please save my contact information and call me with any questions about your EXOGEN order.

### FOLLOW UP

Send text or email with EXOGEN videos, if the patient agreed to receive them.

### BEST PRACTICES

#### Nonunion:

- Dr. \_\_\_\_\_ prescribed EXOGEN because you have a fracture that is classified as a nonunion. A nonunion is a fracture that will not heal unless additional intervention takes place. In your case, Dr. Smith believes the best chance to stimulate your healing process is through the daily use of EXOGEN. He prescribes EXOGEN often, due to the success he has had with it in the past and the strong clinical support it provides in healing fractures such as yours.
- It is interesting to note, EXOGEN has a heal rate of 86% for all nonunion fractures.<sup>1</sup>

#### Fresh fracture:

- Certain fresh fractures can be difficult to heal because the blood flow to the area is considerably reduced. In fact, EXOGEN accelerates the healing process by 38% in certain fresh fractures.<sup>7,8</sup>

\* See Summary of Indications for Use.

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

## INITIAL PATIENT PHONE CALL TALK TRACK: PATIENT FOLLOW UP (4/4)

There are certain payers who do not allow device placement until a determination is made (Medicare, Workers' Comp, and 3rd-party administrators such as Northwood). This could delay could delay by several weeks the time when we can fit a patient by several weeks.

TM's should stay actively engaged with the patient, even after the initial patient phone call.

- Providing status updates with patients every 2-3 days will keep them engaged and excited about receiving EXOGEN.
  - If we do not stay in constant communication with the patient, they may contact the provider's office for an update (patients should only be calling the TM about EXOGEN).
- No news is NOT good news when a patient is waiting to start treatment with EXOGEN. If the prior authorization is taking longer than expected, ask the patient if they can assist in obtaining the authorization (specifically with Workers' Comp and 3rd-party administrators; see below).
- Ask the patient if they have any questions about EXOGEN and the information you sent them, so they are more comfortable with the device once it is received.
  - Have you had a chance to watch the video I sent over?
- Know when the follow-up appointment is scheduled.
  - You can attend and fit the patient if it is within a short period of time.
  - The provider may want to push the follow-up appointment back, as they usually want the patient using the device for several weeks prior to seeing them again (usually 4-6 weeks).

Medicare – if we are waiting for an addendum or additional paperwork to be completed by the provider, let the patient know we are actively working with the office to ensure their device meets their payer's guidelines.

Workers' Comp – adjusters may not be as responsive as we would like. If this is the case, ask the patient to call the adjuster to push them to respond to the RS team. Adjusters will be more responsive to patients than vendors. Additionally, if there is a Workers' Comp coordinator within the provider's office, they also may be able to push or may already have a relationship with the adjuster or Workers' Comp company.

3rd-party administrators – the patient may be able to accelerate the prior authorization review by calling the payer. Give the patient the authorization reference number (given by the payer) and the EXOGEN HCPCS code (E0760). If by chance the payer has approved but we have not yet received notice, ask the patient to obtain an approval document or reference number so RS can follow up to confirm.

*Staying continually engaged with all patients from the day we receive the order until they are fitted is essential to the care we provide. A positive patient experience with EXOGEN will lead to positive feedback to the office and provider. and will ultimately drive additional orders in the door not only with that particular provider, but also with others in that practice.*

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

## REMOTE FITTING INSTRUCTIONS CHECKLIST

### Overall Checklist

- EXOGEN unit delivery confirmed
- Cast/external hardware has been windowed/ported (if applicable)
  - If not, schedule a follow-up office visit with local TM
- Patient knows fracture location for placing device
  - If not, either OM describes location or refers patient to clinic, doctor, or TM
- Patient has watched video or been trained over the phone in using the device
  - See Training Checklist
- Patient has attempted first EXOGEN treatment
- Patient feels comfortable using the treatment and all questions have been answered

### Training Checklist

- Patient has all equipment (device, carrying case, gel, strap, charge cord)
- Patient understands how to position the device
- Patient understands how to use the gel
- Patient has updated the time setting on device to the current hour
- Patient understands how to treat the fracture using the device
- Patient understands how and when to charge the device
- Patient understands the calendar / tracking feature of the device
- Patient understands how to clean the device
- Patient has the EXOGEN User Guide and contact information for our Customer Service team and understands who to contact for questions or issues

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

## PAIR FORM INSTRUCTIONS (1/3)

Patient Acknowledgements of Liability, Assignment of Benefits		EXOGEN® Ultrasound Bone Healing System Bioventus Order Number:	
<b>Patient Acknowledgements</b>			
<ul style="list-style-type: none"> <li>I am purchasing an EXOGEN Ultrasound Bone Healing System (referred to below as the "Device") from Bioventus® LLC (referred to as "Bioventus") and approve delivery of the device.</li> <li>My physician prescribed my course of treatment with the Device.</li> <li><b>Consent to Contact:</b> The Bioventus representative may incur incidental physical contact with me while providing assistance in fitting the Device and/or training me on its use.</li> <li>I consent to electronic transmission of my EXOGEN order documentation.</li> <li>Device is not returnable, unless unused and returned within 90 days.</li> <li><b>Confidentiality of Medical Information (HIPAA):</b> I acknowledge receipt of the attached EXOGEN Healthcare Component HIPAA Notice of Privacy Practices, which explains how my personal health information (PHI) is protected.</li> <li><b>Right and Responsibilities:</b> I acknowledge that I have received a copy of Bioventus' Bill of Rights and Responsibilities for patients.</li> <li><b>Product Warranty Information:</b> I acknowledge I have received a copy of the warranty documentation for the Device.</li> <li><b>Contact Information/Hours of Operation:</b> I acknowledge I have received a copy of Bioventus' service center contact information and hours of operation.</li> <li><b>Patient Complaints or Grievances:</b> I acknowledge I have received written instructions regarding the process for filing a complaint or grievance with Bioventus.</li> <li><b>Medicare Supplier Standards:</b> I acknowledge that I have received a copy of the Medicare Supplier Standards. Osteogenesis stimulators are covered by Medicare as rentable or purchase items. However, the Device is approved by the FDA for single patient use only and, therefore, is not provided by Bioventus on a rental basis.</li> </ul>			
<b>Assignment of Benefits</b>			
<ul style="list-style-type: none"> <li>I request that Medicare or other insurers pay Bioventus directly for the authorized Device and any other authorized services or medical equipment provided by Bioventus.</li> <li>I assign insurance payments for the Device to Bioventus or its affiliates.</li> </ul>			
<b>Payment</b>			
<ul style="list-style-type: none"> <li>I authorize my physician to release to Bioventus and authorize Bioventus to release to my insurer any needed information for this or a related claim.</li> <li>I have requested the equipment and authorize Bioventus to submit required claims to my insurers.</li> <li>Any information provided by Bioventus about my insurance coverage is a good faith estimate only and not a guarantee of coverage, the amount of my co-pay, or other personal liability.</li> </ul>			
<p><b>CAUTION:</b> Federal law restricts the Device to being used only with a prescription of a physician. The Device is only intended for use by the individual for whom it is prescribed.</p>			
Patient Name: _____		Primary Phone: _____	
Patient Address: _____		Mobile Phone: _____	
City: _____ State: _____		Zip: _____ Email Address: _____	
<p><b>To be completed by Bioventus Sales Rep ONLY</b> By signing below, the undersigned confirms this form has been read, fully completed, signed and accurately dated by the patient.</p> <p>Prescriber name: _____</p> <p>Address at time of application: _____</p> <p>Sales rep signature: _____</p> <p>Sales rep name: _____</p> <p>Date: _____</p>		<p><b>Place EXOGEN label here</b></p> <p>If label is not available, enter the serial and batch numbers on the lines below:</p> <p>Serial # _____</p> <p>Batch # _____</p>	
<p><b>Certification:</b> I certify that:</p> <ul style="list-style-type: none"> <li>Bioventus has provided instructions for fitting and operating the Device</li> <li>I provided complete and accurate information on this form.</li> <li>I have fully read, understand, and accept each of the statements above.</li> <li>I agree to pay any amount not covered by my insurance, including co-pays and deductibles.</li> </ul>		<p><b>The undersigned also confirms that he/she:</b></p> <p><input type="checkbox"/> Has received the Device as indicated by the serial# listed above.</p> <p><input type="checkbox"/> Agrees to have a Device shipped to the address listed above.</p>	
Signature of Patient/Parent/Guardian/Power of Attorney/Healthcare Surrogate: _____		Date: _____	
Printed Name: _____		Relationship to Patient: _____	
<p>Please contact your insurance carrier or Bioventus' Patient Advocacy Department by calling 800-847-2381 for any questions regarding insurance coverage.</p> <p>EXOGEN is a registered trademark of Bioventus LLC</p>			

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

## PAIR FORM INSTRUCTIONS (2/3)

### How to explain a PAIR form to a patient:

By signing this form, you acknowledge that you received and reviewed the information on the form and in the attached documents, agree to accept the device via shipment / live fitting, and agree to pay any out-of-pocket costs for the device. An out-of-pocket estimate is provided on the form for your convenience, but it does not guarantee what your actual out-of-pocket will be.

### If obtaining PAIR form remotely:

Note: Provide the patient with the access code (zip code of patient's address entered in the ED)

1. Click E-Demo/PAIR in ED
2. Confirm patient email: this will auto populate if you entered an email for the patient prior to order submission
3. Click "Send"

4. You will then receive an email with a link to the form and will need to complete this step before the PAIR form will be sent to the recipient
  - Open "Bioventus eDocs via DocuSign" email
  - Click "Review documents"
  - Click "Continue"
  - Click "Start"
  - Click "Fill In" for:
    - Order number: This will auto populate
    - Patient's name, address, and phone number will auto populate: ensure these are correct for shipping
  - Click "Sign": A signature with your name should appear
  - Click "Finish"
  - If it asks you to login to DocuSign, you can login or you can click "No Thanks," and then you will get a message saying "You've finished signing"
    - The form will then be sent to the patient, and you will get a notification once the patient has completed the form

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

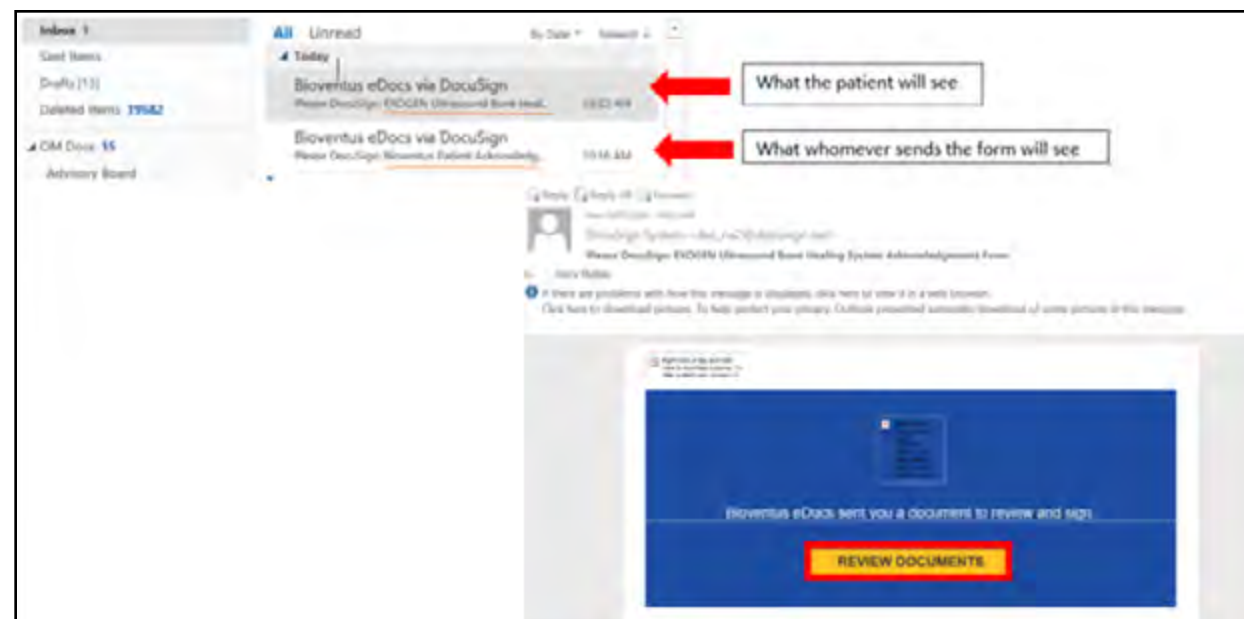
WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

## PAIR FORM INSTRUCTIONS (3/3)

**Step-by-step instructions to email a patient on how to complete the E-Demo PAIR form:**



[PAIR YouTube video »](#)

1. You should receive an email from “Bioventus eDocs via DocuSign.”
2. Open the email and click the “Review Documents” button – This is a bright yellow rectangle.
3. It will open and ask you to enter an access code. Your access code is your zip code. Then hit “Validate.”
4. Then you will read the electronic record and signature disclosure. After reading this, you will click the box next to “I agree...” which should checkmark the box, and hit continue.
5. The PAIR form will then open and you should choose “Start” in the top right corner to begin.
6. From here, about halfway down page 2, it will ask you to add your initials
  - To add your initials, you will click the initial “Here” button. You can use a formulated signature by choosing “Select Style” or you may draw your initials/signature by hand by choosing “Draw.” Once you have made a selection, choose “Adopt and Initial” in the bottom left corner.
7. Next, make sure your name, address and phone number are correct
  - If they are incorrect, please update accordingly.
8. Scroll to the bottom of page 2 and click “Sign Here” – Once you choose “Sign Here,” it should automatically populate the digital or hand drawn signature.
9. “Relationship to Patient” (small box in the bottom right corner on page 2): Choose “Self” if you completed the PAIR form for yourself, or another option if someone else completed the form for you.
10. Lastly, the top right corner will show a big yellow button “Finish” and you will click that.
11. You can then print the PAIR form, if you would like to keep the form for your records, or hit continue and it will automatically send the form back to Bioventus, demonstrating that you have completed it.

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

# RESOURCES

## ACRONYMS (1/2)

Acronym	Term
ABN	Advance beneficiary notice
AHT	Active healing therapies
ADO	Average daily orders
ASP	Average sales price
BI	Benefits investigation
BV	Bioventus

Acronym	Term
BT	Brightree
HCP	Healthcare provider
CMN	Certificate of medical necessity
CRM	Customer relationship management
CY	Current year

Acronym	Term
DME	Durable medical equipment
DOH	Date of hire
DoS	Director of Sales
DVP	Division Vice President
EBITDA	Earnings before interest, taxes, depreciation and amortization
EC	EXOGEN Connects

Acronym	Term
EOB	Explanation of benefits
ED	EXOGEN Direct
EOS	EXOGEN Order Specialist
Fx	Fracture
HA	Hyaluronic acid
Iconixx	Incentive-based compensation software
IM	Intake Management
OID	Orders in the door

GETTING STARTED

UNDERSTANDING PAYER LANDSCAPES

RECEIVING & SUBMITTING ORDERS

WORKING WITH INTERNAL PARTNERS

REAL-WORLD BEST PRACTICES

DELIVERY & FITTING

## ACRONYMS (2/2)

Acronym	Term
<b>OOP</b>	Out-of-pocket (estimated cost)
<b>P1, P2, P3, P4...</b>	Accounting periods (Jan, Feb, Mar, April...)
<b>PA</b>	Prior authorization
<b>PAF</b>	Patient assistance form
<b>PAIR</b>	Patient acknowledgment of liability, assignment of benefits
<b>PAP</b>	Patient assistance program

Acronym	Term
<b>Payer</b>	Insurance carrier
<b>PFS</b>	Patient Financial Services
<b>PO</b>	Purchase order
<b>POA</b>	Plan of action
<b>PY</b>	Prior year
<b>QBR</b>	Quarterly business review
<b>RA/RAF</b>	Return authorization/form
<b>RAM</b>	Regional Accounts Manager

Acronym	Term
<b>RCM</b>	Revenue cycle management
<b>RFP</b>	Request for proposal
<b>RS</b>	Reimbursement Services
<b>Rx</b>	Prescription
<b>SAP</b>	Systems, applications and products
<b>SMART</b>	Specific, measurable, achievable, realistic, and timely
<b>SLA</b>	Service level agreement

Acronym	Term
<b>SOP</b>	Standard operating procedure
<b>TM</b>	Territory Manager
<b>WIP</b>	Work in progress
<b>YOY</b>	Year-over-year
<b>YTD</b>	Year to date

GETTING STARTED

UNDERSTANDING PAYER LANDSCAPES

RECEIVING & SUBMITTING ORDERS

WORKING WITH INTERNAL PARTNERS

REAL-WORLD BEST PRACTICES

DELIVERY & FITTING

# RESOURCES

## BUSINESS PARTNER CONTACTS (1/2)

Topics	Department	Contact Info
BT ID # not created within 24 hours, BT technical issues	Business Architecture	<a href="mailto:BrightreeTeam@Bioventus.com">BrightreeTeam@Bioventus.com</a>
Payer invoicing/billing, credit rebill, attorney requests, order closed under incorrect territory, order closed for incorrect amount	Accounts Receivable	<a href="mailto:Exogen.Claims@Bioventus.com">Exogen.Claims@Bioventus.com</a>
Patient invoicing/billing, reopening a cancelled order, patient financial conversation prior to device shipment, assistance with patient forms	Patient Financial Services	<a href="mailto:PatAdv@Bioventus.com">PatAdv@Bioventus.com</a> 1-800-847-2381
Device returns, device exchange, additional equipment request	Customer Service	<a href="mailto:CustomerServiceUSA@BioventusGlobal.com">CustomerServiceUSA@BioventusGlobal.com</a> 1-800-836-4080
Requesting a trunk stock device, swapping devices	Field Inventory	<a href="mailto:Field.Inventory@Bioventus.com">Field.Inventory@Bioventus.com</a>
EXOGEN Direct questions, EXOGEN Direct enhancement requests, EXOGEN Direct concerns or questions	Business Architecture	<a href="mailto:ExogenDirectTeam@Bioventus.com">ExogenDirectTeam@Bioventus.com</a>

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

## BUSINESS PARTNER CONTACTS (2/2)

Topics	Department	Contact Info
Order escalations *Refer to <i>Escalation Requirements</i> on when to use	Reimbursement Services	<a href="mailto:ExogenEscalations@Bioventus.com">ExogenEscalations@Bioventus.com</a>
Billing list, indirect sales, Power BI, territory realignment, Quota changes, Customer exceptions	Sales Operations	<a href="mailto:SalesOperations@Bioventus.com">SalesOperations@Bioventus.com</a>
Create a new customer (HCP), edit existing customer information, deactivate customer	Master Data - Customers	<a href="mailto:BioventusCustomerMaster@Bioventus.com">BioventusCustomerMaster@Bioventus.com</a>
Questions about an IPA order	Payer Solutions	<a href="mailto:Christine.Monzingo@Bioventus.com">Christine.Monzingo@Bioventus.com</a>
Computer issues, Concord fax issues, EXOGEN Direct access	IT Service Desk	<a href="mailto:Bioventus.ServiceDesk@nwnit.com">Bioventus.ServiceDesk@nwnit.com</a>

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

## TRICARE PROCESS (1/6)

### Military Treatment Facility Consults

The workflow below will provide the steps taken when processing an order received by an HCP at a Military Treatment Facility (MTF). An MTF is the base hospital. These hospitals include clinics for all specialties. We receive orders for EXOGEN from specialties such as Trauma, Foot and Ankle, Orthopedics/Sports Medicine and Hand.

A Consult is an order placed into a portal at the MTF by the ordering physician/staff. It indicates the physician is placing an order for EXOGEN (all DME or other referrals are placed in this system).

### Military Treatment Facility Consult Workflow

- Consult is placed at the MTF. TM receives a copy of that Consult and order will be pending authorization with vendor (no submission needed).
- Consults are placed in the hospital system and will be routed directly to the vendor from the base.
- Consult is assigned an order number by Referral Management on base prior to review by the vendor.
- Vendor for the EAST is Humana Military and vendor for the WEST is Health Net Federal.

### Required Documents

- TM will submit the order to ED.
- This consult is considered the Rx and no additional signature is required.
- No clinical is necessary as order is already pending with vendor.
- If the social security number is not present on the consult, request the DBN # from the patient (11-digits on back of card). The DoD ID is a 10-digit number and is not the correct way to identify a patient's medical benefits.

### Benefits & Prior Authorization Requirements

- RS will complete the benefit process.
- RS will only check for status of authorization. No submission needed.

### Things you need to know

- If checking the portal within 1-3 days of submission, the order may still be at the base level and not on the portal (if consult was entered as ROUTINE versus URGENT).
- The ICD-10 code may not be included on the Consult. It may be added in Exogen Direct if description is available.

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

# RESOURCES

## TRICARE PROCESS (2/6)

### MTF Example Consults

Home Zip: 23664-1763      Duty Phone:  
Home Phone: 8066745048      Work Phone:  
Primary OHI:

---

Referred by: BARRON, AARON E      Referral from: LANGLEY ORTHO  
Priority: ROUTINE      # of Visits Requested: 1  
Clin Spec: HEALTH BENEFITS      Appt Type:  
Prov Spec:      Start Date: 09 May 2019  
Place of Care:      Stop Date: 06 Jun 2019  
Provider:      Start Time: 0001  
Spec Type:      Stop Time: 2400  
Location:      Days of Week:  
Language:      Prefer Gender:

Reason for Referral:  
24F with Left tibia stress fracture for 15 months. Xray done on 16 Oct 18 and MRI done 1 mar 19. Please provide Exogen Bone Stimulator (E0760) through Bioventus. Rep is Courtney Osborne @7576334539

Provisional Diagnosis (ICD):  
Provisional Diagnosis (Free Text):

Referral Procedure:

---

APPOINTMENTS BOOKED FOR REFERRAL #20190625792

Appt Dt/Tm	Provider	Spec Type	Place of Care	Status
No appointment booked for this referral				

Date/Time Reviewed: 09 May 2019@1407

Printed from the MTF/base system

DD 2161

PERSONAL DATA - Primary Act of 1974 (PL 93-678)  
Automatic Version of DD 2161 - REFERRAL FOR CIVILIAN MEDICAL CARE

Requester: **Bioventus**      From: TRACTORY/TRAINING CLINIC WFOC      Date of Request: 22 MAY 2022 11:34  
Reason for Request (Classification and Funding):      Referral Number: 2022080000

Priority: **ROUTINE**      Auto Exp Date: 18 Apr 2026      # of Visits: 1      Place of Service:      (Shaded)      (in Call)

Provisional Diagnosis: 8 wk left tibia stress fracture and non-displaced radial head fracture  
Provisional Signature of Ordering MCO: SMITH, CHRISTOPHER S      Approved by Commander or Designate:      Date: 22 May 2022 11:34

ICD 10: S42.002K

Benefits ID# 005727117-00

DD 2161

ORDER SHEET

Order Entry D/T: 08/31/22 11:34 PDT      Orders Entered By: ERNST, ANDREW JOHN  
Ordering Dr: ERNST, ANDREW JOHN, MD

Referral Request 2.0  
08/31/2022 11:34:00 PDT, Orthopedics, Left Clavicle Nonunion, DME, Displaced fracture of shaft of left clavicle, subsequent encounter for fracture with nonunion  
Order comments: 57M with left clavicle non-union - needs a bone stimulator to help with healing - 0.

--This Referral is Electronically Signed by the Ordering Provider--

ICD 10: S42.002K

Benefits ID# 005727117-00

Pl. Name: Borja, Jose Luis      0024C-Naval Hospital  
D.O.B./Sex: 06/12/1965 M  
DoD ID #: 1086154680      Order Sheet      Print ID: TORANZO, KI  
Physician:      Print Date/Time: 08/31/22 11:34  
Financial #: 37255184      Page 1 of 1  
Pl. Type: C  
Room/Bed: /  
Admit/Disch: 08/31/2022 PDT - 00/00/00

Example Consult

Alfano, Christian Xavier  
22 ym Male DOB: JAN 26, 2008

This referral has not yet been started. Click the 'Start Referrals' button to prepare for sending.

Not Started

Case Details

Referral	Order	Equipment	Priority	Waiting
57M Metatarsal Base Fracture	582.354G - Non-displaced fracture of 5th metatarsal base, right foot, subsequent encounter for fracture with delayed healing	582.354G - Non-displaced fracture of 5th metatarsal base, right foot, subsequent encounter for fracture with delayed healing	09/08/2022	09/08/2022

Patient Information

Phone	Mobile Phone	Home Phone	Business Phone
8633165217		8633165217	

Example Consult

## TRICARE PROCESS (3/6)

### Tricare Orders from Civilian Clinics Workflow

The workflow below will outline the process for submitting an order to Tricare on behalf of a civilian clinic.

PRIME members (may be active duty or dependent / retiree) can be seen at a civilian clinic if provided a Civilian Physician Referral, by the primary care manager (PCM/PCP) on the MTF and should cover all treatment to include DME. This referral has to be granted in order for the patient to get treatment by the civilian provider.

Dependents and retirees may choose either PRIME or SELECT. If they choose SELECT, no referral is needed to be treated by a civilian provider.

EOS or TM should check pVerify and indicate in ED if patient has PRIME or SELECT.



### Required Documents

- TM will submit the order in ED (commercial type)
  - i. Valid Rx
  - ii. Demographics (if provided)
  - iii. Clinical notes
  - iv. If patient has PRIME, a copy of the Civilian Physician Referral is a plus

### Benefits & Prior Authorization Requirements

- RS will complete the benefit process
- RS will **submit as is** to the respective vendor to be pre-authorized, if required

### Required Portal Access

- Health Net **Federal** is vendor for the WEST
- Humana **Military** is vendor for the EAST

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

## TRICARE PROCESS (4/6)

### Things to Know

- Prior auth should be completed for PRIME
- No prior auth required for SELECT, but recommend predetermination
- CMN is not needed
- Fracture gap is not needed
- NO ACTION NEEDED from the civilian clinic
- **IMPORTANT:** the ORDERING and RENDERING provider should be entered as the civilian provider who ordered EXOGEN when submitting on the Humana portal
- Bioventus is only the FACILITY
- **IMPORTANT:** the REQUESTING provider is the civilian provider and SERVICING provider is Bioventus when submitting order on Health Net portal
- SS # or DBN number (11-digits on the back of the card) used as ID#
- Follow the coinsurance guidelines in the event of a denial

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

## TRICARE PROCESS (5/6)

### Tricare Authorization Workflow

The workflow below will provide the process for Military/Tricare authorization (via corporate fax) orders.

When an order was submitted to Humana or HealthNet from a MTF, and we will receive a copy of the authorization to our corporate fax as we are listed as the entity who will supply the device to the patient.



### Required Documents

- Humana and HealthNet should send their authorizations with an electronic signature and/or information from the consult, which serves as the Rx so there is no need to obtain additional documentation from the MT.
- National Order Entry (NOE) will check portal for demographic/fracture information and enter into ED.
- In the event an authorization is faxed to TM, order can still be entered into ED.
- TM may need to obtain the ID number from the patient. Please use the DBN on the back of the card if SS # is not supplied.
- Please note this is NOT the DoD ID (10-digit number)
- If order was assigned in error to a different supplier, RS can request a change via the portal.

### Required Portal Access

- RS will check benefits, but there is no need to check status as we already have the authorization.
- We can ship to the patient as soon as the patient is aware of any associated OOP responsibility.

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

# RESOURCES

## TRICARE PROCESS (6/6)

### Example Authorization

**Humana. Military**

FAX: (866)832-7284 AUTH/ORDER #: 0121-220801-06128  
DATE: 08/04/2022 REASON FOR FAX: APPROVED

**IMPORTANT**  
Return Discharge Summary or Operative Report/Consultation to the referring Military Treatment Facility fax # listed below. Include this page as a coversheet for your fax

Bioventus  
1900 Charles Bryan Rd Ste 275  
Cordova TN 38016 5285  
PHONE: (800)836-4080  
FAX#: (866)832-7284

HUMANA MILITARY --- TRICARE REFERRAL/AUTHORIZATION

You've been approved to provide the services described below. If an appointment is required to provide these services, the beneficiary will contact you. Please schedule the appointment within the TRICARE access standard. Wait time for specialty care appointments is based on the nature of the care required, but should not exceed four weeks. Units shown below are the total number of visits or procedures covered by this authorization number. Routine ancillary lab, skin biopsy, and radiology diagnostic tests do not require specific authorization. This authorization does not guarantee payment. Payment is based on TRICARE eligibility and compliance with TRICARE policy. If further information about this authorization is required, please contact Humana Military at (800)444-5445. Inpatient care requires notification by the hospital and separate authorization.

BENEFICIARY INFORMATION: [REDACTED] SPONSOR ID: XXXXX8317  
<SHCP> PHONE: (910)280-4711

AUTHORIZED SERVICES: OSTOGENS STIM LOW INTENS ULTRASOUND NON-I UNITS: 1 BETWEEN DATES: 07/26/2022 - 01/22/2023

bioventus. bone stimulator. 20M active duty army with Right scaphoid fracture x4wks. Needs bone stimulator for fracture healing for purchase.

REASON FOR REFERRAL: DSPL FX DIST POLE NAVICLR BN RT WRIST SUB F

To improve coordination of care, please send a report of this referral to the Primary Care Manager(PCM)/referring provider within 10 days of the visit at the fax number listed below.

REFERRING MILITARY TREATMENT FACILITY NAME: AHC McDONALD-EUSTIS FAX # (630) 570-5902

ORDERED AND ELECTRONICALLY SIGNED BY: AHC McDONALD-EUSTIS  
ORDERING PROVIDER NPI: 1518152792 PEDERSEN, AASTA

Log on to the Self-Service portal at [www.humanamilitary.com/log-in](http://www.humanamilitary.com/log-in) or register now using this code for approval access: 4064

- \* Eligibility, referral status and prescription history for the patient
- \* Submit new or update referral and authorization requests, often with immediate approval

If you are not a healthcare professional, you may not use or disclose the information contained in this fax, and please return the fax to Humana Military at 877-852-4374 and delete or destroy the information. This fax number is not to be used by healthcare professionals and is not monitored for clinical information. This information is intended only for the use of the individual or entity to which it is addressed and contains Protected Health Information, which is CONFIDENTIAL. This information may only be used or disclosed in accordance with federal law, which contains penalties for misuse.

CC: AHC McDONALD-EUSTIS  
CC: RESOLUTE HEALTH-PT EUSTIS APPT. DATE:

**Referral Details**

<b>Auth/order #</b>	0121-220801-06128	<b>Case category</b>	Approved
<b>Patient information</b>		<b>Sponsor ID</b>	424538317
<b>Patient name</b>	Bobby W Bethea III	<b>Other health insurance</b>	No Other Health Insurance
<b>Date of birth</b>	4/30/2002	<b>Patient phone</b>	(910) 280-4711
<b>Market</b>	TW03	<b>Pharmacy info</b>	Available online
<b>Service area</b>	0120		
<b>Provider information</b>		<b>Rendering</b>	-
<b>PCM</b>	Resolute Health-Ft Eustis 815 Gaffey Pl Fort Eustis, VA 23604-1505 phone: (866) 645-4584 fax: (630) 570-5901	<b>Facility</b>	Bioventus 1900 Charles Bryan Rd Cordova, TN 38016-5285 phone: (800) 836-4080 fax: (866) 832-7284
<b>Ordered and e-signed by</b>	Ahc McDonald-Eustis 576 Jefferson Ave. Fort Eustis, VA 23604-1373 NPI: 1518152792 (Pedersen, Aasta) phone: (866) 645-4584 fax: (757) 314-7854		
<b>Case authorization information</b>			
<b>Case type</b>	Evaluate and Treat (and other services)	<b>Submitted date</b>	8/2/2022
<b>Submitted date</b>	8/2/2022	<b>Processed date</b>	8/4/2022
<b>Type of service</b>	Durable Medical Equipment	<b>Place of treatment</b>	Patient's Home
<b>Valid dates</b>	7/26/2022 - 1/22/2023	<b># of units or visits</b>	1
<b>Reason for referral</b>	Dspl Fx Dist Pole Naviclr Bn Rt Wrist Sub F	<b>Initial diagnosis</b>	S62011D - Dspl Fx Dist Pole Naviclr Bn Rt Wrist Su
<b>Service</b>	Ostogens Stim Low Intens Ultrasound Non-I	<b>Units</b>	1
		<b>Between dates</b>	7/26/2022 - 1/22/2023

Example demographic sheet from vendor portal

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

## VAMC AND CCN ORDER FLOWS (1/4)

### The VA System FAQs

1. Who is a veteran?
  - Have served in the military, but did not qualify for lifetime Tricare benefits.
  - Receive free care through the VA system.
2. What is a Veterans Affairs Medical Center (VAMC)?
  - A hospital that has primary care and specialty clinics as well as ER, pharmacy and surgical, available to all eligible veterans.
3. What is Community Care Network (CCN)?
  - <https://www.va.gov/COMMUNITYCARE/programs/veterans/CCN-Veterans.asp>
  - A system where veterans can be treated by community HCPs outside of VAMC, who are enrolled in CCN.
  - Most treatment by the community provider is covered by third-party administrators (TPAs). These TPAs are TriWest<sup>®</sup> and Optum (TriWest and Optum), but DME orders must be obtained through the VAMC process.

### EXOGEN for Veterans Treated at a VAMC

1. What department handles POs for DME?
  - Prosthetics (sometimes referred to as Purchasing).
2. What is the Federal Supply Schedule?
  - VA catalog system for procurement of supplier's goods.
  - Bioventus uses vendors who hold contracts on the FSS where the VAMCs can procure EXOGEN.
3. Who are our vendors for EXOGEN in the VAMCs?
  - Medline (FSS) and Cardinal Health<sup>™</sup> Metro Medical<sup>™</sup> (credit card only).
4. How does a veteran obtain EXOGEN if treated at a VAMC?
  - See the chart on the next slide.

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

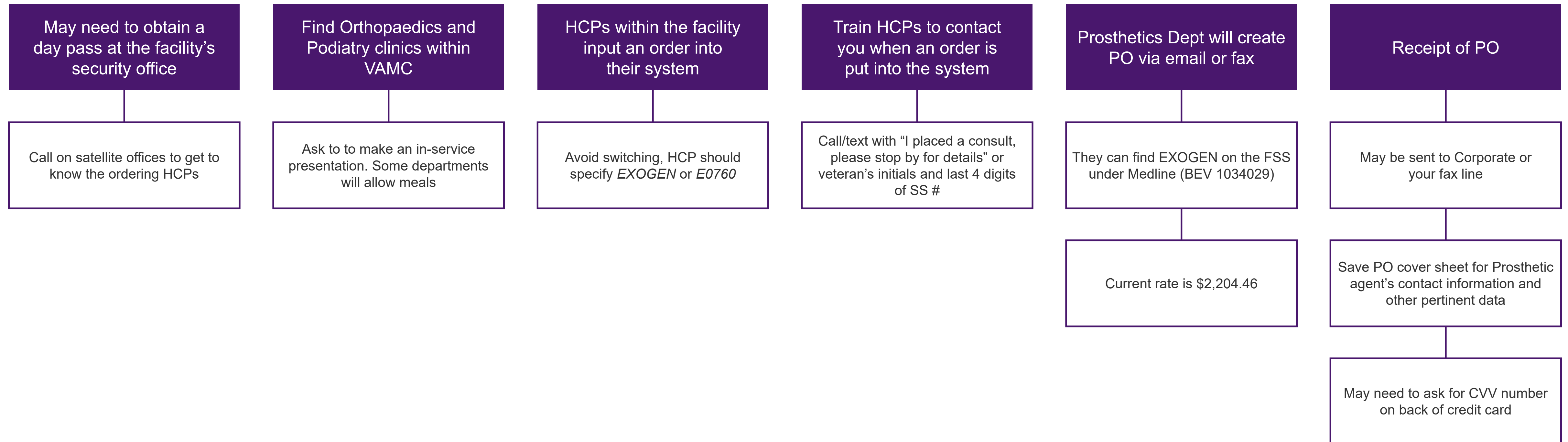
WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

## VAMC AND CCN ORDER FLOWS (2/4)

### How a veteran obtains EXOGEN when treated at a VAMC



## VAMC AND CCN ORDER FLOWS (3/4)

### EXOGEN for Veterans through the Community Care Network

1. What type of referral is granted for veterans to receive standard treatment by a community HCP?
  - Standard Episode of Care Referral
2. Who are the third-party administrators who will be listed as the payer on Demographics when receiving an order through the CCN?
  - Optum or TriWest (not to be confused with Tricare West)
3. What form is needed to request EXOGEN for patients through CCN (filled out by civilian office)?
  - Request for Service form (can be found on RT EXOGEN Connection website)
4. How should an order through the CCN be entered into ED??
  - Under the VA drop-down and use zeros for the PO # (you will not have the PO at the time the order is initiated from your community HCP)

---

**Primary Insurance : TriWest VA CCN**  
Subscriber Name: ██████████  
Patient's Reltn: Self  
Sex: Male  
DOB: ██████████  
Age: 71 Years  
Employer Name: Retired  
Employer Phone:  
Financial Class: Veterans Administration

---

**Plan Information:**  
**Plan:** 2598-VA CCN CLAIMS OPTUM  
P O BOX 202118  
FLORENCE, SC 29502

*Note: these payers will not cover DME such as EXOGEN and are listed on the demographics sheet because they are the insurance that will cover treatment by the HCP.*



GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

## VAMC AND CCN ORDER FLOWS (4/4)

### EXOGEN for Veterans through the Community Care Network (Cont'd)

#### 5. What does the Community Care Network process entail?

Civilian clinics (HCPs outside of the VA Medical Center) sign up to be part of the Community Care Network

For all evaluation and treatment by the civilian HCP, the VA provides veteran an approved Standard Episode of Care (SEOC) referral before appointment can be scheduled to see the civilian HCP

If DME such as EXOGEN is needed, this would be considered outside the scope of the SEOC and a Request for Service Form (RFS) must be submitted by community provider

The community provider at the civilian clinic should submit this RFS form via fax to local CCN office (best practice is to send directly to their contact associated with the CCN office)

The CCN office should manage getting an order placed within the nearest VAMC (no patient appointment necessary). Bioventus and the civilian clinic should receive PO, once approved

#### 6. What can you do when there are delays?

- 1** Find the contact in the civilian office who originally signed up to participate in the CCN program. Ask if they have a contact at their local CCN office.
- 2** Call or visit the local CCN office and inquire about the status of the Request for Service for EXOGEN.
- 3** Ask the patient to reach out to their contact at the VA or CCN office in an effort to follow up on the status of the PO.

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS


WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

## ATTESTATION FORM EXAMPLES (1/2)

TWO VANTAGE WAY | NASHVILLE, TN 37228-1504 | CGSMEDICARE.COM

  
CGS<sup>™</sup>  
A CELERIAN GROUP COMPANY

We IMPACT lives.

*Should you choose to submit an attestation statement, you may use the following or create your own.  
REMEMBER: For an attestation statement to be valid it MUST be signed by the provider performing the service and must contain sufficient information to identify the beneficiary.*

Patient FULL Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

I \_\_\_\_\_ hereby attest that the medical record entry for Date of Service \_\_\_\_\_ accurately reflects signatures/ notations that I made in my capacity as \_\_\_\_\_ (i.e.MD,DO,NP) when I treated the above listed Medicare beneficiary. I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

Provider's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES


RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

## ATTESTATION FORM EXAMPLES (2/2)



SIGNATURE ATTESTATION STATEMENT

Medicare requires that services be authenticated by the persons responsible for the care of the beneficiary. The treating physician's/non-physician practitioner's (NPP's) signature on a note indicates that the physician/NPP affirms the note adequately documents the care provided. If the signature is illegible, MACs, UPICs, SMRC, and CERT shall consider evidence in a signature log, attestation statement, or other documentation submitted to determine the identity of the author of a medical record entry. If the signature is missing from any other medical documentation (other than an order), MACs, SMRC, and CERT shall accept a signature attestation from the author of the medical record entry. Providers should not add late signatures to the medical record, (beyond the short delay that occurs during the transcription process) but instead should make use of the signature authentication process. Note: Contractors cannot request or accept an attestation for a late signature for an order that is not signed. For complete CMS requirements, see to CMS Internet Only Manual (IOM), Publication 100-08, Chapter 3, Section 3.3.2.4.

This attestation form is provided as a courtesy for providers to refer to and/or use. This is not a required form. Providers may develop their own attestation form, if desired.

Beneficiary Information	
Beneficiary Name	
Date of Birth	Medicare Beneficiary Identifier (MBI)

**Attestation Statement**

I, \_\_\_\_\_ (print full name of physician/practitioner), hereby attest that the medical record entry for \_\_\_\_\_ (date(s) of service/visit/progress note) accurately reflects signature/notations that I made in my capacity as a(n) \_\_\_\_\_ (the author's credentials, e.g. MD) when I treated/diagnosed the above listed Medicare beneficiary. I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission or concealment of material fact may subject me to administrative, civil or criminal liability.

Signature of Medical Record Author	Date of Signature
------------------------------------	-------------------

In order to be considered valid for Medicare medical review purposes, an attestation statement must be signed and dated by the author of the medical record entry. Reviewers will not consider attestation statements where there is no associated medical record entry or someone other than the author (even a partner in the same group practice) of the medical record entry in question signs this statement. Reviewers shall NOT consider attestation statements from someone other than the author of the medical record entry in question (even in cases where two individuals are in the same group, one should not sign for the other in medical record entries or attestation statements).

Noridian Healthcare Solutions, LLC 28076118 • 8/20

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

# RESOURCES

## SAMPLE DOCUMENTATION REQUEST (FAX COVER SHEET)

<b>Bioventus LLC</b> 4721 Emperor Blvd., Suite 100 Durham, NC 27703, USA	919-474-6700 800-396-4325 Bioventus.com	<b>exogen</b> <sup>®</sup> ultrasound bone healing system
To: _____	Date: _____	
Fax: _____	Time: _____	
From: _____	Pages: _____	
Fax: _____	Subject: _____	

Please provide these items when prescribing EXOGEN:

- A prescription from the EXOGEN Rx pad, or another prescription (electronic, Rx pad, or DME Order Form) and fracture gap
- Copies of insurance cards and insurance information
- Patient demographics and patient's best contact number
- Medical records, including imaging reports, office visit reports, fracture-related operative report(s), and applicable ICD-10 code(s)

Medicare nonunion guidelines:

- Minimum of two sets of X-rays obtained prior to starting treatment, separated by a minimum of 90 days, specifying multiple views
- Written interpretation by a physician indicating no clinically significant evidence of healing or nonunion
- All radiographic documentation and office visit documentation related to the order must be signed and dated by the treating physician (either wet signature or electronic if in EMR)

**Indications for Use:** The EXOGEN Ultrasound Bone Healing System is indicated for the non-invasive treatment of established nonunions\* excluding skull and vertebra. The EXOGEN device has also been reported as effective as an adjunctive non-invasive treatment of established nonunions in patients:

- With internal or external fracture fixation hardware present. EXOGEN cannot penetrate metal and therefore should not be applied directly over hardware.
- Undergoing treatment for infection at the fracture site. EXOGEN is not intended to treat the infection.
- Believed to have diminished bone quality. EXOGEN is not intended to treat diminished bone quality.

In addition, EXOGEN is indicated for accelerating the time to a healed fracture for fresh, closed, posteriorly displaced distal radius fractures and fresh, closed or Grade I open tibial diaphysis fractures in skeletally mature individuals when these fractures are orthopaedically managed by closed reduction and cast immobilization.

There are no known contraindications for the EXOGEN device. Safety and effectiveness have not been established for individuals lacking skeletal maturity; pregnant or nursing women; patients with cardiac pacemakers; on fractures due to bone cancer; or on patients with poor blood circulation or clotting problems. Some patients may be sensitive to the ultrasound gel.

\*A nonunion is considered to be established when the fracture site shows no visibly progressive signs of healing.

Full prescribing information can be found in product labeling, at EXOGEN.com or by contacting customer service at 1-800-836-4080.

Bioventus, the Bioventus logo, and EXOGEN are trademarks of Bioventus LLC.  
© 2022 Bioventus LLC SMK-003267c 12/22

**bioventus**  
Innovations For Active Healing

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

## PATIENT PERSPECTIVE: FAQs (1/3)

### What if I miss a treatment?

Try to get back on schedule as soon as possible. To stay consistent with your treatments, check the treatment-tracking calendar on your device and identify a convenient time to use EXOGEN each day. You can also download EXOGEN Connects, a free treatment reminder app.

### What if I don't place the EXOGEN transducer in exactly the right spot?

Best results are achieved when the EXOGEN transducer is placed at the location marked by your physician. Consult with your physician if you are unsure of where to place the EXOGEN transducer.

### Will EXOGEN work through clothing?

Ultrasound waves cannot travel through air or clothing. The EXOGEN transducer requires direct contact with skin and the use of a coupling gel (included with your device).

### How long will I need to use EXOGEN?

Different fractures heal at different rates. Your physician will determine the necessary length of your treatment during follow-up appointments.

### What if I run out of coupling gel?

Mineral oil can be used in place of the coupling gel that comes with the EXOGEN device. Petroleum jelly, however, is not an acceptable substitute. You may also request more coupling gel by calling Bioventus Customer Service at 1-800-836-4080.

**How will I know if the EXOGEN unit is working?** Your device is working properly when you see the display screen counting down from 20 minutes during each treatment. Your physician will update you on your healing status at follow-up appointments.

### Will having two or more treatments per day result in better or faster healing?

Clinical studies have evaluated the effectiveness of EXOGEN with one 20-minute treatment per day, with demonstrated healing acceleration. Multiple or longer-duration daily treatments have not been studied.

**What do I do if I have a question about my bill?** If you receive a bill, contact Bioventus Patient Financial Services, 1-800-847-2381, for assistance.

**Can I use EXOGEN if I have a pacemaker?** The operation of active, implantable devices such as cardiac pacemakers may be adversely affected by close exposure to the EXOGEN device. If you have a pacemaker, talk with your physician or cardiologist to find out if EXOGEN is right for you.

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

## PATIENT PERSPECTIVE: FAQs (2/3)

### Does EXOGEN have any contraindications?

There are no known contraindications for the use of the EXOGEN device. The EXOGEN package insert includes a section on Precautions and Warnings that highlights situations in which the safety and effectiveness of EXOGEN has not been established, such as specific patient circumstances involving certain types of medication or medical problems other than fractures.

### Is EXOGEN treatment painful?

Most patients don't feel anything at the treatment site, while some patients report experiencing a tingling sensation. If you should experience any pain or adverse reaction, please let me know or contact Bioventus directly.

### Is EXOGEN safe?

EXOGEN is FDA approved and has been shown to be safe in clinical studies that support its indicated uses.

### Is this similar to a TENS unit?

No, a TENS, or transcutaneous electrical nerve stimulation, is a back pain treatment that uses low-voltage electric current to relieve pain. TENS is typically applied with a

TENS unit, a small battery-operated device. The device can be hooked to a belt and is connected to two electrodes. EXOGEN uses low-intensity, pulsed ultrasound.

### Is this like the ultrasound I see at physical therapy?

Yes, it's the same technology (ultrasound). However the frequency and intensity is much less with EXOGEN. EXOGEN's ultrasound frequency is 1.5 megahertz and its intensity is 30 milliwatts/cm<sup>2</sup>. This is lower than a fetal ultrasound examination used with pregnant women.

### What do I do with the device when I'm done?

Where do I return the unit? This is your device to keep. It's a single-patient prescription device. If you have questions or want to return it, please call customer service.

### Is this device a rental?

No, this device is not a rental. It's a single-patient prescription device.

### How many treatments are available on this device?

#### What if it runs out of treatments?

The expected service life of EXOGEN and its accessories is 343 treatments. The device is designed to last as long as it takes for the prescribed fracture to heal. If your device indicates there are no remaining treatments, please contact customer service to initiate more treatments.

GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

## PATIENT PERSPECTIVE: FAQs (3/3)

### Can I stop the 20-minute treatment halfway through and then finish it later?

No. Based on clinical studies, you must complete a full 20-minute treatment for this to be effective.

### Can I use EXOGEN for any other indications?

No, EXOGEN is approved for the accelerated healing of indicated acute fractures and nonunions (excluding skull and vertebra).\* Full prescribing information can be found in product labeling, at EXOGEN.com, or by contacting customer service at 1-800-836-4080.

\*A nonunion is considered to be established when the fracture site shows no visibly progressive signs of healing.

### When should I follow up with my doctor?

You should discuss this with your physician. Typically, there is an appointment scheduled after 4-6 weeks of EXOGEN treatment, to check progress. When you attend your follow-up appointments, be sure to bring your unit with you so that the your physician can track your usage.



GETTING  
STARTED

UNDERSTANDING  
PAYER LANDSCAPES

RECEIVING &  
SUBMITTING ORDERS

WORKING WITH  
INTERNAL PARTNERS

REAL-WORLD  
BEST PRACTICES

DELIVERY  
& FITTING

# EXOGEN

---

# SURVIVAL

---

# MANUAL



**References:** 1. Nolte PA, van der Krans A, Patka P, Janssen IM, Ryaby JP, Albers GH. Low-intensity pulsed ultrasound in the treatment of nonunions. *J Trauma*. 2001;51(4):693-703. doi:10.1097/00005373-200110000-00012 2. Cook SD, Ryaby JP, McCabe J, Frey JJ, Heckman JD, Kristiansen TK. Acceleration of tibia and distal radius fracture healing in patients who smoke. *Clin Orthop Relat Res*. 1997;(337):198-207. doi:10.1097/00003086-199704000-00022 3. Aetna. Medical Clinical Policy Bulletin. Bone growth stimulators. Last updated May 25, 2021. [www.aetna.com/cpb/medical/data/300\\_399/0343.html](http://www.aetna.com/cpb/medical/data/300_399/0343.html) 4. Cigna. Medical Coverage Policy. Bone growth stimulators: electrical (invasive, noninvasive), ultrasound. Last updated May 15, 2021. [https://static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/mm\\_0084\\_coveragepositioncriteria\\_bone\\_growth\\_stimulators.pdf](https://static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/mm_0084_coveragepositioncriteria_bone_growth_stimulators.pdf) 5. UnitedHealthcare. Commercial Medical Policy. Electrical and ultrasound bone growth stimulators. Last updated January 1, 2021. <http://www.uhcprovider.com/content/provider/en/viewer.html?file=https%3A%2F%2Fwww.uhcprovider.com%2Fcontent%2Fdam%2Fprovider%2Fdocs%2Fpublic%2Fpolicies%2Fcomm-medical-drug%2Felectrical-ultrasound-bone-growth-stimulators.pdf> 6. Humana. Medical Coverage Policy. Bone growth stimulators. Last updated February 24, 2022. [http://apps.humana.com/tad/tad\\_new/Search.aspx?criteria=Bone+growth+stimulators&searchtype=freetext&policyType=both](http://apps.humana.com/tad/tad_new/Search.aspx?criteria=Bone+growth+stimulators&searchtype=freetext&policyType=both) 7. Kristiansen TK, Ryaby JP, McCabe J, Frey JJ, Roe LR. Accelerated healing of distal radial fractures with the use of specific, low-intensity ultrasound. A multicenter, prospective, randomized, double-blind, placebo-controlled study. *J Bone Joint Surg Am*. 1997;79(7):961-73. doi: 10.2106/00004623-199707000-00002 8. Heckman JD, Ryaby JP, McCabe J, Frey JJ, Kilcoyne RF. Acceleration of tibial fracture-healing by non-invasive, low-intensity pulsed ultrasound. *J Bone Joint Surg Am*. 1994;76(1):26-34. doi:10.2106/00004623-199401000-00004

**Summary of Indications for Use:** The EXOGEN Ultrasound Bone Healing System is indicated for the non-invasive treatment of established nonunions\* excluding skull and vertebra. In addition, EXOGEN is indicated for accelerating the time to a healed fracture for fresh, closed, posteriorly displaced distal radius fractures and fresh, closed or Grade I open tibial diaphysis fractures in skeletally mature individuals when these fractures are orthopaedically managed by closed reduction and cast immobilization.

There are no known contraindications for the EXOGEN device. Safety and effectiveness have not been established for individuals lacking skeletal maturity, pregnant or nursing women, patients with cardiac pacemakers, on fractures due to bone cancer, or on patients with poor blood circulation or clotting problems. Some patients may be sensitive to the ultrasound gel.

Full prescribing information can be found in product labeling, at EXOGEN.com, or by calling customer service at **1-800-836-4080**.

\*A nonunion is considered to be established when the fracture site shows no visibility progressive signs of healing.

EXOGEN, Bioventus, and the Bioventus logo are registered trademarks of Bioventus LLC.