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AFO-KAFO
Documentation Packet.

October 2023.

Information for Practioner and Billing Staff.

AFO-KAFO Documentation Packet.

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If you need help:

Contact the Ottobock Reimbursement Team

- Call 800-328-4058 and ask for reimbursement, or
- Email your request to Reimbursement911@Ottobock.com

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AFO/KAFO.

Physician Checklist (for documenting in medical record).

Focused history of the condition necessitating the orthosis

- ❑ Diagnosis and Diagnosis Code
- ❑ Affected Side, Symptoms
- ❑ Clinical course, therapeutic interventions, and results
- ❑ Prognosis

Focused physical examination of impacted body part

- ❑ Weight and height, weight loss/gain
- ❑ Presence of abnormality/deformity
- ❑ Swelling, tenderness, muscle spasm
- ❑ Objective assessment of joint laxity/stability, range of motion
- ❑ Neurological

Status/Condition of current orthoses (any AFO/KAFO patient has received that is less than 5 years old)

- ❑ **Describe the orthosis:** Does it need to be repaired or replaced? If yes, there needs to be a statement of continued medical need and continued use.
- ❑ **Damage:** If damaged please describe the accident/incident.
- ❑ **Wear and Tear:** If it is still within the useful lifetime, it will need to be repaired.
- ❑ **Patient's Condition:** If patient's condition has changed, describe why device is no longer appropriate (e.g., weight gain/loss, decreased stability, change in diagnosis, etc.).

Document that patient meets <u>all</u> criteria for coverage

- ❑ Patient is ambulatory, and
- ❑ Weakness/deformity of the foot and ankle, and
- ❑ Requires stabilization of the foot and ankle due to medical reason, and
- ❑ If ordering a KAFO: requires additional stabilization for knee, and
- ❑ Patient has potential to benefit functionally

If custom fabricated: document <u>one</u> reason

- ❑ Permanent condition > 6 months, or
- ❑ Detailed reason why a prefabricated (custom-fit/OTS) device could not be fit (i.e. unique body shape, deformities, etc.), or
- ❑ Need to control knee, ankle, or foot in > one plane, or
- ❑ Documented neurological, circulatory, or orthopedic status requires custom fab over a model to prevent tissue injury, or
- ❑ Healing fracture lacking normal anatomical integrity or anthropometric proportions

Prescription

- ❑ Recommendation for type of orthosis
- ❑ Rationale for decision (brand name not required)

Other Requirements

- ❑ Physician Signature and Date on each chart note
- ❑ Notes are dated prior to delivery
- ❑ Each note includes printed name of physician
- ❑ Signature may be handwritten or electronic (attach attestation or signature log if illegible)

Reasonable Useful Lifetime.

1. Reasonable Useful Lifetime for an AFO/KAFO is 5 years.
2. To replace AFO/KAFO before the useful lifetime has expired, there must be a documented reason why the current device no longer meets the patient's needs.
3. An orthosis may also be replaced when there is irreparable damage due to a specific event (e.g., accident, natural disaster, loss, theft, etc.).

Medicare expects that a lost/damaged item would be reported to some authority (e.g., police, homeowner's insurance, etc.) and requires that a copy of that report be available. If patient did not report the accident/loss, a signed statement from the patient describing the incident is required.

Same or Similar AFO-KAFOs.

The following AFO-KAFO codes are considered to be in the "same" category for Medicare payment purposes:

L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2035, L2036, L2037, L2038, L2106, L2108, L2112, L2114, L2116, L2126, L2128, L2132, L2134, L2136, L4350, L4360, L4361, L4370, L4386, L4387, L4396, L4397, L4398, L4631.

For example, an L1902 ankle gauntlet is considered the same as a L2036 custom fabricated KAFO.

If your patient has received any orthosis from this list of codes in the past 5 years (for any diagnosis or from any provider), you must document one of the three reasons stated above (under RUL), so the new AFO/KAFO is eligible for reimbursement.

AFO-KAFO Documentation List.

Patient Name:
Date:
Completed by:

FROM PHYSICIAN RECORDS

History of condition necessitating orthosis

- ❑ Diagnosis and Diagnosis Code
- ❑ Affected Side, Symptoms
- ❑ Clinical course, therapeutic interventions and results
- ❑ Prognosis

Focused Physical examination

- ❑ Weight and height, weight loss/gain
- ❑ Presence of deformity
- ❑ Document swelling, tenderness, contractures, or spasticity, joint laxity/stability, ROM
- ❑ **Wear and Tear:** If it is still within the useful lifetime, it will need to be repaired.
- ❑ **Patient's Condition:** If patient's condition has changed, describe why device is no longer appropriate (e.g. weight gain/loss, decreased stability, change in diagnosis, etc.).

S**tatus/Condition of Current Orthoses** (any AFO/KAFO patient has received that is less than 5 years old)

- ❑ **Describe the orthosis:** Does it need to be repaired or replaced? If yes, document that patient continues to use orthosis and orthosis continues to be medically necessary
- ❑ **Damage:** If damaged please describe the accident/incident.
- ❑ **Repair:** If the device needs repair there needs to be a statement of continued medical need and use.
- ❑ **Wear and Tear:** If it is still within the useful lifetime, it will need to be repaired.
- ❑ **Patient's Condition:** If patient's condition has changed, describe why device is no longer appropriate (e.g. weight gain/loss, decreased stability, change in diagnosis, etc.).

Document that patient meets <u>all</u> criteria for coverage

- ❑ Patient is ambulatory, and
- ❑ Weakness/deformity of the foot and ankle, and
- ❑ Requires stabilization of the foot and ankle due to medical reason, and
- ❑ If ordering a KAFO: requires additional stabilization for knee, and
- ❑ Patient has potential to benefit functionally

If custom fabricated: document **<u>one</u>** reason

- ❑ Permanent condition > 6 months
- ❑ Patient could not fit prefabricated AFO/KAFO
- ❑ Need to control knee, ankle, or foot in > one plane
- ❑ Documented neurological, circulatory, or orthopedic status requires custom fab over a model to prevent tissue injury
- ❑ Healing fracture lacking normal anatomical integrity or anthropometric proportions

Prescription

- ❑ Recommendation for type of orthosis
- ❑ Rationale for decision (brand name not required)

Other

- ❑ MD's signature, printed name & date on ea. chart note
- ❑ Notes are dated prior to delivery
- ❑ Attestation if illegible
- ❑ Patient clearly identified on each page

STANDARD WRITTEN ORDER (SWO) (supplier generated)

- ❑ Order date
- ❑ RT/LT and quantity for each item
- ❑ Items ordered (e.g., narrative, HCPCS code, HCPCS description, or brand name & model #).
- ❑ Patient's name, each pg. (can use MBI for Medicare)
- ❑ Physician's signature
- ❑ Physician's printed name, credential, address, phone, NPI (NPI allowed for Medicare)
- ❑ Compliance with State Law

ORTHOTIST RECORDS

- ❑ **History of orthosis** being replaced, and reason for replacement if eligible (loss, damage, significant change, or expired useful lifetime). Must still be medically necessary.
- ❑ **Functional evaluation** (matches physician's)
- ❑ **Recommendation for new orthosis:** type/brand and fit (custom/custom fit/OTS), rationale –based on physician's order.
- ❑ **Justification for each code:** If stance control (SCO), document why standard KAFO won't work. If microprocessor-control, document why non-microprocessor-control will not work.
- ❑ **For Custom Fabricated:** Method used to create positive model, statement that brace was fit for individual, list of materials, labor description & time, and fitting.
- ❑ **For Custom-Fit:** Measurement method, modifications (trim, bend, mold, assemble, etc.) done at fitting and fit by certified orthotist.
- ❑ **For Off-the-Shelf:** Measurement method, modification (if any), fitting/delivery note.
- ❑ **For Refill request:** Patient name, date, description of items, RT/LT, quantity, functional condition of items being replaced, patient continues to use item. (requested no more than 14 d. & shipped no sooner than 10 d. before shipping.
- ❑ Dated chart note for each visit and patient's name on each page
- ❑ Orthotist's signature & printed name/log

PROOF OF DELIVERY (POD)

- ❑ Patient Name
- ❑ Delivery date
- ❑ Address where item is delivered
- ❑ Quantity and RT/LT for each item
- ❑ Describe what is being delivered (e.g. narrative, HCPCS code/description, or brand & model #)
- ❑ Signature & printed name of patient/designee & relationship
- ❑ Shipping records if item is shipped to patient

❑ Authorization signed by patient prior to delivery
❑ ABN (if required) signed by patient prior to delivery

Reasonable Useful Lifetime for AFO-KAFO.

What is Considered Same or Similar?

Reasonable Useful Lifetime (RUL).

1. Reasonable Useful Lifetime for an AFO/KAFO is 5 years.
2. To replace an orthosis before the useful lifetime has expired, there must be a documented reason in the physician's medical record as to why the current device no longer meets the patient's needs (what changed in the patient's physical condition, change in functional needs, new diagnosis, etc.).
3. You may also replace an orthosis when there is irreparable damage due to a specific event (e.g., accident, natural disaster, loss, theft, etc.). Medicare expects that a lost/damaged item would be reported to some authority (e.g., police, homeowner's insurance, etc.) and requires that a copy of that report be available. If the patient did not report the accident/loss, you will need a signed statement from the patient describing the incident. Note: When replacing an orthosis due to irreparable damage, use the RA modifier on your claim and include a narrative description of the event.

If your patient does not qualify for a new orthosis, an ABN may be used.

Same or Similar.

The following AFO-KAFO codes are considered to be in the "same" category for Medicare payment purposes:

L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2035, L2036, L2037, L2038, L2106, L2108, L2112, L2114, L2116, L2126, L2128, L2132, L2134, L2136, L4350, L4360, L4361, L4370, L4386, L4387, L4396, L4397, L4398, L4631.

If your patient has received any orthosis from this list of codes in the past 5 years (for any diagnosis), the physician must document one of the three reasons stated above, so the new AFO/KAFO is eligible for reimbursement.

All four DME MACs have a Same or Similar checker in their portal that you can check before providing an orthosis, and the Interactive Voice Response (IVR) might have information. It is also highly recommended to review recent physician records in case your patient received an orthosis from the physician, and also to make sure the new orthosis is sufficiently documented.

CGS Medicare. Same or Similar Denials for Orthoses and the Appeals Process. August 27,2020. Noridian. Same or Similar Chart. Last updated May 31, 2023.

Changes to the Medical Record.

Amendments, Corrections and Delayed/Late Entries.

The CMS Program Integrity Manual instructs the Medicare Auditors to consider all properly written amendments, corrections and late/delayed entries in patient medical records. This means that the physician can add clarification to the medical record after-the-fact if something was missed when the patient was there; however, there are specific record keeping principles that need to be followed.

"All services provided to beneficiaries are expected to be documented in the medical record at the time they are rendered. Occasionally, certain entries related to services provided are not properly documented. In this event, the documentation will need to be amended, corrected, or entered after rendering the service. When making review determinations the MACs, CERT, Recovery Auditors, SMRC, and ZPICs shall consider all submitted entries that comply with the widely accepted Recordkeeping Principles" (CMS Program Integrity Manual)

What are Recordkeeping Principles?

"Regardless of whether a documentation submission originates from a paper record or an electronic health record, documents submitted to MA, CERT, Recovery Auditors, and UPICs containing amendments, corrections or addenda must:

- Clearly and permanently identify any amendment, correction or delayed entry as such, and
- Clearly indicate the date and author of any amendment, correction or delayed entry, and
- Clearly identify all original content, without deletion" (CGS JC)

Specific Rules for Amendments, Corrections and Late Entries.

Late Entries.

"A late entry supplies additional information that was omitted from the original entry. The late entry bears the current date, is added as soon as possible, is written only if the person documenting has total recall of the omitted information and signs the late entry." (Noridian JE)

Signature Requirements for Documentation.

What is Allowed?

Handwritten, Electronic, and Stamped (only if the signee cannot sign due to a disability in accordance with the Rehabilitation Act of 1973).

Documentation/attestation must be signed by the treating physician or non-physician practitioner that authored the document (not a partner in the same group practice, other staff member, or a scribe).

Handwritten Signatures.

- An illegible signature (that doesn't include the author's printed name) must be accompanied by a signature log or attestation statement.
- Documentation (other than orders) that lack a signature, require an attestation.
- Orders (e.g., authorizations for tests, plans of care, and procedures) must be validated with a timely signature. Without a signature, orders will not be considered. *(Applies to MACs, UPICs, SMRC, and CERT)*
- It is not allowed to add late signatures to a medical record (beyond the short delay that occurs during the transcription process).

Signature Dates.

Signatures without dates will be considered if there is enough information to determine the date when the service was performed or ordered. Example: entries immediately above or below the signature.

Signature Log/Key.

- A signature log accompanies one set of medical records.
- Lists the printed name (and credentials) associated with initials or an illegible signature.
- The signature log can be a separate document (or it can be on the actual page where the initials or illegible signature are used).
- A signature log may be created at any time.
- This may include yourself and/or your office staff.

Example:

Name	Signature	Initial	Date of Signature
John Doe, MD	*John Doe, MD*	*JD*	8/31/2023
Jane Smith, CPO	*Jane Smith, CPO*	*JS*	8/31/2023
Richard Roe, Manager	*Richard Roe, Office Manager*	*RR*	8/31/2023

Signature Attestation Statement Example.

Patient Name: I.M. Patient

Medicare Number: 555555555A

I, John Doe, hereby attest that the medical record entry for July 1, 2023 accurately reflects signatures/notations that I made in my capacity as 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.

John Doe, MD

Signature

08/12/2019

Date

Electronic Signature.

Examples of electronic signature notations (not all inclusive).

Approved by *with provider's name*	Generated by *followed by a signature and treating physician credentials*
Authorized by *with provider's name*	Released by *with provider's name*
Chart accepted by *with provider's name*	Reviewed by *with provider's name*
Closed by *with provider's name*	Sealed by *with provider's name*
Completed by *with provider's name*	Seized by *with provider's name*
Confirmed by *with provider's name*	Signed before import by *with provider's name*
Data entered by *with provider's name*	Signed by *with provider's name*
Digitalized signature *handwritten and scanned into computer*	Signed: John Smith, M.D.
Electronically signed by *with provider's name*	This is an electronically verified report by John Smith, M.D.
Electronically verified by *with provider's name*	Validated by *with provider's name*
Finalized by *with provider's name*	Note: "Signed by not read" is not allowed

References.
CGS. CMS Signature Requirements. (Revised 10-19-20)
Noridian JD. Medical Documentation Signature Requirements. (Last update 3-14-23)
CMS Pub. 100-08, Medicare Program Integrity Manual, Chap. 3-Section 3.3.2.4 (Rev. 11032; Issued: 09-30-21; Effective: 10-12-21; Implementation: 11-10-21)

Addendums.

"An addendum is used to provide information that was not available at the time of the original entry. The addendum should also be timely and bear the current date and reason for the addition or clarification of information being added to the medical record and be signed by the person making the addendum." (Noridian JE)

[An example would be a lab test not yet available at the time of the exam.]

Corrections.

"Paper Medical Record

- Use a single line strike through so the original content is still readable, and
- The author of the alteration must sign and date the revision.

Electronic Health Records (EHR):

- Distinctly identify any amendment, correction or delayed entry, and
- Provide a reliable means to clearly identify the original content, the modified content, and the date and authorship of each modification of the record." (CGS JC)

What is Considered Falsified Documentation?

"Examples of falsifying records include:

- Creation of new records when records are requested
- Back-dating entries
- Post-dating entries
- Pre-dating entries
- Writing over, or
- Adding to existing documentation (except as described in late entries, addendums and corrections)" (Noridian JE)

References.

CMS Program Integrity Manual. 3.3.2.5 Amendments, Corrections and Delayed Entries in Medical Documentation. (Rev. 10365; Issued: 10-02-20; Effective: 08-27-20; Implementation: 08-27-20)

CGS Jurisdiction C. Entries in Medical Records: Amendments, Corrections, and Delayed Entries. (Issued 01-18-16 – revised 01-13-20)

Noridian JE Part B Medical Review. Documentation Guidelines for Amended Medical Records: Amended Medical Records. (Last Updated 10-31-22)

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