

New Medicare Requirements!

In order to be in compliance with Medicare and receive reimbursement, the information in this brochure needs to be documented in your medical records, and provided to the Orthotist as part of the referral process. This will ensure that your patient receives their orthotic device as quickly as possible. If it is not within the scope of your practice to provide this type of information, please assist your patient in locating a physician to document and order their orthosis.

References

DME MAC Letter, “Dear Physician –Durable Medical Equipment,” issued November 2010

https://www.noridianmedicare.com/dme/news/docs/2008/03_mar/physician_letter.html

<https://www.noridianmedicare.com/dme/coverage/resources.html>

For further information and resources, please contact us.



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**When Referring
your Patient to an
Orthotist**

**Documentation guide for Physicians
for Medicare patients**



For any DMEPOS item to be covered by Medicare, the patient's medical record must contain sufficient documentation of the patient's medical condition to support the need for the type and quantity of the items ordered and for the frequency of use or replacement (if applicable).

A. Physical Exam

(relevant to functional deficits)

- Height, weight, weight gain/loss
- Musculoskeletal examination (arm & leg strength; range of motion)
- Neurological examination; gait, balance and coordination
- State if patient is ambulatory or not & motivation level for ambulation

B. Functional deficits

Symptoms limiting ambulation/dexterity

- Medical history relevant to deficit(s), duration, clinical course (improvement/worsening)
- Activities of daily living and how impacted by deficit(s)
- Diagnoses causing these symptoms
- Document patient's ambulatory status and ambulatory assistance currently used (wheelchair, walker, cane, caregiver, etc.)
- Therapeutic interventions and results
- Prognosis

C. Condition/status of current orthosis

Why is a replacement needed?

- If the current orthosis/component is worn or broken, describe which orthosis/component needs to be evaluated for repair/replacement.
- If the patient's condition has changed, describe why the current orthosis is no longer appropriate. Examples: decreased stability, anatomical change, change in weight gain/loss

D. Patient's past experience with an orthosis

- What other orthosis has the patient tried in the past?
- Describe any problems the patient experienced (e.g. barriers to ambulation, balance, inability to perform activities, etc.)

E. Recommendation for a new orthosis

You do not need to specify the exact brand of the device, but please specify custom or off the shelf and reason why patient requires a custom device.

After your in-person visit with the patient, please send the prescription, notes, including documentation that a prescription was written, to the office most convenient for the patient.

Items This Documentation Pertains to:

- **FES** (Functional Electrical Stimulation) – WalkAide
- **AFO's** (Ankle Foot Orthoses) – custom fabricated and custom fitted
- **KAFO's** (Knee Ankle Foot Orthoses) – custom fabricated, stance control
- **KO's** (Knee Orthoses) – **ACL, PCL, OA, hinged knee sleeves, ROM** for post-op or post-injury
- **Knee Immobilizers**
- Hip Orthoses – post-op, hip displacement
- **Walking boots**
- Night Splints
- Ankle Bracing – lace-up, Aircast, etc.
- Fracture Bracing – Upper & Lower extremity
- Wrist Splints
- Resting Hand Splints
- Elbow Bracing
- Shoulder Immobilizers
- **Halos** – fractures, post-op
- **Cervical Orthoses**
- **LSO's** (Lumbosacral Orthoses) – custom fabricated and custom fitted
- **TLSO's** (Thoracolumbar Sacral Orthoses) – custom fabricated and custom fitted