Documentation for Billing Success

A guide for practitioners

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Overview

- Provide details on AFO notes
- Address prosthetics and orthotics questions from previous webinars
  - **With specific references to policy**

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Your Questions

- How to read the LCD
- What constitutes a good clinical note
- How to effectively present concerns regarding over-regulation of our profession to your elected officials
- More examples
- Diabetic shoes
- Help for doctors to write good notes
- Cartoons of practitioners pulling hair out
- More about orthotics
- "We've heard Medicare doesn't like templates. As long as it is patient specific and not a check off form are we ok?"

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Diabetic Shoes

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Click here to watch the video

Reference Documents:

Click here - CODE Webinar 7 Review

Click here - Spinal Orthoses & Medicare Post-Test for CEUs

Click here - Medicare Physician Chart Note Requirements for Spinal Orthoses

Webinar 8 - Diabetic Shoe Documentation for Orthotists ABC Approved for 1.5 (B) Credits

Click here to watch the video

Reference Documents:

Click here - CODE Webinar 8 Review

Click here - Webinar 8 Quiz

Webinar 9 - Mining for Clinically Useful Information ABC Approved for 1.5 (B) Credits

Click here to watch the video

Reference Documents:

Click here - CODE Webinar 9 Review

Click here - Webinar 9 Quiz

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Cartoons of Practitioners Pulling Their Hair Out

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The LCD

- An exercise in tenacity

Will reach or maintain a defined functional state within a reasonable period of time & is motivated to ambulate

Functional level determination:
Beneficiary's past history including prior prosthetic use

Beneficiary's current condition including status of the residual limb & nature of other medical problems

Beneficiary's desire to ambulate

K3 functional level "has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion"

Beneficiary's current functional capabilities and expected functional level and reason for the difference, "it is recognized that bilateral amputees often cannot be strictly bound by functional level classifications".

Coverage is extended for feet and knees based on clinical documentation of functional need for the technologic or design feature of a given foot/knee.

An AFO is covered for ambulatory individuals with
-Weakness or deformity of the foot and ankle for patients with neuromuscular or musculoskeletal dysfunction
-Who require stabilization for medical reasons and
-Who have the potential to benefit functionally

The following criteria must be met;
- **The beneficiary could not be fit with a prefabricated AFO**

Or
- **The condition necessitating the orthosis is expected to be permanent or of longstanding duration**

Or
- **There is a need to control the ankle or foot in more than one plane**

Or
- **The beneficiary has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury**

Or
- **The beneficiary has a healing fracture which lacks normal, anatomical, integrity or anthropometric proportions**

The medical record must:
- **State type of orthosis**
- **Method of fitting (OTS or custom)**
- **Justification for the need for the type of item and method of fitting**
- **State medical necessity of custom vs. prefabricated**

The orthosis should:
- **Provide rigid immobilization of the ankle-foot complex in the sagittal, coronal, & transverse planes**
- **Be constructed from thermosetting materials, thermoplastics or composite materials**
- **Restrict or eliminate motion in a diseased or injured part of the body**

Provide support and counterforce

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Custom Fit AFO Note Physicians

- Patient is ambulatory, and
- Has weakness/deformity of foot and ankle, and
- Requires stabilization of the foot and ankle for medical reasons, and
- Has the potential to benefit functionally from the use of an AFO

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Custom Made AFO Note Orthotists

- Patient could not be fit with a pre-fab, or
- Permanent/long standing condition, or
- Need for control in more than one plane, or
- Neurological, circulatory, or orthopedic status requiring custom molding, or
- Healing fracture w/o anatomical integrity or normal shape

- Functional evaluation that corroborates doctors note

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Help for doctors to write good notes
Present concerns to lawmakers

Custom Made AFO Note Physicians

- Basic coverage criteria, and
- Medical necessity for custom fabricated rather than prefabricated:
  - **Patient could not be fit with a pre-fab, or**
  - **Permanent/long standing condition, or**
  - **Need for control in more than one plane, or**
  - **Neurological, circulatory, or orthopedic status requiring custom molding, or**
  - **Healing fracture w/o anatomical integrity or normal shape**

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More examples

Example Physician Note

- Rx: 74 year old female, Hx of MS, custom fabricated KAFO
- Pain in knee and whole lower extremity
- Significant weakness in the lower extremities
- Cannot ambulate without her brace
- She uses a wheelchair as her primary means of getting up and down
- Current brace stops hyperextension but allows flexion
- No active extension of knee, she is not able to flex the knee either, essentially this leg is paralyzed
- Patient needs a new KAFO with a drop lock to prevent hyperextension and flexion so she could walk in a straight leg locked position.
- Patient recently injured her ankle due to a fall from using the current, inappropriate, brace

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What constitutes a good clinical note

- "Pain in knee and whole leg"
  - X Patient could not be fit with a pre-fab, or
  - X Permanent/long standing condition, or
  - X Need for control in more than one plane, or
  - X Neurological, circulatory, or orthopedic status requiring custom molding, or
  - X Healing fracture w/o anatomical integrity or normal shape

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What constitutes a good clinical note

- " Significant weakness in the lower extremities"
- "No active extension of knee, she is not able to flex the knee either, essentially this leg is paralyzed"
  - X **Patient could not be fit with a pre-fab, or**
  - ? **Permanent/long standing condition, or**
  - X **Need for control in more than one plane, or**
  - ? **Neurological, circulatory, or orthopedic status requiring custom molding, or**
  - X **Healing fracture w/o anatomical integrity or normal shape**

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"She uses a wheelchair as her primary means of getting up and down"

- " Patient needs a new KAFO with a drop lock to prevent hyperextension and flexion so she could walk in a straight leg locked position"
- "Cannot ambulate without her brace"

- ✗ **Patient could not be fit with a pre-fab, or**
- ✗ **Permanent/long standing condition, or**
- ✗ **Need for control in more than one plane, or**
- ✗ **Neurological, circulatory, or orthopedic status requiring custom molding, or**
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What constitutes a good clinical note

Present concerns to lawmakers

- ” Patient recently injured her ankle due to a fall from using the current, inappropriate, brace”
  - ✗ **Patient could not be fit with a pre-fab, or**
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CGS Community Coach Program

- Jurisdiction B
  - Terri Shoup; MI, MN, WI
  - Ashley DeCoteau; IN, KY, OH
  - Stacie McMichel; IL
- Jurisdiction C
  - Lisa Addison; SC
  - Angie Cooper; TX, NM
  - Liz Daniels & Denise Winsock; FL, national
  - Michael Hanna; AL, CO, LA, MS
  - Liliana Hewlett; PR, USVI
  - Lisa Marie Hofer; AR, NC, OK, TN
  - Judie Roan; VA, WV
  - Belinda Yandell; GA

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Templates

- CMS does not prohibit the use of templates to facilitate record-keeping.
- Some templates provide limited options and/or space for the collection of information
- such as by using "check boxes," predefined answers, limited space to enter information, etc. *CMS discourages the use of such templates*.

Templates

- Claim review experience shows that that limited space templates often fail to capture sufficient detailed clinical information to demonstrate that all coverage and coding requirements are met.
- Templates designed to gather selected information focused primarily for reimbursement purposes are often insufficient to demonstrate that all coverage and coding requirements are met.
- This is often because these documents generally do not provide sufficient information to adequately show that the medical necessity criteria for the item/service are met.

Your Concerns

- "We see patients in a nursing home setting. Usually the attending doctor doesn't't specifically see the patient for bracing. Can we use the therapy notes as justification without a doctor face to face visit? Usually doctor just signs off on the order."
- "If the patient sees the doctor first the notes will likely not have the correct Medicare language. We would need to have them amended."
- "Help for doctors to write good notes"

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Your Concerns

- "You have left the impression that a patient scheduled or sent to a physician for evaluation will get the answers to what's wrong and what will fix it….
- …The multiple physicians we have sent patient's to for that very evaluation provide nothing to work with and often tell the patients they know nothing about prosthetics….
- …What can be done to assist the Physician in doing their job?"

Federal Register/Vol. 80, No. 250/Wednesday, December 30, 2015/Rules and Regulations 81693:

In response to commenters that requested that the prosthetists' notes and records stand alone in fulfilling medical necessity documentation requirements for a beneficiary's prostheses, we note that the expertise of prosthetists is very important and contributes to beneficiaries' recovery. However, a prosthetist's records alone do not illustrate the comprehensive clinical picture of the beneficiary. For example, a physician order alone does not satisfy Medicare's medical necessity criteria. Rather, it is the documentation of multiple healthcare team members working on behalf of the beneficiary that conveys the complete picture of the beneficiary's medical need and appropriate delivery of care. As a principle, when reviewing any claim for medical necessity, we look for corroboration between all entries (including physician's orders) in a beneficiary's medical record.

Comment: Commenters requested that CMS provide clear guidance regarding required documentation. Other commenters suggested that CMS develop a form or questionnaire for the requester to complete in place of submitting beneficiaries' medical records.

Response: We strive to continually educate providers on required documentation. As always, we expect that any request for Medicare payment is supported in the beneficiary's medical record. Suppliers are permitted to create forms or questionnaires for ordering physicians. However, templates and forms are subject to corroboration with information in the medical record.

Comment: Some commenters questioned who is held responsible for providing the review contractor with the required medical documentation: The primary care provider, the ordering physician or the supplier. Other commenters recommended holding the ordering physicians accountable for lack of documentation and not the supplier. Other commenters recommended that CMS be responsible and accountable for obtaining missing documentation from the ordering physician, not the requester (supplier).

Response: The entity requesting payment for a Medicare-covered item or service is responsible for meeting all Medicare coverage, coding, and payment rules. That responsibility cannot be delegated. We understand obtaining medical records from the beneficiary's other healthcare providers can be challenging for suppliers. However, Medicare's long-standing expectation is that no DMEPOS item(s) should be furnished by a supplier unless the supplier has in its possession or can easily obtain the required medical documentation. This is not unique to DMEPOS suppliers. Other health care entities providing services to Medicare beneficiaries who were referred to them by other practitioners have an obligation to obtain all the pertinent medical documentation from the referring practitioner. This may require more collaboration among the beneficiary's health care providers, but this collaboration is needed. Research shows that the lack of collaboration between the beneficiary's treatment team can result in the beneficiary's readmission to the inpatient setting or in the beneficiary not receiving other needed care.16

Suppliers may not substitute DMEPOS items that are not ordered by the physician. A physician determines what DMEPOS item is medically necessary for the beneficiary.

Your Concerns

- "Beginning to hear the same presentation outlines from multiple presenters but not better solutions or ideas to address more detailed situations"
  - **Multiple reasons for denials**
    - New owner example
  - **Regional differences**
    - Enforcement varies
  - **Help with specific situations**
    - Hire a consultant
    - Have a designated Medicare regulation staff person

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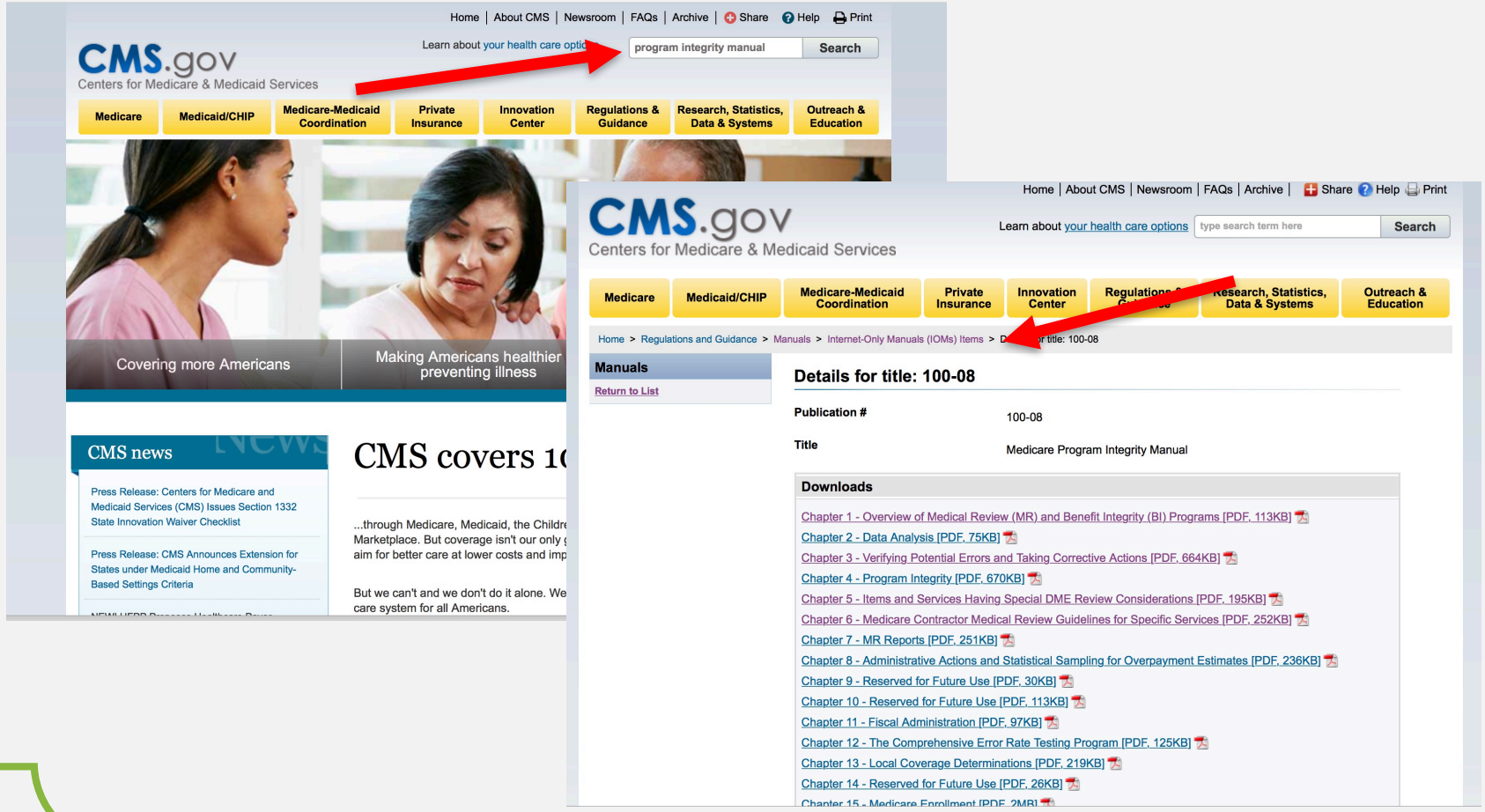
Program Integrity Manual



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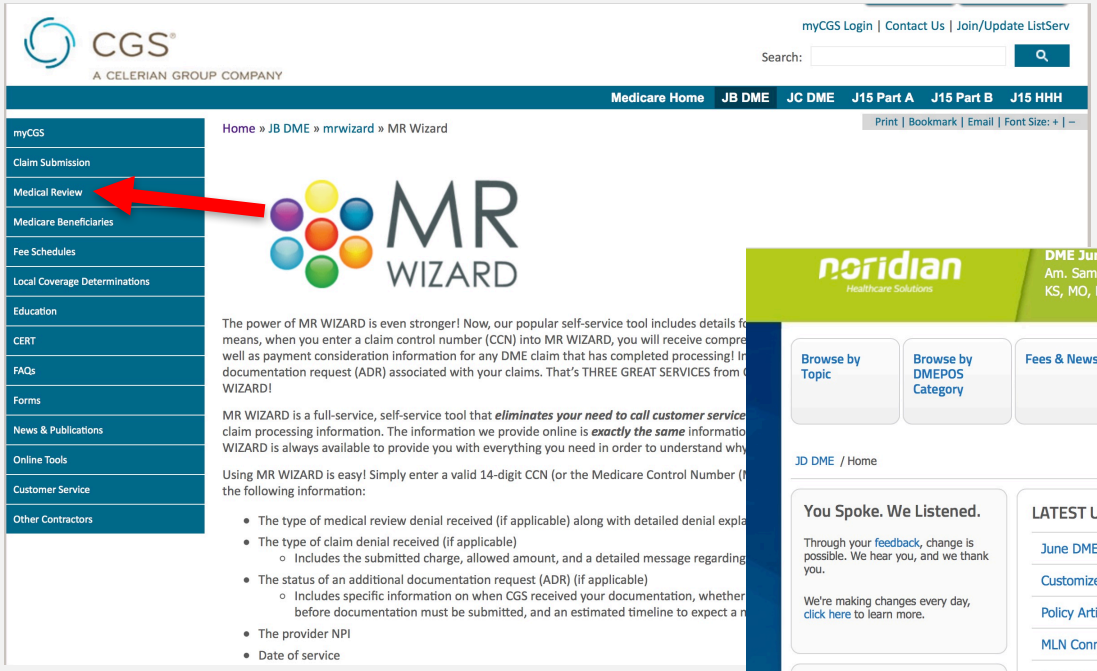
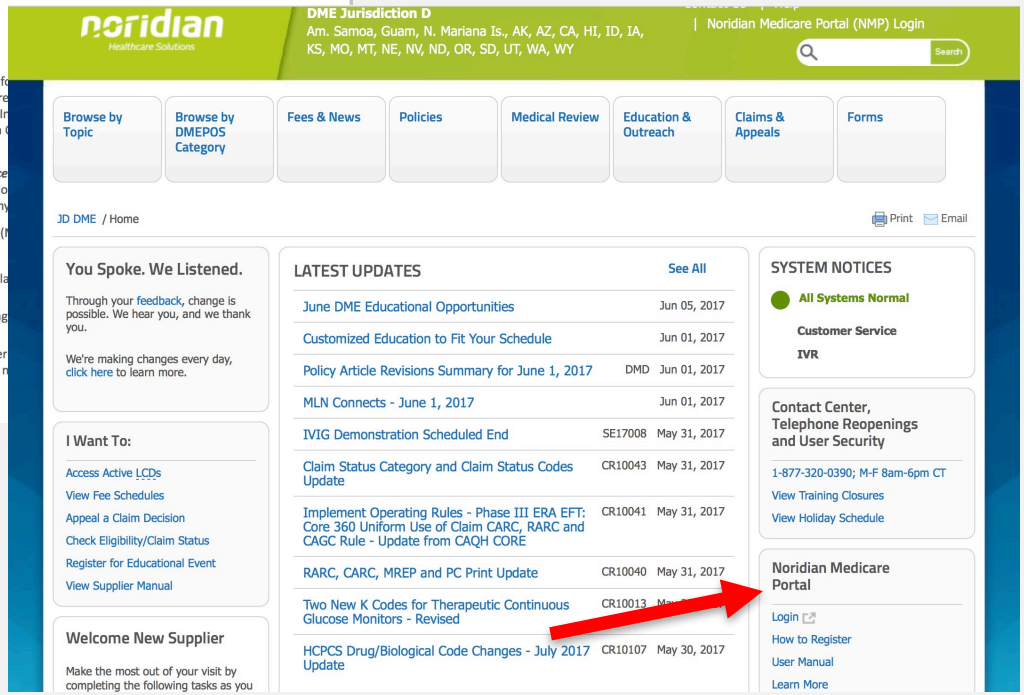
Medical Reviewer Notes





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References

- Noridian Spinal Orthosis Quarterly Review of Service Specific Prepayment Review, March, 2017
- Noridian AFO (L1960, L1970, & L4360) Quarterly Results of Service Specific Prepayment Review, February, 2017
- Noridian, KO (L1832 & L1833) Quarterly Results of Service Specific Prepayment Review, January, 2017
- Noridian, Jurisdiction D, AFO Notification of Service Specific Prepayment Targeted Review, March, 2017
- Noridian, Jurisdiction A, Spinal Orthoses (TLSO) Notification of Service Specific Prepayment Targeted Review, April, 2017
- CGS Status Report for Quarter 4, 2016: HCPCS code L0637, February, 2017
- Joint DME MAC Publication: Correct Coding – Definitions Used for Off the Shelf Vs. Custom Fitted Prefabricated Orthoses (Braces)- Correction, October, 2016
- Noridian documentation checklists
- LCD's & PA's for KO, Spinal, & AFO/KAFO
- NAAOP white paper on Round 2 competitive bidding program 2011
- Federal register, Vol. 80, No. 250/Dec. 2015…final rule on preauthorization

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Thanks For Attending

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- Quiz will be emailed to you
- Instructions are on it
- Recording of this presentation will be at www.spsco.com/CODE in approximately 1 week

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