

# CODE Webinar 7

## Spinal Orthoses & Medicare How to chart, what to chart, who charts what

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**SPINAL ORTHOSES: LSO (HCPCS L0631 & L0637) QUARTERLY RESULTS OF SERVICE SPECIFIC PREPAYMENT REVIEW**

The Jurisdiction D DME MAC Medical Review Department is conducting a service specific review of HCPCS codes L0631 & L0637. The quarterly edit effectiveness results from June 2014 through September 2014 are as follows:

The L0631 review involved 637 claims, of which 623 were denied. Based on dollars, this resulted in an overall potential improper payment rate of 98%.

The L0637 review involved 515 claims, of which 506 were denied. Based on dollars, this resulted in an overall potential improper payment rate of 98%.

**Top Denial Reasons**

- Documentation was insufficient to support that substantial modifications were made for the custom fitted item billed
- No documentation was received in response to Additional Documentation Request (ADR) letter
- Documentation was insufficient to support criteria 1
- Invalid proof of delivery
- No proof of delivery (POD)
- NO FULLY COMPLETED
- No Proof of Delivery from the Supplier
- No medical records were submitted.

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## Overview

- What's messed up, who's messing up?
  - Orthotists vs. DME
- What Are the New Requirements?
  - What to chart
- What is the Order of Operations?
  - When to chart
- What Does the Orthotist Chart?
  - Who charts
- What Does the Doctor Chart?
  - Who charts



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## Orthotists vs. DME

- Recent changes in regulations
  - most recent LCD change 1/1/2014
- Who historically messed up?
  - 1997 OIG report
- Who's messing up now?
  - 2007 Improper Medicare FFS Payments Report



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## What are The New Requirements?

- Off the shelf
  - Prefabricated
  - No expert needed to fit it
- Custom fitted
  - Prefabricated
  - Orthotist/Expert needed to fit it
  - "Substantial" modification needed
- Custom fabricated
  - Starts with basic materials
  - Provide list of materials used
  - Description of measure/cast, fabrication process, and delivery/fitting



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## What is the Order of Operations?

- Off the shelf
  - Get Rx
  - Get Doctors notes
  - See patient
- Custom fitted & Custom fabricated
  - Get Rx
  - Get Doctors notes
  - Educate Doctor, send patient back
  - Get Doctors notes
  - See patient



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## Order of Operations

- From LCD for spinal orthoses:
  - "For all DMEPOS items, the initial justification for medical need is established at the time the item(s) is first ordered; therefore the beneficiary medical records demonstrating that the item is reasonable and necessary are created just prior to, or at the time of, the creation of the initial prescription."
- Translation:
  - Going back for doctors notes AFTER the patient has been seen or fit by the P&O could lead to claim denial



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## What does the doctor chart?

- Indication for orthosis
  - Pain reduction
  - Healing of injury
  - Healing post-surgery
  - Support for deformity or weakness



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## What does the doctor chart?

- OTS or Custom Fit
  - Type of orthosis
  - Method of fitting
  - NOT just on the Rx, also in the notes
- Why custom?
  - Why NOT pre-fabricated?
    - Patient needs it for a long time
    - Patient has non-standard anatomy
    - Patient tried pre-fab in past w/poor results
    - Other???



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## That's a Jagged Little Pill

- Let's take a moment to swallow it down....
- There's no getting around the doctors note requirement
- Doctor education is necessary and difficult
- Patient education may help
  - Show the patient the regulations
  - Ask the patient to advocate for themselves with the doctor



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## What does the orthotist chart?

- Indication for orthosis
  - Pain reduction
  - Healing of injury
  - Healing post-surgery
  - Support for deformity or weakness
- OTS or Custom fit
  - Type of orthosis
  - Method of fitting
- Custom made
  - Why not pre-fab
  - Why custom



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## What does the orthotist chart?

- Rigid or Semi-rigid
  - How does rigidity support for weakness or deformity?
  - How does rigidity restrict or eliminate motion?
- Describe force and counterforce
- Off the shelf
  - Minimal self adjustment
    - Adjust straps, etc.
- Custom fitted
  - Requires expert fitting



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## What is “substantial modification”?

- For Custom Fitted Spinal Orthoses
  - Modification needed to provide an individualized fit
  - “trimmed, bent, molded (w or w/o heat), etc...”
    - Describe the modifications
    - Describe the need for modification
    - Describe why the modification will help
    - Describe why an orthotist had to do it
      - Sewing required
      - High heat needed
      - Anatomical knowledge needed to put mod in correct area
      - Technical knowledge needed to accommodate tubes, deformity, or specific activities



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## Orthotists charting for custom fab

- Describe cast/measure
  - Give specific detail of the casting, scanning, or measuring
- Describe basic fabrication materials
  - Give specific detail about the fabrication
    - Raw materials were used over a model of the patient to create the orthosis
    - The orthosis was trimmed and modified based on patient specific anatomy
  - Give specific detail about what materials were used
    - Sheet plastic
    - Roll foam
    - Dacron strap material



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## Question from an e-mail...

Thank you, Rebecca, for asking

- “Can you please cover the Medicare guidelines for delivering an orthosis for a patient that is going to have surgery? Specifically when the orthosis is considered billable to the MAC and when it is billable to the hospital”



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## Question from an e-mail...

Thank you, Rebecca, for asking

- From the Policy Article for Spinal:
- Bill the MAC if the orthosis is;
  - Medically necessary after discharge
  - Provided to the patient within 2 days of discharge
  - NOT needed for in patient treatment or rehab but is left in the patient's room to take home
- Bill the Hospital if



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## Question from an e-mail... Thank you, Rebecca, for asking

- From the Policy Article for Spinal:
- Bill the Hospital if
  - The orthosis is provided to the patient prior to an inpatient hospital admission
  - The need for the orthosis begins during the hospital stay (e.g. after spinal surgery)
  - The orthosis is provided during the hospital stay and is used during inpatient treatment or rehab



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## Last word...

- RESPOND!
  - If you get an ADR and you do not respond, you could be referred to the ZPIC (Fraud, Waste & Abuse)
  - If you don't have what is required, **RESPOND ANYWAY**
    - Not having the required info is bad
    - Not responding to a request is worse



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Questions? Disagreements?  
Ideas? Contact me!

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I tweet...  
sometimes

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