

SPINAL ORTHOSES: CHARTING “SUBSTANTIAL MODIFICATIONS” FOR MEDICARE COMPLIANCE



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Scenario: A patient who is a Medicare beneficiary comes to your office with a prescription that reads, “Spinal orthosis with anterior, posterior and lateral panels for motion restriction and pain reduction due to spondylolisthesis.” You’re current on the latest Medicare policy changes, so you tell the patient, “We’re going to get the chart notes from your physician and have you come back for evaluation, measuring and fitting.” You schedule the patient’s appointment.

When the physician’s chart notes come in, you review them. The notes read, “There is retrograde spondylolisthesis of L4, L5, S1 with disc narrowing in the lumbar region and chronic low back pain. Back pain radiates down legs, patient has fallen several times. Patient is morbidly obese with a BMI of 55. Degenerative changes and disc disease through the mid-thoracic spine with limited scoliosis. LSO needed to restrict motion and decrease pain.” These are good notes. They have a decent amount of detail and outline the need for an orthosis, but what’s missing? The missing words are “custom fitted,” because the orthosis with which you are going to fit the patient is coded L-0631 (LSO custom fit).

Medicare’s new requirements state that the physician must include the method of fitting in the notes and on the prescription. You plan to educate this physician about the new requirements to make sure that, going forward, you get the correct notes, but what do you do about this patient? Recognizing that you take some measure of risk whenever you work with a patient and the notes aren’t 100 percent compliant, here are some tips to help you work with what you’ve received:

- ▶ Have the physician write an addendum to the note (if the note was written recently) to say that a custom-fitted LSO is needed because of the scoliosis and the patient’s redundant tissue due to obesity.
- ▶ Another option is to outline the need for

custom fit in your notes and link those reasons to the physician’s notes. (You should be doing this anyway, but it’s particularly important in this case.) An example would be an orthotist note that says something like this: “Patient requires a custom-fit spinal orthosis in order to accommodate the thoracic scoliosis and obesity mentioned in Dr. Smith’s note on 01/01/15.”

- ▶ Make sure to clearly detail the “substantial modifications” that make this orthosis custom fitted as opposed to off-the-shelf. (Remember, the same brace can be coded as off-the-shelf or custom fitted; the difference is what you do to it.) You could have perfect notes from the physician, but if your notes as the orthotist don’t explain why the orthosis is custom fitted, that claim could still be denied. An

example of charting substantial modifications might be: “Used a heat gun at high temperature to heat the anterior plastic panel in order to flare the distal portion to allow the patient to sit without the brace hitting her thighs, which would cause it to move proximally and no longer stabilize the lumbar spine. The left, posterior, proximal panel was also modified using high



heat for a permanent change to the plastic in order to accommodate the patient’s scoliosis (described by Dr. Smith’s note dated 01/01/15). The patient is obese, so the brace had to be modified by cutting the fabric portion of the brace and sewing in shaped, lateral panels in order to accommodate her size and create an individualized fit without compromising support.”

Keep in mind that when describing “substantial modifications,” it’s important to describe the tools used and/or what the tools do, how those modifications created an “individualized fit” (Medicare terminology) and the medical reason those modifications were needed. ■

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