The Compliance Game for Ankle Foot Orthoses: Staying One Step Ahead

The days of getting away with less than adequate compliance documentation are gone.

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If you feel like you never adequately understand Medicare durable medical equipment (DME) compliance rules, you are not alone. Many have gotten audited and too many unfortunately are not sufficiently informed to be adequately prepared. While we could bemoan the feeling of having a target stapled to our backs as practitioners trying to provide the best care for our patients, the days of getting away with less than adequate compliance documentation are gone.

The bottom line is that if you are behind on the compliance rules, odds are that you will lose an audit and probably for a frivolous reason. Unfortunately, when DPMs lose audits, instead of identifying what do to differently moving forward (attending an AAPPM meeting or being studious readers of *PM News*) many simply quit providing beneficial care to their patients. They stop utilizing the service or DME device with the disgruntled "It isn't worth the hassle."

The problem with this mentality is that going through the 'hassle' doesn't have to be too painful nor that much work. While giving up providing AFOs and shoes will negatively impact patients getting the care they should, practices also give up significant revenue.

Medicare rules are clearly spelled out and it is imperative that practitioners know the content of the AFO Medicare Policy Article and Local Coverage Determination (LCD) for your Medicare carrier.

The LCD can be found on the Medicare website, on the website of your specific Medicare carrier, and via links on the SafeStep website. The LCD explains eligibility for AFOs and the documentation required. This information is also always covered at AAPPM meetings.

Commercial insurances generally use Medicare as a basis to determine their specific policy on required documentation. It is your responsibility to know what is required by each third party payer and meet those requirements in your documentation prior to submitting a claim for DMEPOS items.

The key to successfully responding to a Medicare review is complete and accurate documentation. Chapter 5 of the "Medicare Program Integrity Manual" is the source for the documentation you are required by Medicare to keep on file when submitting claims for durable medical equipment, prosthetics, and orthotic supplies (DMEPOS). You are required to keep on file a physician prescription (also called a 'detailed written order' by Medicare) written order and dated prior to dispensing the DME to a beneficiary.

Podiatric doctors should be reminded that some documentation requirements apply to physician/prescribers and some to DME providing suppliers. DPMs are fortunate given the opportunity to function as both prescribers and suppliers of DME to their own patients.

Documentation Requirements

It is expected that the beneficiary's medical records reflect the need for the care provided. This requirement is best satisfied by completing a biomechanical evaluation that determines the qualifying condition(s) the prescription is intended to address.

While the idea of performing a biomechanical exam in the midst of a jam-packed 50-patient day may seem unrealistically burdensome, it makes logical sense that there needs to be documentation of medical necessity to justify a prescription.

Utilizing a basic biomechanical evaluation template like the one provided in Figure 1 can provide the needed documentation of medical necessity to support prescription of an AFO. Such an approach will also help you to communicate to your patient the basis for your treatment protocol.

Remember that whatever template you use in conjunction with your regular EHR note, they must match and not be contradictory. Objective information such as manual muscle testing numbers, degrees of joint range of motion and instability or dysfunction scores like those pro-

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vided in the template biomechanical exam can be vital.

Medicare has made it very clear that the only documentation that establishes the medical necessity for a prescribed DMEPOS item, such as an AFO, is the documentation in the patient record of the treating physicians. Clinical notes from your orthotist or pedorthist will only be used to corroborate the information found in the physician documentation.

If you utilize electronic templates for your clinical notes, take extra care to review how your templates populate various sections. If you provide manual muscle testing scores in one section that show marked weakness in dorsiflexion and eversion, make sure your EHR does not populate another area with statements of normal muscle strength. These inconsistencies will make it difficult for you to defend your clinical judgment that an orthosis is necessary.

Medicare is looking for a picture of the individual's abilities and limitations that creates the need for each item being billed for. The medical record needs to establish why it is necessary for this specific patient to have an AFO and why that AFO needs to have dorsiflexion assist ankle joints, a molded lacer and a soft below-knee interface. If Medicare sees that your clinical record does not adequately establish the need for each of these items it may be justified to deny coverage for the item(s) as considered not medically necessary. Your clinical record must establish the medical necessity for each item that you bill for, not just the need for the base AFO.

These documents have been provided by
WorryFreeDME

DCNPAFO160519

Created by:
The American College of Foot & Ankle Orthopedics & Medicine

Biomechanical Evaluation Form

Patient Name:	
Chief Complaint:	
History of problem:	
Nature of discomfort/pain	
Location (anatomic)	
Duration	
Onset	
Course	
Aggravating and/or alleviating factors	

Left	Stance Evaluation:	Right	Normative values:	Treatments and response
	Angle of gait:→			
	Base of gait:→			
	Foot appearance			
	Tibial influence		0˚-2˚ varus or valgus	
	Relaxed calcaneal stance position (RCSP)		0˚	
	Neutral calcaneal stance position (NCSP)		0˚	
	Non-Weight Bearing Evaluation:			
	Limb length:→		Equal	
	Hip sagittal plane-			
	Knee extended		Flexion 120˚/extension 20-30˚	
	Knee flexed		Flexion 45-60˚/extension 20-30˚	
	Hip transverse plane-			
	Knee extended		45˚ each direction	
	Knee flexed		45˚ each direction	
	Hip frontal plane		45˚ each direction	
	Knee sagittal plane		Flexion 120˚/extension 0-10˚	
	Knee recurvatum		Absent	
	Ankle sagittal plane-			
	Knee extended		Dorsiflexion 10˚/plantarflexion 40-70˚	
	Knee flexed		Dorsiflexion 10˚/plantarflexion 40-70˚	
	Subtalar joint-			
	Inversion		20˚	
	Eversion		10˚	
	Subtalar joint axis location			
	Midtarsal join		0˚	
	1st ray range of motion		Dorsal & plantar excursion 5mm	
	1st MTPJ range of motion		Dorsal 65˚ or >unloaded/20-40˚ loaded	
	Lesser MTPJ's			
	Other comments:			
	Muscle testing (extrinsics):			
	Invertors		5/5: normal strength	
	Evertors		5/5: normal strength	
	Dorsiflexors		5/5: normal strength	
	Plantarflexors		5/5: normal strength	
	Neurological testing:			
	Romberg→		Balance intact	
	Patellar reflex		2+ normal	
	Achilles reflex		2+ normal	
	Babinski		No hallux extension	
	Clonus		Absent	
	Protective sensation		Present	
	Gait Evaluation -			
	Gait pattern			
	Comment on head/shoulders, spine, pelvis, sagittal/ transverse/frontal plane, postural, etc.			
	Footgear (size/width, wear pattern(s))→			
	Existing orthoses/type→			
	Weight→			
	Height→			
Biomechanical assessment:				
Treatment plan:				
Enter assistant name			Enter date of exam	
Signature of assistant			Signature of physician	

Save in patient's chart

Figure 1: Biomechanical evaluation form

The Nuts and Bolts

The Detailed Written Order: DWO

Want to lose a potential audit before you even dispense the DMEPOS item? Have no detail in your Detailed Written Order.

Detailed Written Orders (DWOs) are required for all transactions involving DMEPOS.

The order must clearly specify the start date.

If the order is for supplies that will be provided on a periodic basis, the written order should include the appropriate information on the quantity used, frequency of change, and duration of need. (for example, an order for surgical dressing might specify one 2 x 2 hydrocolloid dressing to be changed every other day for 1 month or until ulcer heals.)

The DWO must be sufficiently detailed, including all options or additional features that will be separately billed or that will require an upgraded code. (Figure 2)

The description can

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either be a narrative description or a brand name/model number. (for example, if you order an articulated gauntlet AFO with dorsiflexion assist ankle joints, your description must include information on the specific type of AFO and information about the ankle joints, molded lacer and soft interface material if you are going to bill for each of these components.)

A Detailed Written Order/Prescription must contain the following:

- Beneficiary's name
- Prescribing practitioner's name
- Date of the order
- Detailed description of the item(s); may be either a narrative description or a brand name/model number.
- Prescribing practitioner's signature and signature date

Signature and date stamps are not allowed. Signatures must comply with the CMS signature requirements

The Proof of Delivery (POD)

Proof of delivery (POD) (Figure 3) is a Supplier Standard. Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers are required to maintain POD documentation in their files. Regardless of the method of delivery, the contractor must be able to determine that the item(s) delivered are the same item(s) submitted for Medicare reimbursement and that the item(s) are received by a specific Medicare beneficiary.

When suppliers deliver directly to the beneficiary, the POD must be signed and dated and must include:

- Beneficiary's name
- Delivery address
- Sufficiently detailed description to identify the item(s) being delivered (e.g., brand name, serial number, narrative description)
- Quantity delivered
- Date delivered
- Beneficiary (or designee) signature

The date delivered on the POD must be the date that the DMEPOS item was received by the beneficiary or designee. The date of delivery may be entered by the beneficiary, designee, or the supplier.

If you use a delivery service or mail service to send items to a beneficiary (as a last resort), the proof of delivery should include the delivery service tracking slip, package identification number, and your shipping receipt. These documents should include the delivery address. You can also use a return postage-paid delivery invoice from the beneficiary or designee as a form of proof of delivery. The date of delivery on your claim becomes the date you shipped the package.

CUMBERLAND FOOT AND ANKLE
117 TRADE PARK DR. SUITE B
SOMERSET, KY 42503
(Phone) 606-679-2773 (Fax) 606-679-4626

DETAILED WRITTEN ORDER

Patient Name: **DOB:**

Diagnosis:

DETAILED WRITTEN ORDER:

( ) Right Left Bilateral custom molded plastic articulated AFO with free motion Oklahoma ankle joints, valgus corrective plastic modification, custom molded full length removable arch/metatarsal support, and soft BK interface.
( ) L1970 Articulated molded plastic AFO with free motion joints
( ) L2275 Valgus corrective plastic modification
( ) L2820 Soft BK interface
( ) L3020 Removable full length molded arch/metatarsal support

Physician Name: Joe Smith, MD

Physician Address: 117 Trade Park Dr. Suite B Somerset, KY 42503

Physician Phone: 606-679-2773

Physician NPI : 1111111111

Physician Signature: _____ **Date:** ____/____/____

Figure 2: Detailed written order

Additional Final Details

While Medicare requires physician signatures to be legible, in reality they are generally not. Comply with this requirement by including a printed version of physicians' names wherever a signature is required.

Taking Action

The details of the Medicare AFO Policy Article and the Medicare contractors Local Coverage Determinations (LCD) for AFOs may seem daunting but they are the entry point to understanding medical necessity and proper documentation. Once you understand these documents you will be able to see what is needed to solidly document medical necessity and create protocols to ensure you use all required documentation.

The best preparation for being

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successful in any audit is to perform self-audits in your office. Once you understand what Medicare and commercial carriers require in the event of an audit, your self-audits will become the most effective tool for improving your processes and preparing your practice for any outside review.

Note: *The above information (in part) comes from a Joint DME MAC publication, most recently revised 4/28/16. It has been abbreviated to most appropriately address the compliance needs of DME prescribing and supplying DPMs. https://www.cgsmedicare.com/jc/pubs/news/2016/0416/cope32710.html*

As a quick guide, note the following:

To be completed by Physician:

Biomechanical Evaluation Form (Medical Record Information)

- Documents medical necessity

Document of Medical Necessity

- Justifies qualification for use of AFO
- Details reason for prefabricated or custom device
- Justifies level of fitting (off-the-shelf versus custom-fitted)
- Justifies code selected

Prescription (Detailed Written Order/DWO)

- Description of the items
- Patient Name
- Physician's printed name
- Diagnosis
- Physician's signature (no stamps allowed)
- Date (no stamps allowed)
- Indication if right and/or left limb affected

To be given to Patient: Patient Receipt (Proof of Delivery)

- Patient Printed Name
- Date
- Item Description
- Item Code(s)
- Patient Signature
- Address

To be completed by Supplier/Physician:

Dispensing Chart Notes

- Type of orthosis
- Describes method of fitting
- Documents patient satisfaction **PM**

CUMBERLAND FOOT AND ANKLE
117 TRADE PARK DRIVE, SUITE B
SOMERSET, KY 42503
(Phone) 606-679-2773 (Fax) 606-679-4626

PATIENT DELIVERY ACKNOWLEDGEMENT FOR DMEPOS DEVICES AND SERVICES

Beneficiary Name:_____**Date of Delivery:**_____

Place of Delivery: Cumberland Bone and Joint
115 Trade Park Drive, Suite B
Somerset, KY 42503

DETAILED DESCRIPTION OF ITEMS DELIVERED INCLUDING QUANTITY

( ) Right Left Bilateral custom molded plastic articulated ST-Ankle AFO with free motion Oklahoma ankle joints, valgus corrective plastic modification, custom molded full length removable arch/metatarsal support and soft BK interface.
( ) L1970 Articulated molded plastic AFO with free motion joints
( ) L2275 Valgus corrective plastic modification
( ) L2820 Soft BK interface
( ) L3020 Removable full length molded arch/metatarsal support

Material Failure Warranty Coverage:

- Hardware, plastic and metal components are covered at no charge for six months.
- All soft material covers, Velcro straps and limb support pads are covered at no charge up to ninety days.

You have been dispensed a prefabricated, custom fitted or custom molded device that often requires a period of adjustment. If your device causes pain or discomfort that you did not anticipate based upon your practitioner's instructions and the printed information provided to you concerning the use of your device, remove the device and call the office immediately. Should the device crack, break or otherwise fail to work properly, remove the device and call the office immediately. Your device needs to be kept clean to insure the device functions properly. All straps, lacers and other closures should be kept clean and tightened as instructed by your practitioner. If strap or closure tension causes pain, slightly loosen the strap for a short period of time and gradually re-tighten over time to the proper tension. Always use some type of sock, or soft interface between your skin and the device and always wear shoes with your orthosis. If you have and questions about the proper use or care of your brace, please call 606-679-2773 for assistance.

_x_ I have received a copy of the privacy policy, on this visit or on a previous visit as noted in my medical record.
_x_ I received the Patient Rights and Responsibilites handout, Feedback/Complaint Policy and the DMEPOS Supplier Standards.
_x_ I received a copy of the Quality Improvement Program Survey.
_x_ I received my DMEPOS items.
_x_ I received Use, Care and Maintenance instructions including warranty information.
_x_ I received a copy of the 30 Medicare Supplier Standards.

By signing below, I acknowledge and understand all of the above.

_____ _____
Patient Signature Date

Figure 3: Patient delivery acknowledgement

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Dr. White is Founder of SafeStep and Vice-President of OHI.

Kevin Scribner, CO is an ABC certified orthotist with over 30 years of experience. He is a member of the American Academy of Orthotists and Prosthetists and is currently employed with Cumberland Foot and Ankle Centers of Kentucky.