(Properly) Use Templates for DME

They save you time and reduce the chance of an audit.

BY PAUL KESSELMAN, DPM

Recently, after failing an audit, a colleague remarked that it just does not make sense to spend all that time documenting and paying the costs for a device that reimburses only a few hundred dollars. For this installment of *DME for DPMs*, let's further analyze that statement to ascertain the validity of that opinion.

Before one starts on this discussion, let's come to an understanding. If one needs to spend an inordinate amount of time documenting these three requirements of DME documentation (medical necessity, ordering, fitting) from scratch, each time they see a patient, then the provision of AFO (or any) service may in fact be non-profitable. Let's not forget about the time it takes to respond to audits, which takes even more of the profit margin away. Hence the need for stellar documentation!

Fortunately, most podiatrists today are either using EMR or scribes for charting. Thus, the better solution may be to focus on constructing a compliant template for a plan of care, justifying the use of any AFO (e.g., pneumatic CAM boot) no matter the diagnosis. If crafted correctly, these documents can be created in a few minutes either by typing or dictating the plan of care into a template and retaining it for future use.

A plan of care simply dealing with the medical necessity for Off-the-Self (OTS) pneumatic CAM boot should look something like this, with the variables contained in <brackets> as follows:

The patient requires a pneumatic <low or high> top CAM boot to immobilize a <narrative diagnosis>. The <insert diagnosis> also requires stabilization, which is afforded by the pneumatic boot. The pneumatic component's ability to compress will address the edema because it can be adjusted based on the amount of edema. Whereas a non-pneumatic boot, cast, or splint does not have that capability. The pneumatic CAM boot will permit the patient to inspect the extremity for signs and symptoms of ischemia and wound development. The <brand name> pneumatic CAM walker size <XS/S/M/L/XL> <high/low top> was fitted to the patient. The pneumatic bladder was inflated to provide proper compression. The fit was inspected while the patient was wearing the device and noted to fit well in length and width with no rubbing, slippage, or tension. The straps were adjusted to the appropriate length and tightness. The patient was provided with written instructions on maintenance of the device, skin integrity inspection, and

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warranty information provided by the manufacturer.

The patient demonstrated their ability to apply (don) and remove (doff) the device and adjust the amount of compression. It is uncertain how long the patient may require the CAM boot as this is dependent on their healing process. The patient was instructed on what to do if the device causes pain, discomfort, redness, etc., and is to immediately report this to the office. Periodic serial x-rays and evaluations will be conducted as medically necessary to determine how long the device will be required and when it can be discontinued as the patient may need another device affording less immobilization. The patient also signed an authorization for payment and benefits. The patient also received a copy of the current Supplier Standards and our office compliant protocol. All the patient's questions regarding the use of the device were answered to their satisfaction. The patient is to return to the office in < # > weeks.

For the average typist, this note may take no more than ten minutes to type and even less time to dictate; then another few minutes of manipulation into the EMR system of your choice. This template can be used in the future whenever there is a need for a pneumatic CAM boot. With some additional editing, this template can change so that it works for both pneumatic and non-pneumatic CAM boots. A similar template can also be created for an OTS plantar fascial night brace.

Note that this patient's workup was not provided; the patient's medical history and examination are of course of paramount importance. This is a separate matter which must substantiate the diagnosis, regardless of which treatment option you choose. The template also includes fitting and adjustment requirements for an off-the-shelf device, which requires minimal self-adjustment as well as requirements of the Supplier Standards. These templated examples are "add-ons" to those notes.

It may take more than ten minutes to construct a template for a custom fitted hinged AFO, but nevertheless, the concepts are still the same as for the previous off-the-shelf (OTS) device. Be sure the history and physical is complete, the plan of care includes the size and name brand of the device dispensed, why the patient requires the specific type of AFO you chose. For custom fitting, you will need to incorporate several additional points of documentation. Those include why the OTS device would not work and what you did to transform a pre-fabricated device, manufactured for the masses, into something which was unique for this one patient. The last issue to address is that you as a physician have the requisite skills to perform the latter task.

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Attempts to fit the patient with an off-the-shelf pneumatic cam boot were unsuccessful due to (e.g. prominent bone) at < ? > location created pain. Additionally, the uprights of the device were < bent, heated, grinded, molded >, for a custom unique fit for this one patient. This was performed by Dr. < > who has the requisite skill set to perform such modifications.

This example only required a few additional steps to meet the medical necessity requirements for a custom fit device. This template can also be easily modified for a variety of AFOs including L1971 (prefabricated custom fit hinged AFO) or a custom fit drop foot brace (L1951).

For those who still are insistent on using a cast, as opposed to a DME for acutely needed devices, it is noteworthy to remember that:

The initial cast/splint application is non-reimbursable when a cast/splint is applied at the time a surgical procedure (open or closed) is billed. The cast materials may provide you with a separate insignificant reimbursement equaling their costs. Subsequent cast/splint applications may be reimbursable; however, the time spent performing such procedures on multiple occasions is simply not worth the reimbursement.

For custom fabricated AFOs, the documentation of medical necessity and fitting is admittedly more complicated than for simpler OTS or custom fitted devices.

As an example: A patient with chronic ankle and STJ arthritis resulting from documented posterior tibial tendon dysfunction (PTTD) who is not a surgical candidate, and who has documented failure with other conservative measures (e.g., custom foot orthotics), thus requiring a custom AFO. Their plan of care may span several dates of service. Those include the date of service when the medical necessity for the AFO is initially established, the date the patient was imaged for the AFO, and the date the AFO is dispensed. These elements may be found here:

Plan of Care:

(1) Initial Date of Need: The patient has chronic posterior tibial

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disfunction, resulting in subtalar joint collapse in three planes (sagittal, frontal, and transverse). All of these planes require correction only achievable in a custom fabricated AFO. You may wish to add, *"The patient may require this device for greater than six months or for the remainder of their lifetime. The patient's skin and underlying fat is significantly atrophic requiring additional protection from the plastic shell. Thus, an additional tissue interface (L2820) is required.* One should also include reports of any previous tests (MRI, x-rays, and treatments, cast immobilization, NSAIDs, etc.). Your documentation should include both good and bad outcomes, further supporting the need for a custom fabricated AFO.

(2) Date of Casting/Imaging: Reference the dated order form to the lab as your detailed written order and sign and date it. Include your type 1 NPI. Document the position of the patient when imaged and why. Repeat the medical necessity for the parent HCPCS code and each additional add-on-code as in (1).

(3) At the time of fitting, repeat the relevant elements from the date when medical necessity was determined and some relevant information from the imaging date. The fitting note must include this statement: *"The patient was examined while wearing <the device>"*. The chart should then document how you as the provider objectively found the device to fit. Was it just right, not too snug or too loose, and accommodative of the deformities? If so, say so. If the device needed some modifications, document what may have been done to make the fit better (heated, bent molded, etc.). Much of what has already been suggested for the OTS or custom fit device can be copied and pasted into the custom fabricated note. Also document the break in schedule and when the patient should return for a follow-up appointment.

(4) At their follow-up appointment, if the patient requires some modifications (done in office or not), document what is required and who is to perform those modifications. Custom fabricated devices typically are reserved for the most complex patients. Thus, it is not unusual to have to make some on-the-spot modifications in the office or return the device for some modifications.

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A fourth and additional template to create addresses patient follow-up and/or modifications and repairs. This note must include who and what was done and why (if performed in the office.) If the device is being sent back to the lab, rather than document the repairs twice, document all the issues requiring modification in your EMR and document how they are to be addressed (modified) on a laboratory repair form. The latter can be scanned into your EMR.

As for the ROI for a custom fabricated AFO (L1970) with a soft tissue interface (L2820), one well-known laboratory quoted a provider cost of $280. This includes the device and the soft tissue interface as well as an STS sock for use on a subsequent patient. With a reimbursement range of $780-1043 for the parent L1970 code plus an additional $95-$248 for the add-on soft tissue interface, this equals a considerable reimbursement. This fee easily eclipses the reimbursement for most surgical procedures typically performed by most podiatrists.

Most healthcare professionals today, including other orthotic/prosthetic professionals, use templates that are easily modifiable and can be used daily. There is nothing wrong with templates, as long as they can be modified and tell a unique story or each individual patient.

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Thus the questions one must ask are:

1) Is it worth taking the time to read and understand the LCD for specific services? **YES!**

2) Is it worth the time to create templates which both meet the LCD requirements and are flexible for use with your EMR and your clinical practice? **YES!**

3) Can you audit-proof your practice from DME audits? You can't protect your practice from being audited. What you can do is limit their recoupment by being compliant with the reimbursement policy.

Delving into the world of AFOs is certainly worth it from a variety of perspectives, including practice management, liability reduction, and reimbursement. Start simple, create a template for an OTS ankle sprain device (L1906), and you will see how incredibly easy it really is. PM

Dr. Kesselman is board certified by ABFAS and ABMSP. He is a member of the Medicare Jurisdictional Councils for the DME MACs and a member of the enrollment subcommittee. He is a noted expert on durable medical equipment (DME) and consultant for DME manufacturers worldwide. He is the owner of Park DPM and co-owner of PARE Compliance. He is also co-owner of www.thedoctorline.com, a new online forum for coding and reimbursement.