

Documentation Checklist for AFOs and KAFOs (attach to chart)

Revision, September 26, 2017

From Physician Records
History of condition
<input type="checkbox"/> Diagnosis and Diagnosis Code
<input type="checkbox"/> Affected Side, Symptoms
<input type="checkbox"/> Clinical course, therapeutic interventions and results
<input type="checkbox"/> Prognosis
Functional limitations
ADLs and how impacted by deficit(s)
<input type="checkbox"/> Diagnoses causing these symptoms
<input type="checkbox"/> Other co-morbidities
<input type="checkbox"/> Ambulatory assistance
Status/condition of the current orthosis
<input type="checkbox"/> Reason for replacement
<input type="checkbox"/> If repair is needed: statement of continued medical need
<input type="checkbox"/> Past experience with orthoses/braces and other failed treatments
Physical examination
<input type="checkbox"/> Weight and height, weight loss/gain
<input type="checkbox"/> Presence of deformity
<input type="checkbox"/> Document swelling, tenderness, contractures, or spasticity, joint laxity/stability, range of motion (ROM)
Document that patient meets criteria for coverage
<input type="checkbox"/> Patient is ambulatory and
<input type="checkbox"/> For AFO: weakness/deformity of the <u>foot and ankle</u> or For KAFO weakness/deformity of the <u>foot, ankle and knee and</u>
<input type="checkbox"/> Requires stabilization of the foot and ankle (and knee for KAFO) due to a medical reason and
<input type="checkbox"/> Patient has potential to benefit functionally from an AFO/KAFO
If brace will be custom fabricated, <u>one</u> of the following must also be documented:
1. Permanent condition > 6 months
2. Patient could not fit prefabricated AFO/KAFO
3. Need to control knee, ankle, or foot in more than one plane
4. Documented neurological, circulatory, or orthopedic status requires custom fab over a model to prevent tissue injury
5. Healing fracture lacking normal anatomical integrity or anthropometric proportions
If the brace is a stance control orthosis (SCO) the following must also be documented:
<input type="checkbox"/> Medical need for a stance control orthosis and why patient cannot use a standard KAFO
<input type="checkbox"/> If electronic: Reason why patient cannot use a non-electronic stance control orthosis
<input type="checkbox"/> Recommendation for type of orthosis and rationale for decision (brand name not required)
<input type="checkbox"/> Patient must be clearly identified on each page
Physician Signature Requirements
<input type="checkbox"/> Physician Signature and Date on each chart note
<input type="checkbox"/> Notes are dated prior to delivery
<input type="checkbox"/> May be handwritten or electronic
<input type="checkbox"/> Each chart note includes printed name of physician or signature attestation attached

Dispensing Order (if delivered prior to DWO signed)
<input type="checkbox"/> Patient's name
<input type="checkbox"/> Date of order
<input type="checkbox"/> Description of item (brand name not required)
<input type="checkbox"/> Printed name of signatory
<input type="checkbox"/> Signature (written order needs physician's signature; verbal order needs signature of person taking the order)
<input type="checkbox"/> May be handwritten or electronic
Detailed Written Order (DWO)
<input type="checkbox"/> Start date of the order (from the dispensing order or the date prepared)
<input type="checkbox"/> Side of body, for each item being provided
<input type="checkbox"/> Sufficiently detailed description to identify the item(s) to be provided (e.g. narrative description, including brand name, model number for purchased components).
For items provided on periodic basis: include quantity, frequency of use & number of refills
<input type="checkbox"/> Patient's name on each page
Physician signature and date requirements on DWO
<input type="checkbox"/> Signed and dated prior to billing
<input type="checkbox"/> Handwritten signature and date
<input type="checkbox"/> Printed name, credential, address, phone, NPI
<input type="checkbox"/> Compliance with State Law
Orthotist Records
<input type="checkbox"/> History of orthosis being replaced, description of labor, and reason for replacement (loss, damage, significant change). Must still be medically necessary.
<input type="checkbox"/> Functional evaluation (must corroborate physician's documentation)
<input type="checkbox"/> Recommendation for new orthosis: type/brand and fit (custom/custom fit/OTS), rationale –based on physician order
<input type="checkbox"/> Describe modifications (trim, bend, mold, assemble, etc.)
<input type="checkbox"/> If custom fabricated: Device must be individually made for patient over positive model and records should describe basic materials, labor and fitting.
<input type="checkbox"/> Dated chart note for each visit
<input type="checkbox"/> Patient name on each page
<input type="checkbox"/> Orthotist's printed name & signature (suggest signature log)
Proof of Delivery (POD)
<input type="checkbox"/> Patient Name
<input type="checkbox"/> Address where item is delivered
<input type="checkbox"/> Quantity
<input type="checkbox"/> Affected side for each item
<input type="checkbox"/> Sufficiently detailed description to identify the item(s) delivered (e.g. narrative description, including brand name, model & serial number for purchased components or full HCPCS description if adequate)
<input type="checkbox"/> Handwritten signature
<input type="checkbox"/> Printed name of patient/designee & relationship
<input type="checkbox"/> Delivery date (or patient signature date)
Beneficiary Authorization
<input type="checkbox"/> Signed by patient prior to delivery
Advance Beneficiary Notice (ABN) (if required)
<input type="checkbox"/> Signed by patient prior to delivery