

Spinal Orthosis Documentation Check List (attach to chart)

January 1, 2018

From Physician Records
History of Condition
<input type="checkbox"/> Diagnosis and diagnosis code
<input type="checkbox"/> Affected side
<input type="checkbox"/> Clinical course
<input type="checkbox"/> Therapeutic interventions and results
<input type="checkbox"/> Prognosis
Functional Limitations on a Typical Day
<input type="checkbox"/> Daily activities and how impacted by deficit(s)
<input type="checkbox"/> Diagnoses causing these symptoms
<input type="checkbox"/> Other co-morbidities impacting ADL/use of new orthosis
<input type="checkbox"/> Ambulatory assistance
<input type="checkbox"/> Status/Condition of Current Orthosis
<input type="checkbox"/> Reason for Replacement (if applicable)
<input type="checkbox"/> Past Experience With Orthoses/Braces and Other Failed Treatments
<input type="checkbox"/> Physical Examination Pertinent to Functional Deficits
May include weight and height, weight loss/gain; posture; presence of abnormality or deformity, swelling, tenderness, ROM, palpation, or neurological
Document that Patient Meets Criteria for Coverage
For spinal orthosis, <u>one</u> of the following must be documented
1. To reduce pain by restricting mobility of the trunk; or
2. To facilitate healing following an injury to the spine or related soft tissues; or
3. To facilitate healing following a surgical procedure on the spine or related soft tissue; or
4. To otherwise support weak spinal muscles and/or a deformed spine
If custom fabricated
<input type="checkbox"/> Detailed reason why a prefabricated (custom-fit/OTS) device could not be fit.
Recommendation for type of orthosis
<input type="checkbox"/> Include rationale for decision
<input type="checkbox"/> Include statement that patient will benefit functionally
<input type="checkbox"/> Brand name not required
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 note includes printed name of physician
<input type="checkbox"/> Signature Log/Attestation attached if illegible
<input type="checkbox"/> Patient's Name on Each page & Page Numbers
Dispensing Order (required if device is delivered prior to physician's signature date on the DWO)
<input type="checkbox"/> Patient's name
<input type="checkbox"/> Date of order (for written order use date of RX; for verbal order use date of telephone call) (must be dated prior to delivery)

<input type="checkbox"/> Description of item (brand name not required)
<input type="checkbox"/> Printed name of signatory (for physician printed name could be circled; for verbal order handprint the name of person taking the order)
<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: Use date from the dispensing order if you have one, otherwise the start date is the date the document is prepared.
<input type="checkbox"/> Narrative Description of each item provided (including brand name & model number for manufactured items)
<input type="checkbox"/> Patient's name on each page
Physician signature and date requirements
<input type="checkbox"/> Signed and dated prior to billing
<input type="checkbox"/> Handwritten signature and signature date
<input type="checkbox"/> Printed name, credential, address, phone, NPI
<input type="checkbox"/> Compliance with State Law
Orthotist Records
<input type="checkbox"/> History & condition of orthosis being replaced, and reason for replacement (loss, damage, significant change). Orthosis must still be medically necessary.
<input type="checkbox"/> Functional Evaluation. Must corroborate physician's documentation that coverage criteria is met (and support need for custom-fab over prefab if applicable)
<input type="checkbox"/> Recommendation for new orthosis: type/brand based on physician order. Justify each code that will be billed.
<input type="checkbox"/> Fitting (custom/custom fit/OTS) – include reason and describe modifications (trim, bend, mold, assemble, etc.)
<input type="checkbox"/> Impression/measurement method used:
<input type="checkbox"/> Substantial labor
<input type="checkbox"/> Chart note for each visit
<input type="checkbox"/> Patient name on each page
<input type="checkbox"/> Orthotist's printed name, signature & date on each note (suggest signature log)
Proof of Delivery (POD)
<input type="checkbox"/> Patient Name
<input type="checkbox"/> Delivery Date
<input type="checkbox"/> Address of delivery location
<input type="checkbox"/> Quantity
<input type="checkbox"/> Narrative description for each item delivered (include brand name, model/ serial number for purchased items).
<input type="checkbox"/> Handwritten signature of patient
<input type="checkbox"/> Printed name of patient/designee & relationship
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