

## FAX: Documentation Request

Fax to Name	Fax from Name	
Company	Company	
Phone	Phone	
Fax	Fax	
Patient	Date of Birth	No. of Pages

We have received a referral from your office to provide a \_\_\_\_\_ for the above patient. Please be advised that payment for an orthosis is based solely on the information in the physician's records (not the Orthotist's). Therefore we need the following information from your medical records in order to be in compliance with Medicare and receive reimbursement. We appreciate your cooperation.

- **Criteria for Coverage<sup>1</sup>:** All three coverage criteria must be met.
  - 1) weakness/deformity of the foot and ankle,
  - 2) the medical need for foot and ankle stabilization (for KAFO document why patient requires additional knee stability), and
  - 3) that patient has the potential to benefit functionally from an AFO/KAFO.

Please document the following:

- **History of Condition necessitating the Orthosis:** Diagnosis; Affected Side; Clinical Course; Therapeutic Interventions and Results; and Prognosis.
- **Functional Limitations:** Activities of Daily Living (ADL) and how impacted by deficit(s), Diagnoses causing these symptoms; other Co-morbidities, and other forms of ambulatory assistance used.
- **Status/Condition of Current Orthosis (if applicable)** Describe the condition of the current orthosis and whether the device needs to be repaired or replaced. If the patient's condition has changed, describe why the current orthosis is no longer appropriate (e.g. weight gain/loss, decreased stability, etc.). If the device was damaged, describe the incident. Note: A <5 year old device cannot be replaced due to normal wear and tear. It must be repaired, in which case there needs to be a statement of continued medical need in your record.
- **Past Experience with Orthosis/Brace and other Failed Treatments**
- **Recent Physical Exam specific to the abnormality/deformity with objective assessment of the condition necessitating the brace:** Include (if applicable) presence of abnormality/deformity, swelling, tenderness, muscle spasm; objective assessment of joint laxity/stability; range of motion; weight, height, weight loss/gain; neurological; etc.
- **If Custom Orthosis is being ordered, one of the following conditions must be documented** 1) permanent condition >6 months, or 2) prefabricated device did not fit, or 3) need to control the knee, ankle, or foot in more than one plane, or 4) neurological, circulatory, or orthopedic status requires custom fabricated over a model to prevent tissue injury, or 5) healing fracture that lacks normal anatomical integrity or anthropometric proportions.
- **If Stance Control Orthosis ordered:** 1)document medical need for stance control, 2) if stance control is electronic/microprocessor-controlled, document why patient cannot use a non-electronic/microprocessor controlled stance control orthosis.
- **Recommendation for the new Orthosis/component(s):** Include the type of device (brand name not required), whether custom or prefabricated, whether stance control, electronic etc., and your rationale for ordering it. Each note must have your signature & date; and each page needs the patient's name recorded.
- Please fax the signed documents to: \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_

**PRIVACY NOTICE:** The documents accompanying this transmission may contain confidential health information that is legally protected. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless permitted by law or regulation. If you are not the intended recipient, you are hereby notified that any use, disclosure, copying, or distribution of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents. 45 CFR 164.530 *et seq.*

<sup>1</sup>. Medicare DME MAC. Local Coverage Determination (LCD) for Spinal Orthoses: TLSO and LSO. <http://www.cms.gov/medicarecoverage-database/overview-and-quick-search.aspx>