AFO DOCUMENTATION AND DENIALS

By Dr. Paul Kesselman

DISCLAIMER

OVERVIEW OF AFO DOCUMENTATION

Clinical Documentation + DMEPOS Requirements = Reimbursement!

WHY DOES CHARTING MATTER?

The chart tells the story of why a service is needed. Many carriers could review your chart, and improper charting can lead to post payment recoupment.

7 CRITICAL ELEMENTS THE PRESCRIBER MUST ALWAYS DOCUMENT

·History of Present Illness
·Physical Examination
·Test Results (if appropriate)
·Functional Capacity – Present Activities of Daily Living (ADL) expectation
·Expectation of how the ADL will improve with an AFO
·Patients Progress, or regression with treatment
·Previous Treatment success/failure
·Rationale for selected AFO

6 NATIONAL SUPPLIER CLEARINGHOUSE REQUIREMENTS FOR ALL DMEPOS PATIENTS

·Instructions for use
·Copy of supplier standards
·Compliant Protocols
·Signed Written proof of delivery
·Warranty
·Authorization for Payment

The dispensing note should state: The Patient was provided with IFU, copy of current supplier standards, complain protocol and they signed a written proof of delivery and must include objective language about the fitting of the device.

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STANDARD WRITTEN ORDERS (IF THE SUPPLIER IS NOT THE PROVIDER)

·The supplier shall have a standard written order for the DMEPOS prior to submission of the DMEPOS claim. In those limited instances in which the treating practitioner is also the supplier and is permitted to furnish specific items of DMEPOS and fulfill the role of supplier in accordance with any applicable laws and policies, a separate DWO is not required. However, the medical record must still contain all the required DWO elements.
Source: Chapter 5, Page 4 Medicare Program Integrity Manual

WHAT IS SAME OR SIMILAR?

"Same or similar denials occur when the patient's claim history indicates a piece of equipment is the "same or similar" for the same body part for which a new piece(s) of equipment being billed."
CMS Mandates the Reasonable Useful Lifetime (RUL) for DMEPOS is 5 years (with exceptions). These exceptions include: Surgical Dressings, Knee Orthosis (1-3 years).
Medicare will not usually cover items that are considered similar equipment at the same time for the same body part, unless it is for a change in condition, diagnosis or irreparably damaged, lost or stolen.
More information: https://med.noridianmedicare.com/web/jddme/topics/same-or-similar

WHAT ARE THE PROVIDER'S RESPONSIBILITIES?

DMEPOS suppliers need to be familiar with the AFO LCD (Policy). If you have reason to believe that Medicare may not pay for an item or service and it is expected to be denied by Medicare, then you should attempt to obtain a properly prepared ABN.

SUMMARY OF SAME OR SIMILAR

1. Do a thorough check of the patient's past O/P for past five years using all 4 DME Provider Portals.
2. If Same or Similar is found ask patient to sign an ABN
- You cannot avoid same or similar issues/denials unless you refuse to provide DMEPOS services to patients who have already been provided with O&P within the past five years. More information can be found here: https://med.noridianmedicare.com/web/jddme/topics/same-or-similar/ss-denials
3. ABN must be thoroughly completed when appropriate
- Universal use of ABN is unacceptable and may be abusive
4. Submit the claim after delivery and appeal using the DME MAC portal

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WHAT DO YOU DO IF THERE IS A SAME OR SIMILAR?

An Example:
Patient that was treated in 2018 for a RLE injury either by you or another provider with a pneumatic walking boot under HCPCS code L4361. Patient now presents to your office in 2021 with a grade 2 lateral ankle sprain. You determine that your patient requires a pre-fabricated custom fit ankle supportive device (e.g. TayCo Acute Hinge Brace) L1971 as you want to promote sagittal plane motion and inhibit frontal plane and transverse plane motion to allow proper rehab, neuro stimulation and avoid muscle atrophy. **In this case, the Medical Note Must Be Very Specific As To Why Same Or Similar Should NOT Apply!**

- Differentiate the two conditions and devices: The physical exam reveals the patient has a grade 2-3 ankle sprain on the RLE. It is medically necessary to utilize an ankle brace which is does not completely immobilize the patient and permits motion in the sagittal plane while reducing or eliminating motion in both the frontal and transverse plane.
- A same or similar search reveals that the patient received a pneumatic walking boot, code L4361 in 2018 on the same side, RT. As per the AFO LCD (33686), code L4361 is an ambulatory AFO but this device is inappropriate for the current condition and deleterious to the patient's recovery.
- The current diagnosis of an anterior talo-bular and calcaneal ligament sprain grade 2-3 is different than that for a foot fracture when the patient received an OTS Cam boot (L4361). These are two very different devices used to treat two very different diagnosis and not for the same body part. The CAM boot was used to treat the right foot, which would totally immobilize the ankle joint. This would be deleterious to the patient's rehabilitation and is contraindicated. The patient was dispensed a prefabricated hinged brace (L1971) for a lateral ankle sprain which allows only sagittal plane motion, not permitted by the Cam Boot (L4361).
- A change of device is therefore medically necessary for the current presenting condition and new diagnosis of a lateral ankle sprain.

If the same or similar search had a finding on the same side, **the claim line will deny**, but you can file an appeal (redetermination) on the portal. Comprehensive and thorough documentation will increase the likelihood of a successful redetermination and reimbursement. Because there is no guarantee of payment, the ABN is the practice's fail safe!

Looking for more info? See https://www.taycobrace.com/docresources for 2 webinars presented by Dr. Paul Kesselman on documenting for AFOs and Same and Similar Denials.

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