

<u>Waterloo</u> 527 Park Lane Suite 100 Waterloo, IA 50702 319.233.8911 / 800.435.3803

<u>Des Moines</u> 12655 University Avenue Suite 160 Clive, IA 50325 515.223.2344 / 844.340.2344

<u>Marshalltown</u> 2500 S. Center Street Suite 5 Marshalltown, IA 50158 641.753.0067 / 877.753.0067 <u>Cedar Rapids</u> 202 10<sup>a</sup> Street SE Suite 160 Cedar Rapids, IA 52403 319.294.5982 / 877.209.0913

Dubuque 1635 Associates Drive Suite 104 Dubuque, IA 52002 563.556.5415 / 800.514.3317

<u>Mason City</u> 646 S. Monroe Avenue Mason City, IA 50401 641.422.1423 / 866.463.5867

## **Medicare Documentation Requirements**

## **Custom AFO/KAFO**

#### Medicare Documentation Requirements:

- I. Practitioner must document why a \*\**Prefabricated* device\*\* Will Not work.
- II. Practitioner must document one of the qualifiers below:
- 1. The patient has a condition necessitating the orthosis, which is expected to be permanent or of long-standing duration (more than six months).
- 2. There is a need to control the knee, ankle or foot in more than one plane.
- 3. The patient has a documented neurological, circulatory or orthopedic status that requires custom fabricating over a model (ie to prevent tissue injury).
- 4. The patient has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.

\* A *Custom Fabricated* Orthosis is one which is individually fabricated for a specific beneficiary.

\*\* A **<u>Prefabricated</u>** Orthosis is one which is manufactured in quantity without a specific beneficiary in mind when originally created. This type of orthosis may be trimmed, bent, molded, or otherwise modified for use by a specific beneficiary.

# Prosthetic & Orthotic Centre of Excellence

### Knee Orthosis

To assure coverage of knee orthoses, Medicare requires one of the following to be documented by the physician:

- Knee instability must be documented by examination of the patient and objective description of joint laxity (e.g. varus/valgus instability, anterior/posterior Drawer Test).
- 2. Flexion or extension contractures of the knee with movement on passive range of motion testing of at least 10 degrees.

### For Custom Fabricated orthoses, there must be detailed documentation in the treating physician's records to support the medical necessity of a Custom Fabricated rather than a Prefabricated orthosis.

- Physician must document Why a Prefabricated Orthosis <u>Will Not</u> work
- Physical characteristics which require the use of Custom Fabricated vs.
  Prefabricated orthoses, include, but are not limited to:
  - Deformity of the leg or knee
  - Size of the thigh and calf
  - Minimal muscle mass upon which to suspend an orthosis

### Spinal Orthosis

One of the following Medicare justifications must be documented in the patient's medical record for a **spinal orthosis** to be covered:

- 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
- 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.