BOSS AFO & Custom Orthotic Compliance Documentation Packet

DME Compliance Documentation Packet

To be completed by physician:

1 ☐ Biomechanical Evaluation Form (Medical Record Information)

2 ☐ Document of Medical Necessity

3 ☐ Prescription

Copies to be given to Patient:

4 ☐ Proof of Delivery

5 ☐ DMEPOS Supplier Standards

6 ☐ Dispensing Chart Notes

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Biomechanical Evaluation Form

Patient Information — REQUIRED

Patient Name:

Date of Birth:

Date of Evaluation:

Referring Physician:

Diagnosis:

Gait Analysis — OPTIONAL, IF NEEDED

Walking Speed:

Step Length:

Cadence:

Foot Progression Angle:

Postural Assessment — OPTIONAL, IF NEEDED

Pelvic Tilt:

Leg Length Discrepancy:

Knee Alignment:

Spinal Alignment:

Muscle Strength — OPTIONAL, IF NEEDED

Dorsiflexors:

Plantarflexors:

Quadriceps:

Hamstrings:

Hip Flexors:

Hip Extensors:

Functional Tests — OPTIONAL, IF NEEDED

Single-Leg Balance:

Heel Walking:

Toe Walking:

Squat Performance:

Clinic Notes — OPTIONAL, IF NEEDED

Additional Comments:

Follow-Up Plan:

Range of Motion — OPTIONAL, IF NEEDED

Ankle Dorsiflexion:

Ankle Plantarflexion:

Knee Flexion:

Knee Extension:

Hip Flexion:

Hip Extension:

Pain — OPTIONAL, IF NEEDED

Pain Location:

Pain Intensity (0-10):

Pain Duration:

Pain Type (Sharp/Dull/Achy)

Orthotic/Prosthetic — OPTIONAL, IF NEEDED

Device Recommended:

Justification:

Modification Needed:

Document of Medical Necessity: AFO / Foot Orthotic

Physician Name: _____ HICN: _____

Prognosis: ☐ Good **Duration of usage:** ☐ 12 Months to long term

I certify that Mr. / Ms. _____qualifies for and will benefit from an ankle foot orthosis used during ambulation based on meeting all of the following criteria. The patient is:

- Ambulatory, and
- Has weakness or deformity of the foot and ankle, and
- Requires stabilization for medical reasons, and
- Has the potential to benefit functionally

The patient's medical record contains sufficient documentation of the patients medical condition to substantiate the necessity for the type and quantity of the items ordered.

The goal of this therapy: (indicate all that apply)

- ☐ Improve mobility
- ☐ Improve lower extremity stability
- ☐ Decrease pain
- ☐ Facilitate soft tissue healing
- ☐ Facilitate immobilization, healing and treatment of an injury

Necessity of Ankle Foot Orthotic molded to patient model:

A custom (vs. prefabricated) ankle foot orthosis has been prescribed based on the following criteria which are specific to the condition of this patient. (indicate all that apply)

- ☐ The patient could not be fit with a prefabricated AFO
- ☐ The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months)
- ☐ There is need to control the ankle or foot in more than one plane
- ☐ The patient has a documented neurological, circulatory, or orthopedic condition that requires custom fabrication over a model to prevent tissue injury
- ☐ The patient has a healing fracture that lacks normal anatomical integrity or anthropometric proportions

I hereby certify that the ankle foot orthotic described above is a rigid or semi-rigid device which is used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body. It is designed to provide support and counterforce on the limb or body part that is being braced. In my opinion, the custom molded ankle foot orthosis is both reasonable and necessary in reference to accepted standards of medical practice in the treatment of the patient condition and rehabilitation.

Signature of Prescribing Physician: _____ Type I NPI: _____ Date: _____/_____/_____

Printed Name of Prescribing Physician _____ Phone: _____

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Select Device & Left or Right Foot (or both)

☐ **Gauntlet Brace** ☐ L ☐ R

L1940 Ankle foot orthosis, plastic or other material, custom fabricated
L2330 Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only
L2820 Addition to lower extremity orthosis, soft interface for molded plastic, below knee section

☐ **Articulated Gauntlet Brace** ☐ L ☐ R

L1970 Ankle foot orthosis, plastic with ankle joint, custom fabricated
L2330 Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only
L2820 Addition to lower extremity orthosis, soft interface for molded plastic, below knee section
L2200 **(2X per brace)** Addition to lower extremity, limited motion ankle joint, each joint

☐ **Balance Brace** ☐ L ☐ R

L1940 Ankle foot orthosis, plastic or other material, custom fabricated
L2330 Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only
L2820 Addition to lower extremity orthosis, soft interface for molded plastic, below knee section

☐ **Foot Drop Brace** ☐ L ☐ R

L1960 Ankle foot orthosis, posterior solid ankle, plastic, custom fabricated
L2330 Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only
L2820 Addition to lower extremity orthosis, soft interface for molded plastic, below knee section

☐ **SMO Brace** ☐ L ☐ R

L1907 Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated
L2330 Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only

☐ **Standard Controller** ☐ L ☐ R

L1970 Ankle foot orthosis, plastic with ankle joint, custom fabricated
L2330 Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only
L2820 Addition to lower extremity orthosis, soft interface for molded plastic, below knee section

☐ **Tamarack Controller** ☐ L ☐ R

L1970 Ankle foot orthosis, plastic with ankle joint, custom fabricated
L2330 Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only
L2820 Addition to lower extremity orthosis, soft interface for molded plastic, below knee section
L2200 **(2X per brace)** Addition to lower extremity, limited motion ankle joint, each joint

☐ **Crow Walker** ☐ L ☐ R

L2330 Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only
L4631 Ankle foot orthosis, walker type, immobilizer, custom fabricated
L3400 Orthopedic shoe addition, removable custom-molded insert

☐ **Prime Brace** ☐ L ☐ R

L1907 Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated
L2275 Addition to lower extremity, varus/valgus correction (t-strap), each
L2280 Addition to lower extremity, molded inner boot
L2755 Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment.
L3000 Foot, insert removable, moldable to patient model, "UCBL" type each

☐ **Custom Functional Orthotic** ☐ L ☐ R

L3000 Foot, insert removable, moldable to patient model, "UCBL" type each

☐ **Custom Diabetic 3 pair** ☐ L ☐ R

A5513 For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer or higher, includes arch filler and other shaping material, custom fabricated, each.

Rx

Doctor Name: _____ Patient Name: _____

Prognosis: Good **Duration of usage:** 12 Months **Product Brand and Model:** _____

DX: (indicate all that apply) - *Corresponds to Biomechanical Examination Form*

Adult Acquired Flatfoot (PTTD)

Flat foot [pes planus] (acquired)
- ☐ right (M21.41) ☐ left (M21.42)

Spontaneous rupture of other tendons, ankle and foot
- ☐ right (M66.871) ☐ left (M66.872)

Disorder of ligament, ankle
- ☐ right (M24.271) ☐ left (M24.272)

Disorder of ligament, foot
- ☐ right (M24.274) ☐ left (M24.275)

Other acquired deformities of foot
- ☐ right (M21.6X1) ☐ left (M21.6X2)

DJD of Ankle and Rearfoot

Primary osteoarthritis, ankle and foot
- ☐ right (M19.071) ☐ left (M19.072)

Pain in ankle and joints of foot
- ☐ right (M25.571) ☐ left (M25.572)

Pain in lower leg
- ☐ right (M79.661) ☐ left (M79.662)

Pain in foot
- ☐ right (M79.671) ☐ left (M79.672)

☐ Other specified congenital deformities of feet (Q66.89)

Amputation

Acquired absence of great toe
- ☐ right (Z89.411) ☐ left (Z89.412)

Acquired absence of other toe(s)
- ☐ right (Z89.421) ☐ left (Z89.422)

Acquired absence of foot
- ☐ right (Z89.431) ☐ left (Z89.432)

Foot Drop

Foot Drop, acquired
- ☐ right (M21.371) ☐ left (M21.372)

Hemiplegia
- ☐ affecting right dominant side (I69.951)
- ☐ affecting left dominant side (I69.952)
- ☐ affecting right non-dominant side (I69.953)
- ☐ affecting left non-dominant side (I69.954)

Lateral Ankle Instability

Other specific joint derangements of ankle, not elsewhere classified
- ☐ right (M24.871) ☐ left (M24.872)

Other

☐ _____

Therapeutic Objective(s): (indicate all that apply)

- ☐ Improve mobility
- ☐ Facilitate soft tissue healing
- ☐ Improve lower extremity stability
- ☐ Facilitate immobilization, healing and treatment of an injury
- ☐ Decrease pain

Signature of Prescribing Physician: _____ Type I NPI: _____ Order Date: _____/_____/_____
(Must be current with CMS)

Prescribing Physician Printed Name: _____

Proof of Delivery

Physician Name: _____ HICN: _____

Instructions For Use:

You have been dispensed this custom molded ankle orthosis to immobilize your foot and ankle. An AFO often requires a period of adjustment. It is best to wear it for one hour more each day and to continue this for two weeks. It should only be removed as specifically instructed. If the brace feels too tight, you may be walking too much. Get off your feet, loosen any straps and elevate your foot until the tightness resolves. If your symptoms do not resolve, please contact our office immediately. Should the device crack or break, remove it and do not use it again until you contact our office. Straps, laces should be kept clean of clothing fabric to insure the device is properly secured to your extremity. Applying a skin moisturizer and wearing knee high socks will prevent your skin from irritation.

Material failure warrantee coverage:

- Hardware, plastic and metal component are covered at no-charge for six months.
- All soft materials: material covers, Velcro straps and limb support pads, are covered at no-charge up to ninety days.

I have read the posted Complaint Resolution Policy and have been provided with a copy of the Medicare Supplier Standards. I certify that I have received the item(s) indicated. The supplier has reviewed the instructions for proper use and care and provided me with written instructions. I understand that failure to properly care for this item(s) will result in the warranty being voided. This could result in my responsibility for future repair or replacement costs if my insurance policy will not cover such costs. The supplier has instructed me to call the office if I have any difficulties or problems with the device.

Patient Signature _____ Date Delivered: _____ /_____ / _____

Printed Patient Name_____ Patient Address _____

Original in patient's chart, copy to patient _____

The codes contained herein are not the official position or endorsement of any organization or company. They are offered as a suggestion based upon input from previous customers. Each prescribing practitioner should contact his or her local carrier or Medicare office to verify billing codes, regulations and guidelines relevant to their geographic location.

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Medicare Supplier Standards

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify benefi ciaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site This standard requires that the location is accessible to the public. and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least $300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fi tted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals). Implementation Date October 1, 2009
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). Implementation date May 4, 2009
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.