

New Medicare Requirements

In order to be in compliance with Medicare and receive reimbursement, the information in this brochure needs to be documented in your medical records, and provided to the Orthotist as part of the referral process. This will ensure that your patient receives the orthotic device as quickly as possible. If it is not within your scope of practice to provide this information, please assist your patient to locate a physician to document and order the orthosis.

KX Modifier Billing Reminder

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Supplier usage of the KX modifier identifies that the requirements identified in the medical policy have been met. Documentation is essential to support that the item is reasonable and necessary and that the specific coverage criteria specified in each policy have been met.

The KX modifier has differing requirements for usage depending on the specific Local Coverage Determination (LCD); suppliers should review the LCDs carefully to understand the documentation requirements and the proper use of the KX modifier for each policy.

Review any applicable LCDs that include the KX modifier requirement at:

www.medicarenhic.com/dme/medical_review/mr_lcd_current.shtml

photos are provided Courtesy of Ottobock



For further information please contact us.

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When Referring your Patient to an Orthotist



Documentation guide for Physicians



Dear Physician

The Durable Medical Equipment Administrative Contractors have jurisdiction for processing claims from Orthotist for custom orthoses. In the event of an audit, the Medicare contractor may request medical records to demonstrate that the custom orthotic(s) was reasonable and necessary.

Since we are only the supplier, our records must be corroborated by the information in your patient's medical record. It is the treating physician's records, not the Orthotist, which are used to justify payment.

For custom fabricated orthoses

There must be detailed documentation in your patient's records to support the medical necessity of custom fabricated rather than a prefabricated orthosis.

The basic coverage criteria below must be met in order to justify custom bracing over prefabricated:

- 1) The beneficiary could not be fit with a prefabricated AFO, **or**
- 2) The condition necessitating the orthosis is expected to be permanent or of long standing duration (more than six months), **or**
- 3) There is a need to control the knee, ankle or foot in more than one plane, **or**
- 4) The beneficiary has a documented neurological, circulatory or orthopedic status that requires custom fabricating over a model to prevent tissue injury, **or**
- 5) The beneficiary has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.

Documentation

One or more of the five listed criteria must be documented in the patient's chart and we must receive a copy of that chart note to retain in the patient's files.

Please note: A letter of medical necessity *DOES NOT* meet the above criterion and cannot be substituted for the chart note.

A Physical Exam

- Weight, height, weight loss/gain
- Cardiopulmonary exam
- Musculoskeletal exam (Arm and Leg strength; range of motion)
- Neurological examination; gait, balance and coordination

Medical History

- Diagnosis
- Medical history relevant to deficits
- Activities of daily living (ADL) and how they are impacted by deficits
- Other co morbidities



Devices Requiring Documentation

- **AFO, Ankle Foot Orthosis**
- **KAFO, Knee Ankle Foot Orthosis**
- **Knee Orthosis**