

## PROVIDER DOCUMENTATION FOR ORTHOTICS

1. PATIENT NAME
2. PATIENT HEIGHT AND WEIGHT
3. PATIENT'S CONDITION/DIAGNOSIS JUSTIFYING THE NEED FOR THE ORTHOSIS
4. PREFABRICATED VS. CUSTOM
  - a. Must have supporting documentation for custom orthosis
  - b. Eg. Anatomical abnormalities, need to control more than one plane, previous AFO had poor results, prefabricated is not rigid enough for the patient
5. IS CONDITION PERMANENT OR LONG STANDING (6 MOS OR GREATER)
6. MUST STATE TYPE OF ORTHOSIS IN NOTES
7. LIST HOW THE PATIENT WILL BENEFIT FUNCTIONALLY WITH THE ORTHOSIS
8. LEGIBLE SIGNATURE OR ELECTRONIC SIGNATURE WITH DATE

## DIABETIC SHOE AND INSERTS DOCUMENTATION

1. MD OR DO (ONLY) MUST DOCUMENT A COMPLETE FOOT EXAM WITH ANY ABNORMALITIES DESCRIBED IN DETAIL
    - a. Eg. Bunion, hammer toe etc and location of these
  2. MUST MENTION YOU ARE MANAGING THE PATIENT'S DIABETES UNDER COMPREHENSIVE PLAN OF CARE
  3. MUST STATE THAT THE PATIENT IS IN NEED OF THERAPEUTIC SHOES/INSERTS.
  4. MUST LIST ONE OF THE QUALIFYING CONDITIONS
    - a. Specific Deformity
    - b. Location of current or historical ulcer or callous
    - c. Type of Amputation
    - d. Symptoms, signs or tests supporting a dx of peripheral neuropathy plus presence of callous
    - e. Specifics about poor circulation in feet
      - i. DX of HBP, CAD, CHF or edema alone is not sufficient
  5. ALL DOCUMENTATION MUST BE WITHIN 6 MONTHS PRIOR TO THE DELIVERY OF SHOES AND INSERTS
- FURTHER DOCUMENTATION REQUIREMENTS CAN BE FOUND ON THE MEDICARE WEBSITE LISTED BELOW

[https://www.cgsmedicare.com/jc/mr/pdf/Thera\\_Shoes\\_DC\\_int.pdf](https://www.cgsmedicare.com/jc/mr/pdf/Thera_Shoes_DC_int.pdf)



## PROVIDER DOCUMENTATION FOR PROSTHETICS

1. PATIENT NAME
2. PATIENT HEIGHT AND WEIGHT
  - a. DOCUMENTED WEIGHT GAIN OR LOSS
3. CO-MORBIDITIES
4. PATIENT PRE-AMPUTATION DIAGNOSIS
5. DATE OF AMPUTATION
6. SIDE AND LEVEL OF AMPUTATED LIMB
7. CLEAR DESCRIPTION OF PATIENT'S CLINICALS
8. THERAPEUTIC INTERVENTION
9. PROGNOSIS FOR THE PATIENT
10. AMBULATORY ASSISTANCE DEVICE
  - a. Eg. Cane, walker, crutches, etc..
11. FUNCTIONAL LIMITATIONS AND CAPACITY OF TYPICAL DAY FOR YOUR PATIENT
  - a. Must be very detailed
12. HOW ARE ADL'S IMPACTED
13. PHYSICAL EXAMINATION MUST BE COMPLETED AND DOCUMENTED BY MD TO PROVE EXAMINATION WAS DONE
  - a. MUST INCLUDE
    - i. CARDIOPULMONARY EXAM
    - ii. MUSCULOSKELETAL EXAM
    - iii. RANGE OF MOTION EXAM
    - iv. NEUROLOGICAL EXAM
14. K-LEVEL OF PATIENT
  - a. Pre-Amputation K-Level
  - b. Current K-Level
  - c. Expected K-Level
15. IF PATIENT HAS A CURRENT PROSTHETIC AND IN NEED OF NEW PROSTHESIS OR SOCKET MUST DOCUMENT REASONING
  - a. EG. Weight loss, weight gain, cracked socket, volume reduction of residual limb, etc..

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[http://www.cgsmedicare.com/jc/mr/pdf/mr\\_checklist\\_llp.pdf](http://www.cgsmedicare.com/jc/mr/pdf/mr_checklist_llp.pdf)

