

Medicare Documentation Requirements - Knee Orthosis (KO)

Patient:

DOB:

Note: Medicare requires an objective description of pertinent information. The following information must be included in the ordering Physician, ARNP, or PA-C's medical chart notes.

Knee braces will be denied if only pain or a subjective description of joint instability is documented

Please document all items below in your chart note, even if it is not applicable.

1. Ordering prescription with a ICD-10 diagnosis.
2. Specifically state if patient is ambulatory (Medicare requires all patients to be ambulatory to be considered for an orthosis).
3. Patient symptoms – list **all**.
 - a. How are the patient's activities of daily living affected by deficit(s)?
 - b. Comorbidities that may impact use of brace?
4. Attempted treatments and results (injections, rest, ice, etc.)?
5. Physical therapy? Results?
6. Prognosis of condition:
 - a. Without brace?
 - b. Desired functional benefit from brace?
7. Required assistive devices (cane, walker, wheelchair, caregiver)?
8. Past or current experience with orthosis - brace successful / failed and **why**. State N/A if necessary
9. Status of current orthosis and reason for replacement (broken, poor fit, functional requirement)?
10. Weight, height, and or loss/gain.
11. Musculoskeletal examination:
 - a. Specifically describe if there is swelling, contracture, spasticity, joint laxity, weakness
 - b. List specific knee instability and affected plane of motion.
 - c. Range of motion (**state the degree**).
 - d. Manual Muscle Tests – specific in range from 0-5.

Note:

○ = Documentation needed ✓ = Documentation received or already noted in chart note/addendum