

AFO-KAFO Documentation Packet



AFO-KAFO Documentation Packet

February 2022

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If you need help:

Contact the Ottobock Reimbursement Team

- Call 800-328-4058 and ask for reimbursement, or
- Email your request to Reimbursement911@Ottobock.com

Documentation Checklist for AFO/KAFO (attach to chart)

Patient Name: _____
 Date: _____
 Completed by: _____

From Physician Records

History of condition necessitating orthosis

- Diagnosis and Diagnosis Code
- Affected Side, Symptoms
- Clinical course, therapeutic interventions and results
- Prognosis

Status/condition of the current orthosis

- Reason for replacement (loss, damage, significant change, or expired useful lifetime)

For repair/replacement/refill

- Document that patient continues to use the orthosis
- And Orthosis continues to be medically necessary

Past experience

- With braces and other failed treatments

Physical examination

- Weight and height, weight loss/gain
- Presence of deformity
- Document swelling, tenderness, contractures, or spasticity, joint laxity/stability, ROM

Document that patient meets all criteria for coverage

- Patient is ambulatory, and
- Weakness/deformity of the foot and ankle, and
- Requires stabilization of the foot and ankle due to medical reason, and
- If ordering a KAFO: requires additional stabilization for knee, and
- Patient has potential to benefit functionally

If custom fabricated: document one reason

- Permanent condition > 6 months
- Patient could not fit prefabricated AFO/KAFO
- Need to control knee, ankle, or foot in > one plane
- Documented neurological, circulatory, or orthopedic status requires custom fab over a model to prevent tissue injury
- Healing fracture lacking normal anatomical integrity or anthropometric proportions

Prescription

- Recommendation for type of orthosis
- Rationale for decision (brand name not required)

Physician Signature Requirements (for each note)

- Physician Signature and Date on each chart note
- Printed name of physician/attestation

Other

- Notes are dated prior to delivery
- Patient clearly identified on each page

Initial Order (hand-written/electronic) **eff 01/2020 not required for Medicare**

- Patient's name
- Date of order
- Description of item (brand name not required)
- Physician's printed name (can be circled) and Signature (verbal order needs signature of person taking the order)
- Compliance with State Law

Standard Written Order (SWO) (supplier generated)

- Order date** (eff. 01/2020 on/prior to delivery date)
- RT/LT and quantity** for each item
- Items ordered** (e.g. narrative, HCPCS code, HCPCS description, or brand name & model #).
- Patient's name, each pg. (eff. 01/2020 can use MBI for Medicare)
- Physician's signature
- Physician's printed name, credential, address, phone, NPI (eff. 01/2020 name/NPI for Medicare)
- Compliance with State Law

Orthotist Records

- History of orthosis** being replaced, and reason for replacement (loss, damage, significant change, or expired useful lifetime). Must still be medically necessary.
- Functional evaluation** (matches physician's)
- Recommendation for new orthosis:** type/brand and fit (custom/custom fit/OTS), rationale –based on physician's order
- Justification for each code:** If stance control (SCO), document why standard KAFO won't work. If microprocessor-control document why non-microprocessor-control will not work.
- For Custom Fabricated:** Method used to create positive model, statement that brace was fit for individual, list of materials, labor description & time, and fitting.
- For Custom-Fit:** Measurement method, modifications (trim, bend, mold, assemble, etc.) done at fitting and fit by certified orthotist.
- For Off-the-Shelf:** Measurement method, modification (if any), fitting/delivery note.
- For Refill request:** Patient name, date, description of items, RT/LT, quantity, functional condition of items being replaced, patient continues to use item. (requested no more than 14 d. & shipped no sooner than 10 d. before shipping).
- Dated chart note for each visit and patient's name on each page
- Orthotist's signature & printed name/log

Proof of Delivery (POD)

- Patient Name
- Delivery date
- Address where item is delivered
- Quantity and RT/LT for each item
- Describe what is being delivered (e.g. narrative, HCPCS code/description, or brand & model #)
- Signature & printed name of patient/designee & relationship
- Authorization** signed by patient prior to delivery
- ABN (if required)** signed by patient prior to delivery

Documentation Guide for AFO's and KAFO's

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Following is Medicare’s criteria for coverage of AFOs and KAFOs, which also can be found in other medical coverage policies.

Item 1: Documentation from the Ordering Physician

Note: The Physician must evaluate the patient and document medical necessity, functional capabilities, type of brace, and if a custom fabricated brace is needed.

- The supplier should have on file, chart notes reflecting the need for the care (e.g. evaluation, treatment plan, history and physical, etc.) from the patient’s medical records. The notes should be charted contemporaneously (when the patient is present).
- To be on the safe side, it is recommended that this information be collected up-front to be sure the physician’s documentation supports the claim.
- Each document must be signed and dated. Also, include the signee’s printed name and credentials.
- All documents that support medical necessity must be signed and dated prior to the delivery date.

The following information must be included in the ordering physician’s medical records:

a. History of the Injury, Illness, or Condition

- Diagnosis related to medical necessity for the orthosis
- Diagnosis code
- Affected side
- Symptoms
- Clinical course
- Therapeutic interventions and results
- Prognosis

- Useful Lifetime for an AFO/KAFO is 5 years.
- To replace an AFO/KAFO before 5 years, there must be a documented reason why the current device is no longer working for the patient, or the device has to be accidentally damaged and irreparable.
- If the problem is due to wear and tear only, an AFO or KAFO < 5 years of age may be repaired, but it may not be replaced.

b. Status of current orthosis/component(s) and reason for replacement (if pertinent)

- Describe the condition of the AFO/KAFO and whether the device needs to be repaired or replaced.
- For repair, replacement or refill: document that orthosis is still medically necessary and patient continues to use it.
- If the patient’s condition has changed, describe why the current orthosis is no longer appropriate (e.g. weight gain/loss, decreased stability, etc.).
- If the device was damaged, describe the incident.

c. Description of the patient’s past experience with orthoses/braces and other failed treatments.

d. Recent physical examination that is relevant to functional deficits.

- Focus should be on the body systems responsible for the patient’s ambulatory difficulties or that impact the patient’s functional ability.

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Include the following:

- **Weight and height**, including any recent weight loss/gain.
- **Musculoskeletal examination** with **objective** descriptions; may include the following (but not limited to):
 - Joint laxity (e.g., varus/valgus instability, anterior/posterior drawer test).
 - Presence of deformity, swelling, tenderness, contracture, spasticity.
 - Range of Motion

e. Document that patient meets all of the following criteria for an Ankle Foot Orthosis (AFO)

- Patient is ambulatory.
- Weakness/deformity of foot and ankle.
- Requires stabilization for medical reasons.
- Patient has the potential to benefit functionally.

f. Additional required for Knee Ankle Foot Orthosis (KAFO)

Additional knee stability is required.

g. Additional required if device is Custom Fabricated

Document **one** of the following reasons:

- The beneficiary **could not** be fit with a prefabricated AFO, or
- The condition necessitating the orthosis is expected to be **permanent** or of longstanding duration (more than 6 months), or

- There is a **need** to control the knee, ankle or foot in more than one plane, or
- The beneficiary has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury, or
- The beneficiary has a **healing fracture** which lacks normal anatomical integrity or anthropometric proportions.

h. Document your recommendation for the type of AFO/KAFO

- Include rationale for your decision
- Brand name of the device is not required

Item 2: Initial Order

- **Effective January 1, 2020:** For Medicare, the initial order is no longer required for orthotics and prosthetics; however, a signed Standard Written Order (SWO) must be obtained prior to billing.
- If an initial order is required by the insurance payer, state, or credentialing agency, the initial order can either be verbal and documented in the patient’s chart OR written by the ordering physician.
- It is the supplier’s responsibility to ensure compliance with pertinent insurance criteria, credentialing, and state laws.

Elements included on a typical initial order/ prescription when required:

- **Patient’s name**
- **Date of the order** (For written order, this is the date on the prescription; For verbal order this is date the call was received).

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- **Description item(s)** (brand name not required)
- **Printed name of signatory and credential** (for written order, the physician’s printed name can be circled; for verbal order handprint the name of person taking the order).
- **Signature** (written order needs physician’s signature; verbal order needs signature of person taking the order).



New Item 3: Standard Written Order (SWO) Replaces the Detailed Written Order (DWO)

- ➔ The provider may write the SWO; however, the physician must review and sign it.
- ➔ The initial order can be used as the Standard Written Order (SWO) if it contains all elements required below.
- ➔ The SWO must meet state prescribing, credentialing and/or other applicable laws.

Minimum elements that must be included on a “supplier generated” SWO: **Effective January 01, 2020**

- **Order date New:** Must be dated on/prior to the delivery date.
- **Describe item(s) being ordered** (list all items, options or additional features that will be separately billed, or require an upgraded code). You may use one of the following methods:
 - **Narrative description** (Dynamic AFO, spiral style, prefabricated)
 - **HCPCS code** (L1951)
 - **HCPCS code narrative** (Ankle foot orthosis, spiral..... plastic or other material, prefabricated, includes fitting and adjustment)
 - **Brand name/model number** (28U11=K Ottobock WalkOn AFO)
- **Quantity** for each item.
- **RT/LT** for each item.
- **Physician’s Demographics** printed name, credential, address, phone, national provider identifier (NPI).
(**New:** only physician’s name/NPI required for Medicare)
- **Physician’s signature**
- **Patient’s name** on each page (**New:** Medicare Beneficiary Identifier (MBI) may be used in place of patient’s name for Medicare).

New Item 4: Orders for items provided on a periodic basis

(e.g. liners, socks, other non-consumable items)

The following items must be included in a liner, sock, or other non-consumable order (or information may be included on the SWO).

- **Patient’s name** (**New:** MBI is allowed in place of name for Medicare)

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- **Order date**
- **Description of item(s)** being ordered
- **Quantity** to be dispensed
- **RT/LT** (recommended)
- **Physician demographics** printed name, credential, address, phone, NPI (**New:** only physician's name or NPI required for Medicare)
- **Physician's signature**
- ➔ These are treated as a refill and covered under the original order.
- ➔ Note: keep in mind that Medicare and other large payers may have medically unlikely edits established for liners and socks. Look up your code [here](#).
- ➔ Replace only when item is no longer functional, and document its condition with sufficient detail.
- ➔ See documentation requirements under Item 5. f.

Item 5: Documentation in the Orthotist's Records

- ➔ Medical records must support that the device is still medically necessary
- ➔ Useful lifetime of an AFO/KAFO is 5 years
- ➔ Medicare expects that a lost/damaged item would be reported to some authority (e.g. police, homeowners insurance, etc.) and requires that a copy of that report be available. If patient did not report the accident/loss, you will need a signed statement from the patient describing the incident.

- a. **Historical documentation of the Current AFO/KAFO orthosis/component(s)**
 - History of the all prior orthoses/components, including those being replaced
 - Reasons allowed for replacement
 - Item was lost
 - Item was accidentally damaged beyond repair
 - Patient's medical condition changed (i.e. item no longer meet's patient's needs)
 - Item is > 5 years old
 - **Reminder:** If the problem is due to wear and tear only, an AFO or KAFO < 5 years of age may be repaired, but it may not be replaced.
- b. **Functional evaluation of the patient**
 - Should corroborate physician's documentation that criteria for coverage has been met.
 - Should support the need for custom fabricated over prefabricated (if applicable).
- c. **Recommendation for the type and brand of new orthosis**
 - Must be based on physician's order.
- d. **Justification**
 - Include justification for each code that will be billed
 - If ordering a Stance Control KAFO, document why the patient cannot use a standard KAFO

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- If the Stance Control KAFO is electronic/microprocessor controlled, document why the patient cannot use a non-electronic/microprocessor orthosis.

e. Fitting Notes

Custom Fabricated:

For a custom fabricated orthosis, document the following:

- **One Patient:** Brace was individually made for the patient
- **Positive Model:** Based on clinically derived and rectified castings, tracings, measurements, and/or other images (such as X-rays) of the body part.
- **Materials:** Basic materials including, but not limited to: plastic, metal, leather, or cloth in the form of uncut or unshaped sheets, bars, or other basic forms.
- **Labor & Fitting:** Substantial work such as vacuum forming, cutting, bending, molding, sewing, drilling, and finishing prior to fitting on the beneficiary.

Custom-fitted

For a custom-fitted orthosis, document the following:

- Fit by certified orthotist
- Substantial modification was provided at the time of delivery in order to provide an individualized fit, i.e., the item must have been trimmed, bent, molded (with or without heat), or otherwise modified resulting in alterations beyond minimal self-adjustment.

Prefabricated off-the-shelf

For off-the-shelf orthosis, document the following:

- Include a note in your chart what adjustments were made (e.g. adjusted straps/closures, bent, trimmed for final fit or comfort, no adjustment needed, etc.)
- Document who made/will make the adjustment. Note: A certified orthotist is not required for this. Patient, caregiver, or supplier can perform the adjustment.

- f. **Document Refill Requests** (e.g. liners, socks, other non-consumable items). This can be a written request from the patient or telephone contact between supplier and patient.

The following elements should be included on the refill request:

- **Patient's name** (or authorized representative and relationship)
- **Date of request** (must be no sooner than 14 calendar days prior to delivery/shipping)
- **Description** of each item requested
- **RT/LT**
- **Quantity and functional condition** of items being replaced

Note: Shipment/delivery may not occur sooner than 10 calendar days prior to current supply exhausting.

- g. **Document for refills/repairs**

- **Continued Use:** Patient continues to use the orthosis. (okay if physician documents it)

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g. **Chart note for each contact with patient, caregiver, or physicians** (in-person visits, telephone calls, consultations, fittings, follow-ups, etc.)

- Each note should be dated and include the printed name, credential, and signature of the person who wrote the note (best practice)
- Each page should have the patient’s name on it.

- **HCPCS code narrative** (Ankle foot orthosis, spiral..... plastic or other material, prefabricated, includes fitting and adjustment)
- **Brand name/model number** (28U11=K Ottobock WalkOn AFO)

- **Quantity** delivered
- **RT/LT** for each item delivered
- **Signature and Printed Name of the patient or designee**

- If designee signs: Include the designee’s relationship to the patient and the reason why patient could not sign.
- Designee cannot have any financial connection to the provider.

Item 6: Proof of Delivery (POD)

When delivered at the Orthotist’s office:

- There must be a “delivery date” on the POD, which is also the date of service on the claim.
- If the patient or designee’s signature is illegible, recommend handwriting name beneath.

The following elements should be included on the delivery slip (delivered in person).

- **Patient’s name**
- **Address** where item is delivered (your office, patient’s home, SNF, etc.)
- **Describe item(s) being delivered** (list all items, options or additional features that will be separately billed, or require an upgraded code). You may use one of the following methods:
 - **Narrative description** (Dynamic AFO, spiral style, prefabricated)
 - **HCPCS code** (L1951)



Item 6: Beneficiary Authorization

- A new authorization is required anytime a new orthosis/component(s) is provided / or new HCPCS code is billed.
- This authorization should give you:
 - Permission to submit claims on behalf of beneficiary.
 - Permission to pay you directly (assigns the benefits to the supplier).

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- Release to authorize the supplier to obtain confidential medical information about the beneficiary in order to process the claim.

high probability that the claim will be denied as not medically necessary.

Example of an Authorization:

Name of Beneficiary _____ HICN _____

I authorize (supplier) _____ to submit claims to Medicare on my behalf. I request that payment of authorized Medicare benefits be made either to me or on my behalf to (supplier) _____ for any services furnished me by that supplier.

I authorize any holder of medical information about me to release to (supplier) _____ and/or the Centers for Medicare & Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related services.

Signature _____

Date _____

Additional Billing Notes:

- All codes with same date of service must be on the same claim.
- KX modifier is an attestation that the patient meets Medicare criteria and the evidence is retained in the provider’s files (available on request). If criteria are not met a GA/GZ modifier must be used. Claim lines without KX, GA, or GZ modifier will be denied as missing information.
- For loss/irreparable damage: Use RA modifier and narrative description of the loss/damage.
- **NEW:** For bilateral claims, list right side and left side on separate lines.
- For items coded with L2999, include a Narrative Description Manufacturer, Product name and number, Supplier Price List (PL) amount, and HCPCS code of related item (if applicable).
- When billing for a custom fabricated orthosis, include a narrative description (e.g. describe item, what makes it unique, breakdown of charges - material and labor used in the fabrication) /manufacturer quote okay.

Item 7: Advanced Beneficiary Notice (ABN) if required

NOTE: Medicare does not allow “blanket” ABN’s to be issued. In other words, one cannot give an ABN to every patient, in anticipation that Medicare might deny. ABNs are to be used on a case-by-case basis when there is a clear indication that the device will be denied as not medically necessary/not reasonable and necessary.

Examples of when an ABN might be used:

- Patient does not meet criteria for coverage as stated in LCD
- Physician clearly has not provided sufficient documentation to meet Medicare’s documentation requirements and there is a

References: Joint DME MAC Local Coverage Policy L33686 and Policy Articles: A55426 and A52457, effective January 01, 2020; CGS & Noridian Supplier Manuals.

Reimbursement, Ottobock North America
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 professionals.ottobock.ca
reimbursement911@ottobock.com

FAX: Documentation Request

Fax to Name	Fax from Name	
Company	Company	
Phone	Phone	
Fax	Fax	
Patient	Date of Birth	No. of Pages

We have received a referral from your office to provide a _____ for the above patient. Please be advised that we need the following information from your medical records in order to be in compliance and receive reimbursement. We appreciate your cooperation.

Please document the following:

- **History of condition necessitating the orthosis:** Diagnosis; Affected Side; Clinical Course; Therapeutic Interventions and Results; and Prognosis.
- **Recent physical exam specific to the abnormality/deformity with objective assessment of the condition necessitating the orthosis:** Include (if applicable) presence of abnormality/deformity, swelling, tenderness, muscle spasm; objective assessment of joint laxity/stability; range of motion; weight, height, weight loss/gain; neurological; etc.
- **Past experience with orthoses and other failed treatments**
- **Status/condition of current orthosis (if applicable):** Describe the condition of the current orthosis and whether the device needs to be repaired or replaced. If the patient's condition has changed, describe why the current orthosis is no longer appropriate (e.g. weight gain/loss, decreased stability, etc.). If the device was damaged, describe the incident. Note: A <5 year old device cannot be replaced due to normal wear and tear. It must be repaired, in which case there needs to be a statement of continued medical need in your record.
- **If ordering a replacement, repair or refill:** Document that patient continues to use an orthosis and that it is still medically necessary.
- **Document criteria for coverage¹:** All of the following coverage criteria must be documented.
 - 1) Patient is ambulatory
 - 2) Weakness/deformity of the foot, ankle due to medical reason
 - 3) Requires stabilization of the foot, ankle due to medical reason (and for KAFO additional stabilization for knee)
 - 4) Patient has the potential to benefit functionally from an AFO/KAFO.
- **If custom orthosis is ordered, one of the following conditions must be documented** 1) permanent condition >6 months, or 2) prefabricated device did not fit, or 3) need to control the knee, ankle, or foot in more than one plane, or 4) neurological, circulatory, or orthopedic status requires custom fabricated over a model to prevent tissue injury, or 5) healing fracture that lacks normal anatomical integrity or anthropometric proportions.
- **Recommendation for the new orthosis/component(s):** Include the type of device (brand name not required), whether off-the-shelf, prefabricated, custom fabricated, SCO, or electronic SCO, and rationale for ordering it. Each note must have your printed name, signature & date; and each page needs the patient's name recorded.
- Please fax the signed documents to: _____ at (_____) _____

PRIVACY NOTICE: The documents accompanying this transmission may contain confidential health information that is legally protected. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless permitted by law or regulation. If you are not the intended recipient, you are hereby notified that any use, disclosure, copying, or distribution of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents. 45 CFR 164.530 *et seq.*

¹Joint DME MAC Local Coverage Article: Standard Documentation Requirements for all Claims Submitted to DME MACs (A55426).

Signature Requirements for Documentation

What is Allowed?

Handwritten, Electronic, and Stamped (only if the signee cannot sign due to a disability)

Handwritten Signatures

- A handwritten signature is a mark or sign for services provided/ordered.
- An illegible signature should be accompanied by a signature log or attestation statement.
- Documentation (other than orders) that lack a signature, require an attestation.
- Orders (e.g. authorizations for tests, plans of care, and procedures) must be validated with a timely signature. Without a signature, they will not be considered.
- It is not allowed to add late signatures to a medical record (beyond the short delay that occurs during the transcription process).

Signature Dates

Signatures do not need to be dated if there is enough information to determine the date when the service was performed or ordered. Example: entries immediately above or below the signature.

Signature Log/Key

- A signature log accompanies one set of medical records.
- Lists the printed name (and credentials) associated with initials or an illegible signature.
- The signature log can be a separate document (or it can be on the actual page where the initials or illegible signature are used).
- A signature log may be created at any time.
- This may include yourself and/or your office staff.

Example:

Name	Signature	Initial	Date of Signature
John Doe, MD	<i>John Doe, MD</i>	<i>JD</i>	8/31/2022
A. Prosthetist, CPO	<i>A. Prosthetist, CPO</i>	<i>AP</i>	8/31/2022
I.M. Manager	<i>I.M. Manager, Office Manager</i>	<i>IMM</i>	8/31/2022

Signature Requirements for Documentation

Signature Attestation Statement Example

Patient Name: I.M. Patient
Medicare Number: 555555555A

I, John Doe, hereby attest that the medical record entry for July 1, 2022 accurately reflects signatures/notations that I made in my capacity as MD when I treated/diagnosed the above listed Medicare beneficiary. I do hereby attest that this information is true, accurate, and complete to the best of my knowledge and I understand that any falsification, omission or concealment of material fact may subject me to administrative, civil, or criminal liability.

John Doe, MD

Signature

08/12/2022

Date

Note: In order to be a valid attestation, it must be signed by the person who authored the medical record entry. It cannot be a partner in the same group practice or other staff member.

Electronic Signature

Examples of electronic signature notations (not all inclusive):

- | | |
|--------------------------|--------------|
| Electronically signed by | Finalized by |
| Authenticated by | Signed by |
| Approved by | Validated by |
| Completed by | Sealed by |

References

- DME MAC Joint Publication. Medicare Record Authentications – Tips for Physicians. July 2011
- CMS Pub. 100-08, Medicare Program Integrity Manual, Chap. 3-Section 3.3.2.4 (Rev. 751; Issued: 10-20-17; Effective 11-20-17; Implementation 11-20-17)
- Medicare Learning Network. Complying with Medicare Signature Requirements. ICN 905364. May 2018

Changes to the Medical Record Amendments, Corrections and Delayed/Late Entries

The CMS Program Integrity Manual, instructs the Medicare Auditors to consider all properly written amendments, corrections and late/delayed entries in patient medical records. This means that the physician can add clarification to the medical record after-the-fact if something was missed when the patient was there; however, there are specific record keeping principles that need to be followed.

“All services provided to beneficiaries are expected to be documented in the medical record at the time they are rendered. Occasionally, certain entries related to services provided are not properly documented. In this event, the documentation will need to be amended, corrected, or entered after rendering the service. When making review determinations the MACs, CERT, Recovery Auditors, SMRC, and ZPICs shall consider all submitted entries that comply with the widely accepted Recordkeeping Principles.” (CMS Program Integrity Manual)

What are Recordkeeping Principles?

“Regardless of whether a documentation submission originates from a paper record or an electronic health record, documents submitted to MA, CERT, Recovery Auditors, and UPICs containing amendments, corrections or addenda must:

- Clearly and permanently identify any amendment, correction or delayed entry as such, and
- Clearly indicate the date and author of any amendment, correction or delayed entry, and
- Clearly identify all original content, without deletion” (CGS JC)

Specific Rules for Amendments, Corrections and Late Entries

Late Entries

“A late entry supplies additional information that was omitted from the original entry. The late entry bears the current date, is added as soon as possible, is written only if the person documenting has total recall of the omitted information and signs the late entry.” (Noridian JE)

Addendums:

“An addendum is used to provide information that was not available at the time of the original entry. The addendum should also be timely and bear the current date and reason for the addition or clarification of information being added to the medical record and be signed by the person making the addendum.” (Noridian JE)

[An example would be a lab test not yet available at the time of the exam.]

Changes to the Medical Record Amendments, Corrections and Delayed/Late Entries

Corrections:

“Paper Medical Record

- Use a single line strike through so the original content is still readable, and
- The author of the alteration must sign and date the revision.

Electronic Health Records (EHR):

- Distinctly identify any amendment, correction or delayed entry, and
- Provide a reliable means to clearly identify the original content, the modified content, and the date and authorship of each modification of the record.” (CGS JC)

What is Considered Falsified Documentation?

“Examples of falsifying records include:

- Creation of new records when records are requested
- Back-dating entries
- Post-dating entries
- Pre-dating entries
- Writing over, or
- Adding to existing documentation (except as described in late entries, addendums and corrections)” (Noridian JE)

References

CMS Program Integrity Manual. 3.3.2.5 Amendments, Corrections and Delayed Entries in Medical Documentation. (Rev. 732; Issued: 07-21-17; Effective: 08-22-17; Implementation: 08-22-17)

CGS Jurisdiction C. Entries in Medical Records: Amendments, Corrections, and Delayed Entries. (January 19, 2016 – revised 03.21.19)

Noridian JE Part B Medical Review. Documentation Guidelines for Amended Medical Records: Amended Medical Records. (Last Updated Aug 14, 2018)

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