



CMS Documentation Requirements... PRAFO

Dispensing Prescription (initial physician order – IPO)

- Beneficiary's name
- Prescribing physician's name (printed as well as signed and dated)
- Date of order and start date (if start date is different than order date)
- Description of device being ordered (including affected side of the body – RT, LT, bilateral)
- Diagnosis **code** and **description**

Chart Notes

- Beneficiary's name
- Referral name (printed as well as signed and dated)
- Date
- Justification for PREFABRICATED static or dynamic positioning ankle foot orthosis (L4396 or L4397) – *must meet criteria 1,2,3 AND 4 or 5*
 1. Plantar flexion contracture of ankle of at least 10 degrees documented (718.47); **and**,
 2. Reasonable expectation of the ability to correct the contracture; **and**,
 3. Contracture is interfering or expected to interfere significantly with the beneficiary's functional abilities; **and**,
 4. Used as a component of a therapy program which includes active stretching of the involved muscles and/or tendons; **OR** –
 5. The beneficiary has plantar fasciitis (728.71)

Detailed Prescription

- Beneficiary's name
- Physician's name (the signature must match the printed name and NPI information reported)
- Date of the order and the start date (if start date is different from the date of the order)
- Detailed description of the item(s). The description must list the unique features of the base code that is billed plus every addition that will be billed on a separate claim line.
- Must be **signed and dated** by ordering physician (or PA or NP only if they have their own NPI, are PECOS certified and can bill Medicare)
- Duration is 5 years for PRAFO (per Medicare replacement guidelines)

Reminders:

Electronic signatures are accepted but stamped signatures and dates are not.

The referral who signs the dispensing prescription must be the same referral who signs or co-signs chart notes and detailed prescription. They must also be PECOS certified with Medicare.