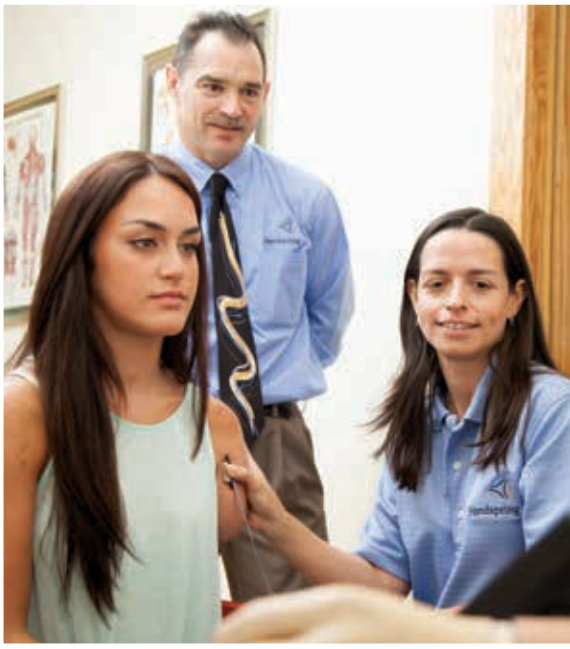
CMS Has **NEW** Rules for Physicians Prescribing O&P Services



PROSTHETIC & ORTHOTIC ASSOCIATES ■ FOUR CONVENIENT LOCATIONS

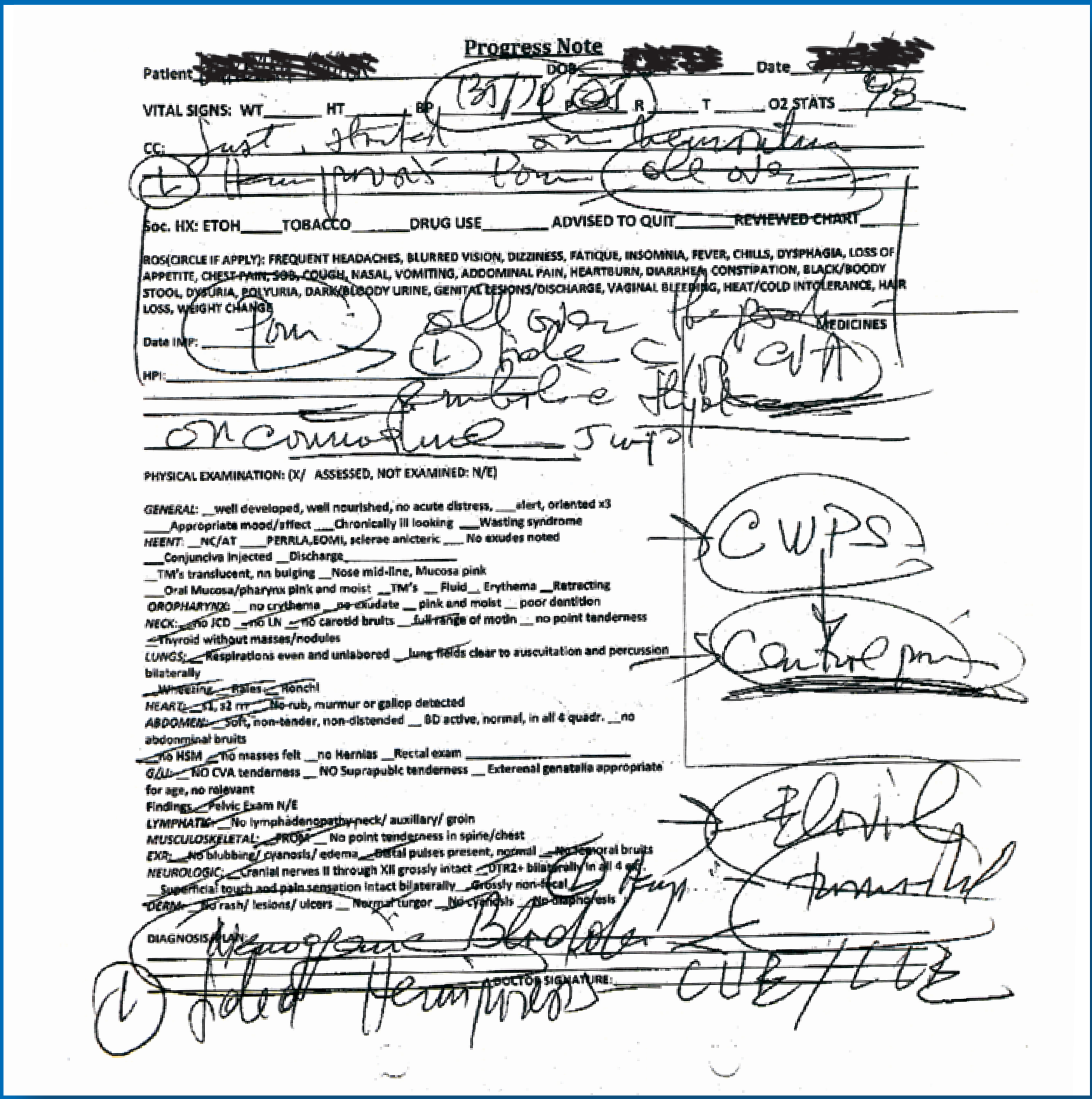
MIDDLETOWN
4 Riverside Drive
Middletown, NY 10941
845.956.0001

KINGSTON
103 Hurley Avenue
Kingston, NY 12401
845.339.4775

POUGHKEEPSIE
The Atrium at
MidHudson Regional
Hospital
1 Webster Avenue
Suite 403
Poughkeepsie, NY 12601
845.454.1620

MAHWAH
1 International Boulevard
Suite 400
Mahwah, NJ 07495
845.956.0001

This Type of Note Will **NOT** Allow Your Medicare Beneficiaries to Receive O&P Care



Progress Note

Patient [redacted] DOB [redacted] Date [redacted]

VITAL SIGNS: WT_____ HT_____ BP_____ P_____ R_____ T_____ O2 STATS_____

CC:

Soc. HX: ETOH_____ TOBACCO_____ DRUG USE_____ ADVISED TO QUIT_____ REVIEWED CHART_____

ROS(CIRCLE IF APPLY): FREQUENT HEADACHES, BLURRED VISION, DIZZINESS, FATIQUE, INSOMNIA, FEVER, CHILLS, DYSPHAGIA, LOSS OF APPETITE, CHEST PAIN, SOB, COUGH, NASAL, VOMITING, ABDOMINAL PAIN, HEARTBURN, DIARRHEA, CONSTIPATION, BLACK/BOODY STOOL, DYSURIA, POLYURIA, DARK/BLOODY URINE, GENITAL LESIONS/DISCHARGE, VAGINAL BLEEDING, HEAT/COLD INTOLERANCE, HAIR LOSS, WEIGHT CHANGE

Date IMP:

MEDICINES

HPI:

CWPS

PHYSICAL EXAMINATION: (X/ ASSESSED, NOT EXAMINED: N/E)

GENERAL: __well developed, well nourished, no acute distress, __alert, oriented x3
__Appropriate mood/affect __Chronically ill looking __Wasting syndrome
HEENT: __NC/AT __PERRLA,EOMI, sclerae anicteric __No exudes noted
__Conjunciva injected __Discharge_____
__TM's translucent, no bulging __Nose mid-line, Mucosa pink
__Oral Mucosa/pharynx pink and moist __TM's __Fluid__ Erythema __Retracting
OROPHARYNX: __no erythema __no exudate __pink and moist __poor dentition
NECK: __no JCD __no LN __no carotid bruits __full range of motin __no point tenderness
__Thyroid without masses/nodules
LUNGS: __Respirations even and unlabored __lung fields clear to auscultation and percussion bilaterally
__Wheezing __Rales __Ronchi
HEART: __s1, s2 rrr __No rub, murmur or gallop detected
ABDOMEN: __Soft, non-tender, non-distended __BD active, normal, in all 4 quadr. __no abdonminal bruits
__no HSM __no masses felt __no Hernias __Rectal exam_____
G/U: __NO CVA tenderness __NO Suprapubic tenderness __ Exterenal genatalia appropriate for age, no relevant
Findings __Pelvic Exam N/E
LYMPHATIC: __No lymphadenopathy neck/ auxillary/ groin
MUSCULOSKELETAL: __FROM __No point tenderness in spine/chest
EXR: __No blubbing/ cyanosis/ edema __Distal pulses present, normal __No temporal bruits
NEUROLOGIC: __Cranial nerves II through XII grossly intact __DTR2+ bilaterally in all 4 ext.
__Superficial touch and pain sensation intact bilaterally __Grossly non-focal
DERM: __No rash/ lesions/ ulcers __Normal turgor __No cyanosis __No diaphoresis

DIAGNOSIS/PLAN:

DOCTOR SIGNATURE:

POA

www.poaprosthetics.com

This Note WILL!

VS

Patient: [redacted] DOB: [redacted] Date: [redacted]
Height: [redacted] Weight: [redacted] BMI: [redacted] Blood Pressure: [redacted] Temp: [redacted] Pulse: [redacted] Resp Rate: [redacted]

CC

Hospital FU (Appt time: 11:30 AM) (Arrival time: 11:22 AM) CABG x2 RCA-LAD

S

Hospital FU, had CABG x2 LAD-RCA, 2 weeks of atypical CP, leading to cath. He had uneventful hospital and post op course, was ultimately discharged to the pines for sub acute rehab for 3-4 week—stay there was uneventful/ PT/OT. He is now back at home. He is feeling well in general, no complaints, no cp, baseline exertional dyspnea, no fevers, no chills, no memory deficits. He is not checking his BS, this is being handled by visiting nurse. He has been through a course of rehab where it was identified that his prosthesis is in need of replacement, the current one is 15-16 years—it is missing parts and is broken as a result of excessive falls. There is overflexion of the prosthesis. The falls have been a result of lack of balance within the malfunctioning prosthetic, he believes. Amputation was in 1959 as a result of a mill saw accident, L AKA amp, which was uneventful—he was given prosthetic and released. He also has sig DDD LSS which he believes has worsened as a result of balance overcompensation sec to prosthetic. This has resulted in Laminectomy/Fusion, 2007 and 2008. He maintains level 3 functional capability. He would like to increase his ambulation and ability to perform light exercise particularly in setting of recent CABG and chronic lumbago for which BTW he is narcotic dependent now.

O

General: Normotensive, in no acute distress. Neck: Supple, no masses, no thyromegaly, no bruit. Chest: Lungs show no rales, no wheezes, no rhonchi. Heart: Rhythm RRR, S1, S2, -S3, -JVD, no rubs, no gallops, no murmur. Wound examined: no ss infection.

A

Will investigate possibility of prosthetic replacement

DIAGNOSES:
- Coronary atherosclerosis of native coronary artery [414.01]
- Displacement of intervertebral disc, site unspecified, without myelopathy [722.2]
- Cervicalgia [723.1]
- Traumatic amputation of leg(s) (complete) (partial), unilateral, at or above knee, without mention of complication [897.2]

P

Cont all meds
FU HVHC

Everything YOU Need to Know about O&P DOCUMENTATION REQUIREMENTS

Payment for prosthetic devices and services is now based solely on the information in the prescribing physician's records. Therefore, in order to be in compliance with Medicare and receive reimbursement for services prescribed, we require the following information from your medical records on your patient whom we are serving:

- ☐ Physical examination.
- ☐ History of amputation: Reason(s), date(s), and side(s).
- ☐ Assessment of the patient's functional potential. Include limitations and capabilities with examples of activities of daily living.
- ☐ Patient's desire to ambulate.
- ☐ Status of residual limb(s).
- ☐ Status of prosthesis (if applicable) including past experience.

The full staff at POA would be happy to help you and your staff with any questions you have about these documentation requirements. For any assistance with these new CMS rules, please call POA at **845.956.0001.**

We appreciate your cooperation.

POA

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