



## RevoFit® Reimbursement Approach:

### Justification through excellent documentation

This guide is intended as a resource for practices of all sizes to clearly *Justify* and *document* your rationale for applying RevoFit® to a device. Utilizing the steps and the language gathered here will help you build the case to justify use of RevoFit® for your patients. Steps outlined in these materials and supporting documentation are supportive of Prosthetic HCPCS Codes L5783 & L7406 and Orthotic Code L2999 (NOTE: Application for new orthotic specific code is in process).

Simply follow the process flow outlined below to get started. Use any or all of the provided tools and tips to support your current documentation and reimbursement process.

# A few notes:

- This guide has been assembled using the expertise of practitioners, billing/admin professionals, and independent advisors. It is intended to be a helpful resource. *However, actual documentation and reimbursement language remain the responsibility of the submitting practice/practitioner.*
- In utilizing this guide, consider this: Payers want to pay for **sufficiently justified** prosthetic & orthotic solutions, yet they are not O&P experts, so often struggle to understand and agree to claims. Help the claim reviewer understand your request by going the extra mile to consistently document why patients clearly benefit from RevoFit adjustability. This will result in improved reimbursement success.
- With HCPCS Codes L5783 & L7406 (and with L2999 for Orthoses), many insurers will not have updated policy, or will be extra judicious when approving prior to policy and/or fee schedule updates. Therefore, practices should always use **consistent language (beginning with physician documentation, and including all practitioner notes and justification)** in their adjustable device claims submissions. This guide is aimed at assisting you in this process.
- Lastly, Click Medical always appreciates the help of our practice partners to collect and share documentation, reimbursement, and patient outcome results with our team. In doing so, collectively, we will generate shareable assets and successes to improve our collective efforts to best serve patients. Please reach out to [brian@clickmedical.co](mailto:brian@clickmedical.co) to discuss sharing some of this key data or any questions / inputs you might have.

# Document the patient's need for adjustability *throughout the entire* process:

All documentation steps are listed below, with helpful tools, illustrative documents and FAQs linked to key steps.

| Intake   | Evaluate  | Order  | Justify   | Deliver   | Bill   |
|--|---|--|---|---|--|
| <ul style="list-style-type: none"><li>a. Physician Referral</li><li>b. Medical Record (w/ detail)</li><li>c. Prescription (w/ detail)</li><li>d. Verify Patient Benefits/Coverage</li><li>e. <a href="#">Physician Documentation Checklist</a></li></ul> | <ul style="list-style-type: none"><li>a. Patient History</li><li>b. Patient Reported Issues/Details</li><li>c. Physical/Clinical Evaluation</li><li>d. Develop Plan of Care w/ Patient</li><li>e. Update <a href="#">Patient Chart</a></li><li>f. Verify Physician Documentation (<a href="#">FAQs</a>)</li></ul> | <ul style="list-style-type: none"><li>a. Determine Device Requirements</li><li>b. Outline Rationale for the Addition of RevoFit®</li><li>c. Update <a href="#">Patient Chart</a></li><li>d. <a href="#">SWO</a></li><li>e. Signed DSO by Physician</li></ul> | <ul style="list-style-type: none"><li>a. Document Expected Benefits of RevoFit®</li><li>b. Update <a href="#">Patient Chart</a></li><li>c. <a href="#">Prior-Authorization Package (if required)</a></li><li>d. Use Language Consistent with L5783 Description</li><li>e. Download/Attach:<ul style="list-style-type: none"><li>1. <a href="#">MSRP</a></li><li>2. <a href="#">Reimbursement Update</a></li><li>3. <a href="#">Images</a></li><li>4. <a href="#">Testimonials</a></li></ul></li><li>f. Example Support Docs:<ul style="list-style-type: none"><li>1. <a href="#">Invoice (cfab)</a></li><li>2. <a href="#">Invoice (clinic)</a></li><li>3. <a href="#">Sample Documentation</a></li></ul></li></ul> | <ul style="list-style-type: none"><li>a. Receive Approval/Coverage Verification from Payer</li><li>b. Capture Cost to Deliver (Internal Cfab), if needed</li><li>c. Receive Final Invoice (from Cfab), if needed</li><li>d. Capture/Track PROMs, Actual Testimonials</li><li>e. Complete POD (solution in the works for RF, when added)</li></ul> | <ul style="list-style-type: none"><li>a. Submit to Payer (Electronic or HCFA form) (<a href="#">FAQs</a>)</li><li>b. Submit Support Documentation (same as prior-auth package)</li></ul> |