

REFERRING MEDICARE PATIENTS FOR PROSTHETIC CARE

IMPROVING YOUR PATIENT'S SATISFACTION

When you refer Medicare patients for prosthetic care, a smooth transition can improve your patient's experience. In an effort to help reduce the risk of inconvenience, delays and unnecessary cost to your patients, we have included an outline of the five pieces of information needed to ensure the prosthetic notes are corroborated in the medical record.

Simply include the required information in the medical records, or alternatively, use the **Physician Prosthetic Assessment (PPA)** form. Upon completion of the PPA form, place the original in the medical records and send a copy to the prosthetic provider.

The PPA form can be easily accessed via the web at [HangerClinic.com/Refer](https://www.hangerclinic.com/Refer) or by calling toll free **1-877-442-6437 option 1**.

Clarification issued by Medicare

Reimbursement for the prosthesis/prosthetic component is primarily based on information in the physician's contemporaneous medical records.*

* REFERENCES:

DME MAC Letter, "Dear Physician – Documentation of Artificial Limbs," issued August 11, 2011.

CMS Manual System, Pub. 100-08, Medicare Program Integrity Manual, Chapters 4 and 5.

Centers for Medicare & Medicaid Services. LCD for Lower Limb Prostheses. Effective January 2016.



MEDICARE DOCUMENTATION REQUIREMENTS*

1	Medical Necessity	Patient's amputation level and any co-morbidities related to ambulatory status.
2	Desire To Function With A Prosthesis	Confirmation the patient has the desire to function with a prosthesis.
3	Ability To Function With A Prosthesis	Confirmation the patient has or will have the ability to function with a prosthesis.
4	Current and Expected Functional Level	<p>Patient's current and expected Medicare functional level as one of the following:</p> <p>K4 HIGH ACTIVE ATHLETIC AMBULATOR: Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills: high impact, stress, or energy levels.</p> <p>K3 COMMUNITY AMBULATOR: Has the ability or potential for ambulation with variable cadence, to traverse most environmental barriers, and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.</p> <p>K2 LIMITED COMMUNITY AMBULATOR: Has the ability or potential for ambulation and to traverse low level environmental barriers such as curbs, stairs or uneven surfaces.</p> <p>K1 HOUSEHOLD AMBULATOR: Has the ability or potential to use prosthesis for transfers/ambulation on level surfaces at fixed cadence.</p>
5	Multi-Discipline Corroboration	<p>Provide specifics to validate your opinion as to why your patient meets the standard of the expected functional level you have selected.</p> <p>EXAMPLE OF A K4 VALIDATION STATEMENT The patient is an active athlete ambulator participating in activities such as skiing, high impact sports and long distance running.</p> <p>EXAMPLE OF A K3 VALIDATION STATEMENT The patient has the potential to be a community ambulator and walks at varying speeds in the community on a regular basis for activities of living such as shopping, and attending community services and events. Patient requires the ability to change speeds while walking in public places and also will be required to walk on uneven surfaces such as grass, gravel, curbs, ramps and stairs.</p> <p>EXAMPLE OF A K2 VALIDATION STATEMENT This patient is a limited community ambulator living in a home that has entrance stairs as well as stairs, steps and floor rugs causing uneven surfaces inside the home.</p> <p>EXAMPLE OF A K1 VALIDATION STATEMENT This patient is a household ambulator who resides in an assisted living home and walks indoors with the aid of a walker.</p>