



Gainesville Prosthetics

FORMERLY O&P CLINICAL TECHNOLOGIES

Dear Referring Physician,

Gainesville Prosthetics would like to thank you for your referrals to our clinic. We strive to provide the most effective care for each of our patients. In order to increase the efficiency of patient treatment plans and expedite their journey to optimal care, we have a few requirements necessary.

For a lower limb prosthesis to be covered by insurance, all applicable statutory and regulatory requirements must be met. Insurance requires a physical evaluation of the patient, and the following points must be included in the physician's chart note. As of January 2021, a letter is not considered a part of the medical record. Please fax any compliant chart notes to our office.

The physician must document and discuss the following:

- 1) Patient's activities prior to amputation
- 2) Patient is motivated to ambulate
- 3) Status of residual limb
- 4) Nature and extent of functional limitations
- 5) Patient's current medical condition
- 6) Patient's realistic ambulation potential with prosthesis within a reasonable period of time

Clinical assessments of beneficiary rehabilitation potential must be based on the following classification levels:

Level 0: Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility.

Level 1: Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.

Level 2: Has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulator.

Level 3: Has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.

Level 4: Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete.



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Documentation Requirements for Upper and Lower Limb Prosthesis:

1) Documentation from Physician

- a) Chart notes reflecting the need for the care from the patient's medical records
- b) Check to be sure the physician's documentation supports your claim
- c) The amputation side should be clearly and consistently identified
- d) Each chart note / supporting documents must be signed by the treating physician with the printed name and credentials

* The following must be included in the ordering physician's medical records:

- i) History of amputation
 - (1) Diagnosis (reason for amputation), date of amputation(s), side of amputation, therapeutic interventions and results, prognosis
- ii) Description of functional limitations on a typical day including:
 - (1) Description of activities of daily living, limitations of amputation, other comorbidities impacting the use of a new prosthesis, any ambulatory assistance currently used
- iii) Patient's functional capabilities on a typical day including:
 - (1) Patient's functional capabilities prior to amputation, current functional capabilities, the expected functional potential
- iv) Status of current prosthesis/components and reason for replacement (i.e. change in residual limb shape)
- v) Past experience with prosthesis/components
- vi) Patient's desire to use the new prosthesis or ambulate
- vii) Recommendation for the new prosthesis / components and rationale for decision
- viii) Recent physical examination that is relevant to functional deficits and the impacts the amputation has on functional abilities
 - (1) Weight, height, cardiopulmonary examination, musculoskeletal examination, arm / leg strength and range of motion, neurological examination, gait, balance, coordination

2) Dispensing Prescription

- a) Signature and date (written order needs Physician's signature and date, verbal order needs signature of person taking order, signature, date and time)
- b) Elements that must also be included in the dispensing prescription: patient name, start date of order, description of item, physician's printed name and credential, signature and date

3) Detailed Written Order

- a) The detailed order must be signed and dated by the ordering and treating physician prior to submitting the claim



Documentation Checklist:

- History of Amputation: diagnosis (reason for amputation), date of amputation(s), side of amputation(s), therapeutic interventions and results, prognosis
- Functional Limitations: ADLs and how they are impacted by deficit(s), comorbidities, ambulatory assistance
- Functional Capacities: patient's functional capabilities prior to amputation vs current capabilities, the future potential of the patient's abilities
- Status / condition of current limb
- Past experience with prosthesis / components
- Patient's desire to use the prosthesis, or ambulate
- Recommendation for new prosthesis / components
- Physical exam must include the following:
 - Weight and height, weight loss or gain
 - Cardiopulmonary examination
 - Musculoskeletal examination
 - Arm and leg strength and ROM
 - Neurological examination
 - Gait
 - Balance and coordination