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DOCUMENTATION OF ARTIFICIAL LIMBS AND BRACES (O&P)
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Dear Physician,

An amendment to the Social Security Act states that documentation created by an orthotist or prosthetist shall be considered part of the individual's medical record to support documentation created by physicians and certain other non-physician practitioners. The Durable Medical Equipment Medical Administrative Contractors (DME MACs) have jurisdiction for processing claims from orthotists and prosthetists for artificial limbs and braces, commonly called orthotics and prosthetics (O&P). In the event of a claim review, the O&P supplier may request your medical records, in addition to providing their notes to the Medicare contractor. The O&P supplier's notes are only part of the whole medical record and are considered in the context of documentation made by you and other healthcare practitioners to provide additional details to demonstrate that the prosthetic arm or leg, or orthotic billed to Medicare was reasonable and necessary. In other words, the O&P supplier's notes are expected to corroborate and provide details consistent with your (physician/practitioner) records. In the event of a conflict between your notes and the O&P supplier's record, the DME MAC would likely deny payment. Similarly, payment may not be provided solely based on O&P documentation. Therefore, in the absence of physician/practitioner documentation, the DME MACs may deny payment for the orthotic or prosthetic.

Your patient's functional capabilities are crucial to establishing the medical necessity for a prosthetic device. Many prosthetic components are restricted to specific functional levels; therefore, it is critical that you thoroughly document the functional capabilities of your patient, both before and after amputation. Clinical assessments of your patient's 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.
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> 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.

Simply stating the functional level in your patient's record is not sufficient. Your records must document your patient's current functional capabilities and their expected functional potential, including an explanation for the difference. Note that it is recognized, within the functional classification hierarchy, that bilateral amputees often cannot be strictly bound by functional level classifications.

Your assessment of your patient's physical and cognitive capabilities should typically include:

- History of the present condition(s) and past medical history that is relevant to functional deficits
  - Symptoms limiting ambulation or dexterity
  - Diagnoses causing these symptoms
  - Other co-morbidities relating to ambulatory problems or impacting the use of a new prosthesis

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    - What ambulatory assistance (cane, walker, wheelchair, caregiver) is currently used (either in addition to the prosthesis or prior to amputation)
    - Description of activities of daily living and how impacted by deficit(s)
- Physical examination that is relevant to functional deficits
    - Weight and height, including any recent weight loss/gain
    - Cardiopulmonary examination
    - Musculoskeletal examination
        - Arm and leg strength and range of motion
    - Neurological examination
        - Gait
        - Balance and coordination

The assessment points above are not all-inclusive and you should tailor your patient's history and examination to their individual clinical condition, clearly describing the pre- and post-amputation capabilities of your patient. The history should paint a picture of your patient's functional abilities and limitations on a typical day, taking into account any co-morbidities. It should contain as much objective data as possible. The physical examination should be focused on the body systems that are responsible for your patient's ambulatory or upper extremity difficulties or that impact your patient's functional ability.

With respect to documentation of orthotics, unlike prosthetics, orthotics are not classified by functional levels. A focused history and examination of the impacted body part is critical to establishing medical necessity. Certain types of orthotics have specific coverage requirements with which you should familiarize yourself. These coverage details are available in the Ankle-Foot/Knee-Ankle-Foot Orthosis, Knee Orthoses and Spinal Orthoses: TLSO and LSO Local Coverage Determinations (L33686, L33318, and L33790, respectively) and related Policy Articles found on the Medicare Coverage Database.

Sincerely,

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