

## Prosthesis

In order for a patient to receive coverage for a prosthesis there are three basic elements to the documentation.

- 1) An RX pad prescription for the type of prosthesis being ordered with right, left or bilateral indicated.
- 2) A signed copy of the prescribing physician's clinical notes with a **K-Level & side specific ICD-10 code indicated.** It is essential that the doctor include information about the patient's physical capabilities, comorbidities and their desire/ability to walk. Any relevant information about the patient's abilities and activities of daily living prior to the amputation should also be included. The more specific details that are included the better. If possible the date of amputation and prosthetic history should be noted.
- 3) A signed and dated Detailed Written Order. We will generate this form and forward it to the ordering physician once we receive the first two items.

\*\*Physical Therapy notes can also be helpful in obtaining insurance authorization particularly if they include an "Amputee Mobility Predictor". This test can be an invaluable tool to asses a patient's potential to walk with a prosthesis.



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*Please use the below bullet points as a model when building your patients chart notes. You may not use this as an addendum to your patients chart notes – Insurance will not accept it. You must incorporate these areas into your existing chart notes. Please do not return this form to Achilles Prosthetics & Orthotics. Thank you.*

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## The Physicians assessment of a patient’s physical and cognitive capabilities typically includes:

- History of present condition(s) and past medical history that is relevant to functional deficits
- Any symptoms limiting ambulation or dexterity
- Diagnoses causing these symptoms
- Other Co-morbidities relating to ambulatory problems or impacting the use of new prosthesis
- 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)
- Weight and height, including any recent weight gain/loss
- Cardiopulmonary examination
- Musculoskeletal examination
- Arm and leg strength and range of motion
- Neurological examination
- Gait
- Balance and coordination

### **Amputees potential functional level is designated by K-Level.**

**K-Levels (K0, K1, K2, K3, K4) describe a patients potential FUTURE capability to ambulate. Therefore, and because prosthetic design and componentry are dependent on this information, a thorough exam (chart notes) and RX should indicate K-Level.**

**Example: An amputee can only receive higher level and more dynamic componentry if they are designated at K3 or above.**

**Please refer to “K-Level Level Selection Guide”.**