

Medicare Documentation Requirements for Upper and Lower Limb Prosthetics



The following information describes the items or documentation necessary for reimbursement from the Centers for Medicare and Medicaid Services, also known as CMS or Medicare. Because Medicare typically has the most stringent insurance requirements, fulfilling these requirements could also strengthen reimbursement claims from other third-party payers.

Ottobock has relied upon the CMS guidance and recommendations set forth in this document's reference section below.

Item 1: Documentation from the Ordering Physician¹

Note: The Physician must evaluate the patient and document both medical necessity and functional capabilities.

- Medicare wants to see chart notes reflecting the need for the care (e.g., treatment plan, history and physical, operative report) from the patient's medical records (located at the physician's office, hospital, or nursing home).
- To be on the safe side, Medicare recommends that you collect this information up-front to be sure the physician's documentation supports your claim.
- The amputation side should be clearly and consistently identified, particularly for bilateral patients.
- Each chart note must be signed by the treating physician, and preferably include the physician's printed name and credentials. Recommend Attestation/Signature log if printed name is absent. Note: Electronic signature and date is only allowed on electronic documents.
- All supporting documents must be signed and dated by the physician prior to the delivery date.
- Each page/chart note must clearly identify the patient.

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

- a. History of the amputation
 - Diagnosis (reason for amputation)
 - Date of amputation(s)
 - Side of amputation
 - Clinical course
 - Therapeutic interventions and results
 - Prognosis
- b. Description of functional limitations on a typical day including:
 - Description of activities of daily living and how impacted by deficit(s)
 - Diagnoses causing these symptoms
 - Other comorbidities impacting the use of a new prosthesis; or related to ambulatory difficulties
 - Ambulatory assistance (cane, walker, wheelchair, caregiver) currently used (either in addition to the prosthesis or prior to amputation)
- c. Patient's functional capabilities on a typical day including:
 - Patient's functional capabilities **prior** to amputation
 - Patient's **current** functional capabilities
 - His/her **expected** functional potential
 - Explanation for the difference.

Note: The prosthetist may evaluate the functional capability and send a letter to the ordering physician. The physician will then need to document this information in the patient's medical record. Recommend the following steps:

- Physician should date-stamp and file document in patient's medical record.
- Physician should **restate the patient's functional capabilities in a separate chart** note and indicate agreement/disagreement with the prosthetist's findings, and the rationale for his/her decision.

- d. Status of current prosthesis/component(s) and reason for replacement (if pertinent)
- e. Past experience with related items (previous prosthesis/component(s) if pertinent)
- f. Patient's desire to use the new prosthesis, or ambulate (if for lower extremity)
- g. Recommendation for the new prosthesis/component(s) and rationale for decision (brand name not required)
- h. Recent physical examination that is relevant to functional deficits (focus should be on the body systems impacting the patient's functional ability/ambulatory difficulties)
 - 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

Item 2: Dispensing Prescription²

Requirements:

- The dispensing prescription must comply with state prescribing and/or other applicable laws. It is the practitioner's responsibility to ensure this compliance.
- For Medicare, the dispensing prescription can either be verbal and documented in the patient's chart OR written by the ordering physician.
- The dispensing prescription must be dated prior to the delivery date.
- For Medicare, if the Detailed Written Order is dated prior to delivery, a dispensing prescription is not required; however state laws prevail if more stringent.

Elements that must be included in the dispensing prescription for Medicare:

- Patient's name
- Start date of order (for written order, use date from RX; for verbal order use date of telephone call)
- Description of item (brand name not required)
- Physician's printed name and credential
- Signature and date (written order needs Physician's signature and date; verbal order needs signature of person taking order, signature, date, and time)

Item 3: Detailed Written Order³

Requirements:

- The provider may write the detailed order, however the physician must review and sign it.
- The detailed order must be signed & dated by the ordering physician prior to submitting the claim.
- If the prosthesis/component(s) has already been delivered, you must also have a dispensing prescription (see Item 2) in addition to the detailed order.
- If this is your dispensing prescription, it must comply with state prescribing or other applicable laws. It is the provider's responsibility to ensure this compliance.

1. CGS. Dear Physician. Documentation of Artificial Limbs, CMS Manual System, Pub. 100-08, Medicare Program Integrity Manual, Chapter 5, §5.7

2. CMS Manual System, Pub. 100-08, Medicare Program Integrity Manual, Chapter 5, §5.2.2

3. CMS Manual System, Pub. 100-08, Medicare Program Integrity Manual, Chapter 5, §5.2.3

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All of the following elements must be included in the detailed written order:

- Start date of the order (from dispensing RX if applicable)
- Patient's name on each page
- ICD-9 Diagnosis Code (not required, but recommended)
- Side of body for each item being provided
- For lower extremity include K Level (not required, but recommended)
- Describe the unique features of each item provided, base code and every addition code that you intend to bill. Use a narrative description OR brand name and model number.
- Physician demographics (printed name, credential, address, phone, NPI)
- Physician's handwritten signature and date
- **Note:** If this is the only order and the prosthesis will be delivered same day, we recommend having physician include the time of his/her signature to prove the order was signed prior to delivery.

Item 4: Documentation in Prosthetist's Records⁴

Requirements:

- Describe functional capabilities on typical day
 - For lower extremity use terminology related to the K-Levels
- a. Expectation of Functional Ability
- Patient's functional capabilities **prior** to amputation
 - Patient's **current** functional capabilities
 - His/her expected functional potential (for lower extremity, include the K-Level)
 - Explanation for the difference.
- b. Historical documentation of the current prosthesis/component(s)
- History of the prosthesis/component(s) being replaced
 - Description of the labor involved.
 - Reason for replacement (e.g. change in physiological condition; irreparable change in the condition of the prosthesis/component(s); or repair will cost >60% of the cost of a new device/part).
- c. Recommendation for the new prosthesis/component(s):
- Must be based on the physician's documentation and orders.
 - Include the rationale for your decision.
 - Include medical necessity (justification) for each code that you plan to bill.
- d. Patient's desire to use the prosthesis being ordered or to ambulate (for lower extremity)
- e. Chart note for each visit with patient (e.g., fitting, follow-up), and prosthetist's printed name, credential, signature, and date on each note.

Reminders for Lower Extremity:

- Hydraulic knees are covered for K3-K4 only.
- Microprocessor control is covered for K3-K4 only.
- High activity knee frames are covered for K4 only.
- If providing a high activity knee for a K3 patient, a modifier must be used. See Ottobock instructions for L5930.
- The ultra-light material code (L5940) can only be billed for the socket

Item 5: Proof of Delivery⁵

Requirements:

- The signature date must be the date patient received the prosthesis/component(s).
- The signature date must also be the date of service on the claim
- If the patient or designee's signature is illegible, recommend handwriting name beneath.
- If the Detailed Written Order is signed on same day as the delivery and it is the only order, both documents will need to indicate the time of the signature.

Proof of Delivery (continued)

The following elements should be included on the delivery slip, or other document(s), in compliance with CMS regulations.

- Patient's name
- The quantity delivered
- Right and/or left side
- Sufficiently detailed description to identify the items being delivered.
 - This should support the codes that you plan to bill, including add-on codes.
 - May use narrative description or brand name & model number.
 - Include serial number (if available)
- Signature and printed name of the patient or designee's
- If designee signs: the designee's relationship to the patient must be stated, and the reason why the patient could not sign
- Handwritten signature date
- Recommend signature time (if signed on the same day the prescription is obtained).

Item 6: Beneficiary Authorization⁶

Requirements:

- This authorization should give you permission to bill and receive payment on behalf of the beneficiary, and exchange medical records in the process.
- A new authorization is required anytime a new prosthesis/component(s) is provided. In other words, anytime a new HCPCS code is billed.
- To be on the safe side, the authorization can be combined with the Proof of Delivery. That way you will always have a current signature.

The Authorization should include the following:

- Permission to pay you directly (assigns the benefits to the provider).
- Authorization to submit claims on behalf of beneficiary.
- Release to authorize the provider to obtain confidential medical information about the beneficiary in order to process the claim.

Sample Authorization:

Name of Beneficiary	HICN
I request that payment of authorized Medicare benefits be made either to me or on my behalf to (supplier)_____ for any services furnished me by that supplier. I authorize any holder of medical information about me to release to the Centers for Medicare & Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related services.	
Signature_____	Date_____

Item 7: Advanced Beneficiary Notice (if required)

Examples of when an ABN might be used:

- Patient does not meet criteria for coverage as stated in LCD.⁴
- Physician has not provided sufficient documentation to meet Medicare's documentation requirements⁴ and claim may be denied as not medically necessary.

4. Centers for Medicare & Medicaid Services. LCD for Lower Limb Prostheses (L11442). Revision effective 01/01/2012. Go to www.cms.gov and click on "Medicare Coverage Database" found under "Top Ten Links." Then, search the database for document ID# L11442. Or click here: [Centers for Medicare & Medicaid Services. Article for Lower Limb Prostheses - Policy Article - Effective August 2011 \(A25528\)](#). Go to www.cms.gov and click on "Medicare Coverage Database" found under "Top Ten Links." Then, search the database for document ID# A25528. Or click here.

5. CMS Manual System, Pub. 100-08, Medicare Program Integrity Manual, Chapter 4, §§4.26 – 4.26.2 & Chapter 5, §§5.2.5, 5.2.6, & 5.8

6. Noridian Administrative Services. Beneficiary Authorization. DMEPOS Jurisdiction D Supplier Training Manual. February 2012.

Documentation Checklist – Upper and Lower Limb Prosthesis

From Physician Records

History of Amputation

- Diagnosis (reason for amputation)
- Date of amputation(s),
- Side of amputation,
- Clinical course,
- Therapeutic interventions and results
- Prognosis

Functional Limitations

- ADLs and how impacted by deficit(s)
- Diagnoses causing these symptoms
- Other comorbidities
- Ambulatory assistance

Functional Capabilities

- Patient's functional capabilities prior to amputation
- Patient's current functional capabilities
- His/her expected functional potential
- Explanation for the difference

Status/condition of Current Limb

- Past Experience with Prosthesis/component(s)
- Patient's desire to use the prosthesis, or ambulate
- Recommendation for new Prosthesis/component(s)

Physical Exam

- Weight and height, weight loss/gain
- Cardiopulmonary examination
- Musculoskeletal examination
- Arm and leg strength and ROM
- Neurological examination
- Gait
- Balance and coordination

Patient Clearly Identified on Each Page

Signature and Date Requirements

- Physician signature and date on each chart note!
 - Notes are dated prior to delivery
 - May be handwritten or electronic
 - Each chart note includes Printed Name of Physician or Signature Attestation attached
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Dispensing Prescription (if required)

Elements

- Patient's name
 - Start date of order
 - Description of item
 - Printed physician's printed name
 - If written: Physician's signature & date
 - If verbal: Printed name of person taking order, signature, date, time
 - Compliance with State Law
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Detailed Written Order

Elements

- Start date of the order
- ICD-9 Diagnosis Code (not required, but recommended)
- K Level, if lower extremity (not required, but recommended)
- Side of body for each item provided (not required, but recommended)
- Description of each item being provided (description OR Mfr, Brand, Model #)
- Patient's name on each page
- Physician Signature and Date

Signature and Date Requirements

- Signed and dated prior to billing
 - Handwritten
 - Physician name, credential, address, phone, NPI
 - Compliance with State Law
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Prosthetist's Records

Functional Capability

- Capability prior to amputation
 - Current functional capabilities
 - Expected functional potential (K-Level for lower limb)
 - Explanation for the difference.
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History of Current Prosthesis

- History of prosthesis being replaced
 - Description of the labor involved.
 - Reason for replacement
 - Patient's desire to use the prosthesis, or ambulate
 - Recommendation for new prosthesis (with rationale for your decision and justification for each that will be billed)
 - Chart note for each visit
 - Patient name on each page
 - Prosthetist printed name, signature, date
 - ABN (if required)
 - Patient Authorization
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Proof of Delivery

Elements

- Patient's name
 - Quantity
 - Amputation side for each item
 - Detailed description of each item (identifies item and supports codes)
 - Narrative description OR brand name, manufacturer, model #
 - Serial number (if available)
 - Signature and printed name of the patient or designee
 - Designee's relationship and reason why patient could not sign
 - Handwritten signature date
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