

WHEN REFERRING YOUR PATIENT TO A PROSTHETIST (Documentation Guide For Physicians)

In order to be in compliance with Medicare and receive reimbursement, the information listed below needs to be documented in your medical records, and provided to the prosthetist as part of the referral process. This will ensure that your patient receives the prosthetic limb/component as quickly as possible. If it is not within the scope of your practice to provide this type of information, please assist your patient to locate a physician to document and order the prosthesis.

- A. Physical Exam (*relevant to functional deficits*)
- Weight, height, weight loss/gain
 - Cardiopulmonary examination
 - Musculoskeletal examination (arm and leg strength; range of motion)
 - Neurological examination; gait, balance and coordination.
- B. History of amputation
- Diagnosis/Reason for amputation(s)
 - Date of amputation(s)
 - Side of amputation(s)
 - Clinical course
 - Therapeutic interventions and results
 - Prognosis
- C. Functional Deficits (*symptoms limiting ambulation/dexterity*)
- Medical history relevant to deficit(s)
 - Activities of daily living (ADL) and how impacted by deficit(s)
 - Diagnoses causing these symptoms
 - Other comorbidities
 - Other ambulatory assistance currently used (wheelchair, walker, cane, caregiver, etc. with/without prosthesis)
- D. Functional Level
- Patient's functional capabilities prior to amputation
 - Patient's current functional capability
 - Patient's expected functional potential with use of the new prosthesis and explanation for the difference (if any).

Medicare's Functional Levels (lower extremity only)

Level K1: Household Ambulator: Has the ability or potential to use prosthesis for transfers/ambulation on level surfaces at fixed cadence.

Level 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.

Level K3: Unlimited 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.

Level K4: Child, Active Adult or Athlete: Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress or energy levels.

- E. Motivation to use prosthesis
- Describe patient's desire to use the new prosthesis or to ambulate (if lower extremity)
- F. Describe the condition of the residual limb
- Is there skin irritation, breakdown, or infection?
 - Are limb volume changes occurring?
 - Is there swelling, weight fluctuations, or muscle change?
 - Is the limb fully healed?
- G. Condition/status of current prosthesis/component (*Why is a replacement needed?*)
- If the current prosthesis/component is worn or broken, describe which component needs to be evaluated for repair/replacement.
 - If the patient's condition has changed, describe why the current prosthesis/component is no longer appropriate. Including but not limited to:
 - i. Skin Irritation
 - ii. Limb volume change
 - iii. Weight gain/loss
 - iv. Decreased stability
 - If the patient's functional level has changed, describe why the current prosthesis/component will not allow the patient to achieve the desired function.
- H. Patient's past experience with prostheses
- Which other prosthesis/components have been tried in the past?
 - Describe any problems the patient experienced. Including but not limited to:
 - i. Barriers to ambulation
 - ii. Balance
 - iii. Stumble
 - iv. Inability to perform activities
 - v. Problems with back or sound-side limb
- I. Recommendation for new prosthesis/component(s) based on the patient's functional level evaluation.
- This should be part of your treatment plan. You do not need to specify the brand of device.