

Since the prosthetist is a supplier, the prosthetist's records must be corroborated by the information in your patient's medical record. It is the treating physician's records, not the prosthetist's, which are used to justify payment.

The 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 physicians thoroughly document the functional capabilities of their patients, both before and after amputation.

The history should paint a picture of your patient's functional abilities and limitations on a typical day

The physical examination should be focused on the body systems that are responsible for the patient's ambulatory or upper extremity difficulties or impact on the patient's functional ability.

Note that when physicians are unable to provide the requested documentation to the supplier, the suppliers receive denials for the items billed which could result in your patient being financially responsible for all or part of the charges for the items/service received

http://cgsmedicare.com/jb/mr/pdf/dear_physician_artificial_limbs.pdf

For any DMEPOS (Durable Medical Equipment Prosthetic Orthotic Supplies) item to be covered by Medicare, the patient's medical record must contain sufficient documentation of the patient's medical condition to substantiate the necessity for the type and quantity of items ordered and for the frequency of use or replacement (if applicable).

Supplier-produced records, even if signed by the prescribing practitioner, and attestation letters (e.g. letters of medical necessity) are deemed not to be part of a medical record for

Medicare payment purposes. Templates and forms, including CMS Certificates of Medical Necessity, are subject to corroboration with information in the medical record.

<http://www.cgsmedicare.com/jb/pubs/pdf/chpt3.pdf>

How well you and your doctor talk to each other is one of the most important parts of getting good health care. But, talking to your doctor isn't always easy. It takes time and effort on your part as well as your doctor's.

In the past, the doctor typically took the lead and the patient followed. Today, a good patient-doctor relationship is more of a partnership. You and your doctor can work as a team, along with nurses, physician assistants, pharmacists, and other healthcare providers, to manage your medical problems and keep you healthy.

This means asking questions if the doctor's explanations or instructions are unclear, bringing up problems even if the doctor doesn't ask, and letting the doctor know if you have concerns about a particular treatment or change in your daily life. Taking an active role in [your health care](#) puts the responsibility for good communication on both you and your doctor.

All of this is true at any age. But, when you're older, it becomes even more important to talk often and comfortably with your doctor. That's partly because you may have more [health conditions and treatments](#) to discuss. It's also because your health has a big impact on other parts of your life, and that needs to be talked about too.

<https://www.nia.nih.gov/health/publication/talking-your-doctor/opening-thoughts-why-does-it-matter>