



RHEO KNEE® 3

The step-by-step guide
to a successful claim

STEP 1: INSURANCE INTAKE (“KNOW YOUR PAYER”)

Before you can do anything for new patients, you must first understand what their insurer will pay for and what the patients’ financial responsibility is. The following checklist helps verify the most essential payer information.

INSURANCE INTAKE CHECKLIST

Have you identified...	
<input type="checkbox"/> The insurance company/payer?	<input type="checkbox"/> Medicare <input type="checkbox"/> Private insurance (e.g., Aetna, United HC, BCBS) <input type="checkbox"/> Workers compensation <input type="checkbox"/> Medicaid <input type="checkbox"/> Other <input type="checkbox"/> Secondary insurance (e.g., “Medigap” policy)
<input type="checkbox"/> Policy effective date?	Policy effective: _____
<input type="checkbox"/> Patient’s payment responsibility?	<input type="checkbox"/> Deductible Deductible amount paid YTD \$ _____ <input type="checkbox"/> Co-pay (if applicable) \$ _____ <input type="checkbox"/> Coinsurance (if applicable) % _____ <input type="checkbox"/> Max. out of pocket (if applicable) \$ _____ Included in deductible? Yes No
<input type="checkbox"/> Delivery requirements?	<input type="checkbox"/> Deliver & bill (e.g., Medicare) <input type="checkbox"/> Pre-authorization
<input type="checkbox"/> Policy limits?	<input type="checkbox"/> Annual limit \$ _____ Amount exhausted YTD \$ _____
<input type="checkbox"/> LCD/Medical policy requirements?	<input type="checkbox"/> Medicare LCD (refer to RHEO KNEE 3-specific LCD requirement listed in Step 2 of this Guide) <input type="checkbox"/> Private Payer Medical policy
<input type="checkbox"/> Final level of appeal?	<input type="checkbox"/> Self-insured plan (ID plan’s external review agency) <input type="checkbox"/> Employer not self-insured (final appeal usually through applicable state’s Department of Insurance)
<input type="checkbox"/> Who you spoke to?	<input type="checkbox"/> Payer representative’s employee id# _____ <input type="checkbox"/> Date & exact time of talk _____

STEP 2: THE PATIENT'S STORY ("KNOW YOUR PATIENT")

Now that you understand the scope of your patients' insurance coverage you need to understand *them*. What's their story? What kind of life do they want to live with a prosthesis? What's their current and potential functional level? To accurately and completely tell your patient's story, you need both social and personal patient information on the one hand, and clinical information on the other. Review the following two checklists – one for the "patient story", the other for clinical notes – to help you make sure that you get everything you need. Remember, you need both types of information to get your claim approved and to survive an audit or prepayment claim review!

PATIENT STORY CHECKLIST

Have you...	Hints/Explanations/Examples
<input type="checkbox"/> Asked only open-ended questions when interviewing patients?	<input type="checkbox"/> <i>What</i> time do you wake up? <input type="checkbox"/> <i>Where</i> is your bedroom in the house? <input type="checkbox"/> <i>Who</i> do you live with? <input type="checkbox"/> <i>When</i> do you put on your prosthesis every morning? <input type="checkbox"/> <i>Why</i> do you dislike walking to the end of your driveway? <input type="checkbox"/> <i>How</i> do you go down the stairs at your office? <input type="checkbox"/> <i>When</i> do you take the prosthesis off at night?
<input type="checkbox"/> Used the "day in a life" technique?	Start by asking patients what time they wake up most mornings. Then ask them what they do next. Continue through their day until they report taking off the their prosthesis before bed. Listen to their answers and ask appropriate follow-up questions. For example: Q: What do you do after you put on your prosthesis? A: I go to the kitchen. <i>Follow-up Q: Where is the kitchen in relation to the room where you put on your prosthesis?</i>
<input type="checkbox"/> Closed the loops?	You should have a list of questions that you need answers to for all patients. After completing your "open-ended"/"day in a life" interview, make sure you've got answers to all of these questions. Only ask these questions at the end of the interview! Examples: How often do you fall? Do you take any prescriptions for amputation-related pain? Do you have any pain in your sound foot, ankle, knee or hip? Etc.
<input type="checkbox"/> Spoken to significant others?	Caregivers who attend patient appointments often have detailed and relevant information about the patient's condition. Include them in the interview process (with the patient's permission).

PATIENT CLINICAL NOTES CHECKLIST

Have you...	Hints/Explanations/Examples
<input type="checkbox"/> Captured all elements of the patient interview in your clinical notes?	<p>Avoid general medical jargon!</p> <p><i>Do not</i> say that the patient “performs all ADL’s independently.” Instead, include all the specific examples of <i>this</i> patient’s ADL’s (e.g., shopping for food, maintaining their yard, walking between buildings for work, etc.).</p>
<input type="checkbox"/> Recorded video of the patient walking in her current prosthesis?	Video can provide objective verification of the prosthetist’s and physician’s functional level assessment.
<input type="checkbox"/> Recorded the data collected by the device itself?	<p>RHEO KNEE 3 records the number of steps taken by the user, the speeds at which the user walks, etc. You should collect this data during every patient visit and record it in your records to document patient progress.</p> <p>If your patient isn’t yet in RHEO KNEE 3 but will be fit with the device in the future, have the patient use a pedometer to monitor their pre-RHEO KNEE 3 activity level and compare it to the RHEO KNEE 3 data post-delivery to document patient progress.</p>
<input type="checkbox"/> Used validated tests to document the patient’s condition?	For example, the AMP Pro, PEQ, Berg Balance Test, etc.
<input type="checkbox"/> Listed the patient’s name on each page of clinical notes?	Suppliers <i>are</i> seeing denials on this basis.
<input type="checkbox"/> Signed and dated chart notes with your clinician’s credentials for every patient visit?	Suppliers <i>are</i> seeing denials on this basis.
<input type="checkbox"/> Documented the patient’s current K level, potential functional level, and explanation for the difference, if any?	NOTE: Medicare requires that RHEO KNEE 3 users be K3 or higher patients. (See LCD for Lower Limb Prostheses.)

STEP 3: MATCHING THE PATIENT & PRODUCT

Every patient has unique clinical needs. And every product offers unique clinical outcomes. Making sure that you map the two to each other is essential if you want (a) a happy and functional patient, and (b) to process your claim successfully. The next two checklists help map RHEO KNEE 3's functional benefits to your patient's clinical needs to ensure that they're aligned.

PATIENT TO PRODUCT CHECKLIST

Patient Clinical Issue	RHEO KNEE 3 Function
Comorbidity of spine or sound limb that: <ul style="list-style-type: none"> <input type="checkbox"/> impairs knee function/causes pain <input type="checkbox"/> impairs ankle function/causes pain <input type="checkbox"/> impairs foot function/causes pain <input type="checkbox"/> causes spinal pain/impairs ROM 	Microprocessor-controlled stance and swing phase allow users with impaired hip or sound side quad/knee/ankle or foot function to walk more symmetrically, reducing additional stress on sound limb resulting from asymmetrical gait.
<input type="checkbox"/> Documented fall history	Magnetorheologic fluid increases its viscosity and knee resistance when instability detected, giving users the chance to “catch” themselves to help prevent falls.
<input type="checkbox"/> Inability to walk far enough without stopping	Microprocessor-controlled swing and stance phase allow users to walk with a more symmetrical gait, helping reduce energy expenditure.
<input type="checkbox"/> Difficulty walking up and down inclines	Knee sensors constantly monitor the angle between the prosthetic knee and the user's thigh to appropriately adjust resistance, permitting more anatomical ramp ascent. Microprocessor-controlled stance phase increases knee resistance during ramp descent, permitting a safer, more stable gait pattern.
<input type="checkbox"/> Gait deviations <ul style="list-style-type: none"> <input type="checkbox"/> Circumduction/little-no prosthetic knee bend <input type="checkbox"/> Vaulting <input type="checkbox"/> Exaggerated hip movement during knee extension (i.e., kicking prosthetic foot forward) 	Microprocessor-controlled swing and stance phase permit the knee to respond more appropriately than mechanical knees, limiting the user's need to engage in “stiff leg” walking and helping decrease circumduction and vaulting to obtain adequate foot-ground clearance. Microprocessor-controlled swing phase decreases need for user to kick prosthesis forward in order to obtain full extension by appropriately regulating knee resistance, promoting more symmetrical gait and reducing stress on lower spine and sound limb.

RHEO KNEE 3 CLINICAL RESEARCH CHECKLIST

Have you reviewed...	Key Finding(s)
<input type="checkbox"/> Greitemann, B., C. Niemeyer, K. Lechler, A. Ludviksdottir., <i>Quality Of Life Improvements with a Microprocessor-Controlled Prosthetic Knee-first experiences in a cohort study</i> , MOT 1, 2011, Jahrgang 131,ISSN 0340-5508;pp 90-101	<p>Among a selected patient population, reintegration into private and social environments can be improved with microprocessor-controlled knee joints. Clearest improvements were seen during stance phase, walking down stairs, walking on inclines and uneven surfaces, adaptation to different walking speeds, reduced fear of falling, reduced concentration effort when walking, and the ability to walk farther.</p>
<input type="checkbox"/> Veltmann, U., Wuhr, J., Linkemeyer, L., Wetz, H.H. <i>C-LEG AND RHEO-KNEE: ARE THEY INTERCHANGE-ABLE?</i> 12th ISPO World Congress, Vancouver, Canada, 2008, July 29 –August 3, Journal of Proceedings. P.286	<p>The results suggest K3-K4 users prefer RHEO KNEE over C-Leg. Also, users with short residual limbs found RHEO KNEE easier to use.</p>
<input type="checkbox"/> Johansson et. al., <i>A clinical comparison of variable-damping and mechanically passive prosthetic knee devices</i> . Am J Phys Med Rehabil. 2005, Aug;84(8):563-75.	<p>RHEO KNEE may offer advantages over hydraulic-based prosthetic knee designs. RHEO KNEE enhances smoothness of gait, decreases hip work production, lowers peak hip flexion moment at terminal stance, and reduces peak hip power generation at toe-off.</p>
<input type="checkbox"/> H. Herr and A. J. Wilkenfeld, <i>User-adaptive control of a magneto-rheological prosthetic knee</i> , Industrial Robot, 2003, Volume 30, Number 1, ISSN 0143-991X, pp. 42-55.	<p>Knee angle during swing was shown to be closer to that of the able-bodied controls and to the sound side for RHEO KNEE users versus mechanical prosthesis.</p>

STEP 4: GET PHYSICIAN CONFIRMATION

Getting documentation from a physician confirming the prosthetist's findings and recommendations is an important Medicare requirement. A huge percentage of denied claims since 2011 result from prosthetists' failure to make sure that the physician's records validate their own. The next two checklists help you avoid that negative outcome.

PHYSICIAN EDUCATION CHECKLIST

Have you...	
Sent the prescribing physician a letter of medical necessity with <i>all</i> of your key findings? See exemplar LofMN, Exhibit A.	<input type="checkbox"/>
Confirmed that your LofMN discusses in detail each of the patient clinical issues and related RHEO KNEE 3 functions addressing those issues referenced in the previous <i>Patient to Product Checklist</i> ?	<input type="checkbox"/>
Sent the prescribing physician a Detailed Written Order? (Note: DWO, when compliant with Medicare requirements and signed and dated by the MD, serves as valid prescription.) See exemplar DWO, Exhibit B.	<input type="checkbox"/>
Included a cover letter with the LofMN and DWO explaining Medicare's coverage requirements? See exemplar Cover Letter, Exhibit C.	<input type="checkbox"/>

PHYSICIAN DOCUMENTATION CHECKLIST

Have you confirmed that the physician's records* include...	
Documentation re. functional level of patient both before <i>and after</i> amputation?	<input type="checkbox"/>
Explanation of current and potential functional level, including an explanation for the difference between the two, if any?	<input type="checkbox"/>
History of present medical condition(s) and past history relevant to functional deficits?	<input type="checkbox"/>
Symptoms limiting ambulation or dexterity?	<input type="checkbox"/>
Diagnoses causing these symptoms?	<input type="checkbox"/>
Other comorbidities relating to ambulatory problems or impacting use of new prosthesis?	<input type="checkbox"/>
Documentation of ambulatory assistance (cane, walker, wheelchair, caregiver) currently being used by patient (either in addition to prosthesis or before amputation)?	<input type="checkbox"/>
Description of activities of daily living and how impacted by deficit(s)?	<input type="checkbox"/>
Physical examination that's relevant to the functional deficit(s)?	<input type="checkbox"/>
Weight and height, including any recent weight loss/gain?	<input type="checkbox"/>
Cardiopulmonary examination?	<input type="checkbox"/>
Arm and leg strength and range of motion?	<input type="checkbox"/>
Neurological examination – gait?	<input type="checkbox"/>
Neurological examination – balance and coordination?	<input type="checkbox"/>
Diagnosis, side of amputation, date of amputation?	<input type="checkbox"/>
Patient's desire to ambulate?	<input type="checkbox"/>
Identification of patient on each page of the physician's records?	<input type="checkbox"/>
Documentation confirming the patient's motivation to ambulate?	<input type="checkbox"/>
Documentation showing that the physician examined the patient recently?	<input type="checkbox"/>

*Records of other health care professionals (e.g., other physicians and PT's) can become part of the prescribing physician's medical records if attested to, signed, and dated by her.

STEP 5:

FINAL REVIEW BEFORE CLAIM SUBMISSION

You've collected all the necessary patient information. You've confirmed that other health care providers' notes corroborate yours. You're ready to proceed to delivery and filing the claim for reimbursement. But you still need to verify that: (1) your patient delivery sheet contains all of the required information, and (2) you have filled out the claim form completely. The next 2 checklists will assist you with both.

PATIENT DELIVERY FORM CHECKLIST

Does your patient delivery form include...	
1. The patient's or patient's designee's name?	<input type="checkbox"/>
2. The delivery address?	<input type="checkbox"/>
3. The item(s) being delivered (brand name, serial number, or narrative description)?	<input type="checkbox"/>
4. The number of item(s) being delivered?	<input type="checkbox"/>
5. The delivery date?	<input type="checkbox"/>
6. The patient's or patient's designee's signature?	<input type="checkbox"/>
7. The date of signature (must be the date the patient/designee received the item(s))?	<input type="checkbox"/>

CMS 1500 FORM CHECKLIST

Have you verified that...	
1. The prescribing physician is listed in PECOS?	<input type="checkbox"/>
2. You've included the prescribing physician's NPI on the claim form?	<input type="checkbox"/>
3. You've listed the appropriate diagnosis code on the claim form?	<input type="checkbox"/>
4. You've included the correct date of service for every L code on the claim form?	<input type="checkbox"/>
5. You've selected the appropriate place of service for this patient on the claim form?	<input type="checkbox"/>
6. You've included the "L" and/or "R" modifier for every L code on the claim form?	<input type="checkbox"/>
7. You've listed the patient's K level for every L code on the claim form?	<input type="checkbox"/>
8. You've billed using the appropriate codes for RHEO KNEE 3? Össur's suggested coding* for RHEO KNEE 3: <ul style="list-style-type: none">• L5856• L5828• L5845• L5848• L5850• L5925	<input type="checkbox"/>
<small>* Responsibility for accurate coding lies solely with the provider treating the patient. Össur assumes no responsibility or liability for the provider's coding decisions. Össur's coding suggestions rest on its best judgment and are subject to revision based on additional information or changes in the alpha-numeric system</small>	

STEP 6: THE AUDIT RESPONSE/PREPAYMENT CLAIM REVIEW RESPONSE/APPEAL

You've done everything you're supposed to do. And sometimes, despite that, you still get thrown into prepayment claim review, get subjected to an audit or receive a denial from the payer. You're now in "appeal" mode. What steps do you need to take in order to give yourself the best chance of winning? You can start with this checklist.

Have you...	
1. NOT written ANYTHING in response until first completing steps 2-5, below?	<input type="checkbox"/>
2. Created a list of (a) what information is being requested, or (b) the basis(es) for denial?	<input type="checkbox"/>
3. Gone through the relevant records below and located responsive information? <input type="checkbox"/> Your records <input type="checkbox"/> MD's records <input type="checkbox"/> PT's records <input type="checkbox"/> Other HCP's records <input type="checkbox"/> Clinical studies	<input type="checkbox"/>
4. Organized the evidence appropriately? <input type="checkbox"/> For claims where the payer requests multiple pieces of information, organize consistent with the order of items requested. <input type="checkbox"/> For claims denied on not medically necessary or experimental grounds, organize from your strongest argument to your weakest.	<input type="checkbox"/>
5. Used language that someone who doesn't understand prosthetics can comprehend?	<input type="checkbox"/>
6. Stated the main issue(s) immediately in your appeal?	<input type="checkbox"/>
7. Attached all necessary exhibits to your appeal?	<input type="checkbox"/>
8. Used footnotes in the appeal to refer the reader to your exhibits?	<input type="checkbox"/>

CONCLUSION

We hope you have found this guide on how to file a successful RHEO KNEE 3 claim useful. For more information on how to properly document your claims and file successful appeals, please go to [Össur R&R](#) for a list of upcoming Össur reimbursement seminars or to access online versions of those courses.

EXHIBIT A:

EXEMPLAR LETTER OF MEDICAL NECESSITY

When writing to a physician to obtain a prescription for RHEO KNEE 3, you should include a detailed letter of medical necessity. This letter should explicitly describe not only the functional characteristics of RHEO KNEE 3, but how those features will help your patient.

Dear Dr. Smith:

I am the prosthetist treating our mutual patient, Michael Doe. I examined Mr. Doe on January 2, 2013. Based upon my findings, detailed below, Mr. Doe requires a new prosthetic knee. For ease of reference, I have broken this letter of medical necessity and request for prescription into the following sections:

1. Mr. Doe's Clinical History
2. Clinical Findings
3. Mr. Doe's Medical Needs
4. Requested Prescription

1. Mr. Doe's Clinical History

Mr. Doe is a 61 year-old above-the-knee amputee. He lost his left leg above the knee 4 years ago as a result of cancer. I have treated Mr. Doe during his entire post-amputation course, and he has demonstrated a consistent ability and desire to successfully utilize a prosthesis and be a fully functional, contributing member of society.

Since losing his leg, Mr. Doe has resumed his career as a carpenter, an occupation that he has pursued since graduating high school. He works for a construction company that specializes on residential house extensions/remodeling. He currently works 3-4 days a week, spending 8-10 hours a day on his feet operating various carpentry tools and carrying building materials. His job is physically demanding, and includes regular trips up and down the stairs of the houses in which he's working.

In addition, on the days he's not working, Mr. Doe often babysits for his two young grandchildren (Brady (4) and Wes (2)), as his daughter and son-in-law both work. On average, he watches the kids 2 days a week from 8:30 in the morning until 5:30 at night. In that role, he has to regularly carry the children – particularly Wes – up and down stairs, as well as walk across uneven park/playground terrain as he takes the children out for various activities.

2. Clinical Findings

Mr. Doe reports that while wearing his current hydraulic knee he has fallen on stairs twice in the last 60 days at work, and has had to catch himself to prevent additional falls on a regular basis. He also reports falling on average once a week on level ground while working and carrying building materials such as sheetrock or heavy lumber. While he has escaped serious injury so far, he has suffered bruised ribs and a cut to his head as a result. On 3 occasions he has had to take time off from work after falling.

Mr. Doe also complains of significant fatigue, particularly in his sound leg, at the end of every day. He has additionally reported increasing sound-side knee pain and lower back pain over the past 18 months. Though I have tried to remedy the back pain by increasing the knee flexion angle so that he doesn't have to stand in hyperlordosis, the pain has steadily worsened over time and the increased flexion has led to mild contracture of his residual limb. As a result, he states that his ability to play outside with his grandchildren has steadily decreased, and he reports spending significant amounts of time with them sitting on the floor and watching television, rather than engaging in physical activity.

Visual observation of Mr. Doe (video available for review) reveals that the limitations of his current hydraulic knee have forced him to adopt numerous compensatory strategies when walking. While his gait in the completely level gait area in my facility looks appropriate for someone of his age and strength, his gait outside the four walls of my office is completely different.

Specifically, when walking in the relatively level parking lot, he noticeably vaults on his sound side. On even mild inclines like the ramp leading up to our entrance, he not only vaults, but additionally circumducts his prosthetic leg to create greater foot/ground clearance. When shown the difference between his gait inside and outside, Mr. Doe states that he adopts these compensatory strategies to prevent himself from stumbling and falling.

When walking down ramps or stairs, Mr. Doe attempts to descend in an anatomical, leg-over-leg manner. However, he generally abandons these efforts after 2-3 steps, as the hydraulic knee is unable to safely and smoothly maintain enough resistance while in flexion to permit him to descend safely. After these few steps where Mr. Doe is forced to catch himself with his sound limb as the prosthetic knee collapses, he ends up resorting to a stilted, one-step-at-a-time approach. While this prevents him from falling, Mr. Doe complains that it's too slow and "humiliating" to have to descend ramps and stairs in this manner.

Finally, Mr. Doe reports that as result of the progressively worsening knee and lower back pain, he has started taking prescription painkillers. His doctor has apparently discussed the possibility of knee replacement surgery in his sound limb if he cannot find other ways to protect that joint.

3. Medical Needs

Mr. Doe has multiple complaints arising out of the inadequacy of his current prosthetic knee: falls; instability; escalating knee and lower-back pain. None of these symptoms can be addressed by giving him another hydraulic knee like his current device. In order for him to function safely and reduce chronic stress on his sound limb and back he requires a microprocessor-controlled knee.

Microprocessor-controlled knees are not new. Multiple companies brought microprocessor-controlled knees to the United States in the mid-1990's. Medicare created a code (L5856) for one of these devices in 2001. According to its own guidelines, Medicare does not pay for experimental or investigational devices, so the creation of the code – more than a decade ago – describing the microprocessor-controlled knee-shin component implicitly shows its non-experimental/non-investigational nature. This conclusion finds further support in the fact that Medicare has since created a new L-code (L5859, effective 1/1/2013) describing a motor-powered microprocessor-controlled knee.

I recommend that Mr. Doe use the RHEO KNEE 3. This device has sensors that constantly monitor the user's weight and the angle between the prosthetic knee and thigh to provide real-time information about the speed and movement of the prosthesis. This allows the microprocessor that controls RHEO KNEE 3 to apply appropriate resistance in a wide range of circumstances. So where today Mr. Doe's knee's resistance can only be set to his "average" walking speed, making it difficult for him to walk at speeds faster or slower than that, Mr. Doe could walk with appropriate, ever-adjusting resistance through the full range of speeds – from fast to slow – in RHEO KNEE 3. RHEO KNEE 3's ability to understand the environment in which Mr. Doe walks would provide him several key benefits.

RHEO KNEE 3 will more appropriately regulate Mr. Doe's knee resistance on both stairs and ramps, permitting him to smoothly transition from his prosthetic side to his sound limb in a more anatomical way. This will help reduce the stress he currently experiences when trying to descend stairs and ramps leg-over-leg. Given the consistent pain he's currently experiencing, the pharmaceuticals he now takes to try and manage it, and the threat of joint replacement surgery in the future, providing Mr. Doe a prosthetic knee that can mitigate/forestall those symptoms is of paramount importance.

RHEO KNEE 3 can adjust to different walking speeds and underlying ground conditions in real time, providing proper stability for the user and reducing the fall risk. The active stumble recovery feature gives the user greater confidence and

security when walking on uneven ground. Mr. Doe has already missed several days of work due to trips and falls. The use of the RHEO KNEE 3 may alleviate further absences and prevent more complicated and costly accidents.

Additionally, the RHEO KNEE 3 allows the user to walk with controlled, partial knee flexion during initial weight bearing and provides shock absorption in early stance phase. This reduces impact loads, permits a smoother gait and allows the user to walk for longer periods of time.

In contrast, his current knee is optimized for walking on level ground only. It cannot provide terrain-specific adjustments in real time. This leads to gait deviations, undue stress on Mr Doe's right knee, unnecessary energy expenditure, and pressure inside the socket that can contribute to breakdown, discomfort and pain. RHEO KNEE 3 will help forestall those comorbidities.

4. Requested Prescription

The facts and findings listed in sections 1-3 demonstrate why Ms. Jones requires the RHEO KNEE 3. I am therefore requesting

1. That you perform a detailed physical examination of Ms. Jones, confirm that the history and findings in sections 1-2 are accurate, and document that in your medical records; and
2. The following prescription from you:
 - L5856: ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE
 - L5828: ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE
 - L5845: ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE
 - L5848: ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING
 - L5850: ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST
 - L5925: ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK

Very truly yours,

EXHIBIT B: EXEMPLAR DETAILED WRITTEN ORDER

Under established Medicare policy, “[s]omeone other than the physician [i.e., the prosthetist] may complete the DWO. However, the treating physician must review the DWO and personally sign and date the order to indicate agreement.”

Detailed Written Order: RHEO KNEE 3	
DATE: ____ / ____ / ____	
Patient Name: _____	
Medicare #: _____	O&P Inc.
Address: _____	123 Green Street
Code: _____	Somewhere, USA 12345
Phone #: _____	(123) 456-7890
DOB: _____	Federal Tax #: _____
Email: _____	NPI: _____

Patient Height: _____	Place of Service: _____
Patient Weight: _____	Diagnosis (ICD-9): _____

HCPCS Code:	Narrative Equipment Description
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE
L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL
L5845	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE
L5848	ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY
L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK

☐ Check here if additional items are listed on attached pages

Physician Attestation

Physician's Name, Address & Telephone

UPIN #: _____

NPI: _____

(____) _____ - _____

I certify that I am the physician identified above. I have received this detailed written order, including a full narrative description with HCPCS code and pricing. I certify that the diagnosis information shown above is to the best of my knowledge true and accurate and justifies the medical necessity of the item(s) shown.

PHYSICIAN'S SIGNATURE _____ DATE _____

You must have the signed DWO in your file before delivering RHEO KNEE 3 to your patient.

EXHIBIT C: EXEMPLAR COVER LETTER

The Medicare Program Integrity Manual, the MAC “Dear Physician” letters from September, 2011, and the LCD for Lower Limb Prosthetics outline documentation details that are required in both the prosthetist’s and physician’s records. It is important that you explain to physicians the need for their records to corroborate the patient’s medical history, functional level and desire to ambulate.

Dear [doctor name]:

I am the prosthetist who treats [patient name], a Medicare beneficiary. Medicare has recently set forth specific requirements regarding physician documentation for prosthetic devices. Without that documentation, I cannot deliver medically necessary care and treatment to our mutual patient, [patient name]. The purpose of this letter is to give you a quick summary of Medicare’s latest requirements so that we can together work for the benefit of [patient name].

Generally speaking, Medicare wants to see that your medical records corroborate my findings/recommendations. Your records can be in the form of previous chart notes and/or a full, current patient physical evaluation. At a minimum, Medicare requires that the physician notes contain the following information:

1. Documentation supporting
 - a. [patient name]’s functional abilities, including your specific findings regarding whether [patient name] has the potential to ambulate with variable cadence and has a lifestyle that demands more than simple locomotion;
 - b. [patient name]’s past history, including prior prosthetic use and other assistive device use (if applicable);
 - c. [patient name]’s current condition, including the status of [his/her] residual limb;
 - d. the nature of any other medical problems [patient name] has; and
 - e. [patient name]’s desire to ambulate.

2. Your signature and the date of that signature on the attached Detailed Written Order.

If you deem it appropriate or necessary, [patient name] can be referred to a PM&R specialist and/or a physical therapist for a full evaluation and report. Once a report from either of those specialists is sent to you, reviewed, acknowledged by you in the form of your signature on the report, and placed in the medical records, it constitutes appropriate documentation based upon Medicare’s guidance.

If I can answer any questions you may have about Medicare’s documentation requirements for prosthetic care, please do not hesitate to contact me directly. Otherwise, thank you in advance for providing the Medicare-required documentation that will permit me to deliver [patient name] the medically necessary prosthetic care and treatment [he/she] requires in a timely fashion.

Very truly yours,