



## DOCUMENTING A CHANGE IN K-LEVEL: IT TAKES A VILLAGE



By Molly McCoy, CPO/L

To document a patient's K-level or change in K-level, the Centers for Medicare & Medicaid Services (CMS) requires the prosthetist to work with the prescribing physician to explain the patient's activity level and document his or her prosthetic needs. This is also emphasized in the final rule on prior authorization for certain durable medical equipment, prosthetics, orthotics, and supplies (*Federal Register*, Vol. 80, No. 250, Docket No. CMS-6050-F).

CMS has published many documents explaining what should be in physicians' notes about K-levels. For instance, in July 2013, CMS was drafting an electronic template to assist physicians in documenting notes to substantiate the need for lower-limb prostheses. While this template was not published for use, it has pertinent information that can help determine what physicians should be documenting about K-levels.

The draft template states: "The ordering physician's medical documentation must support the medical necessity within the context of [the patient's] overall medical condition." Thus, writing "patient is a K2" is not sufficient. Our clinical reasoning along with that of the physician is what CMS is requesting. The physician needs to explain how a prosthesis will be useful in improving the patient's overall health. Likewise, the prosthetist's notes should document the importance of the prosthesis to the patient's overall health, mobility, independence and daily functionality. What was it about the patient that led you to the decision to provide a prosthesis, how will the patient use the prosthesis and how will the prosthesis improve the patient's health? Through documenting the need for and use of the prosthesis, the K-level is also supported. Nevertheless, the K-level should be stated and directly supported in the notes, not just implied.

As it stands now, we have the ability to use Medicare policy and informational publications as a guideline to explain our clinical choices and make the case for which components the patient needs. Admittedly, the policy language is open to interpretation. But consider the alternative: If Medicare policy left no room for clinical interpretation, it could dictate what the patient is allowed to get and when, leaving

prosthetists and physicians out of the most important decision making.

**So, how do you help the physician understand what to document in his or her own words, with no cut-and-paste language?**

First, explain to the patient the importance of making an appointment with his or her physician specifically to discuss the prosthesis. Then, explain to the physician what questions he or she might ask the patient in order to determine K-level. Some examples follow:

- For a probable K1-level patient, the physician might ask, "What is the functional need for a prosthesis and how is it more useful for you than a wheelchair or power mobility device?"
- For a probable K2- or K3-level patient, the physician might ask, "What specific activities did you do prior to amputation that you want to do again after amputation? How frequently and recently did you do those activities?" The physician should also document what medical reasons, if any, would cause the patient to not be able to return to his or her preamputation activities.

**Here are some general questions that could help the physician document K-level-related functionality:**

- "What is the immediate and long-term need for the prosthesis?"
- "What is the functional benefit of the prosthesis?"
- "What specific tasks will the patient use the prosthesis for?"
- "How will utilizing a prosthesis improve the patient's overall health?"

For K1-level patients, these questions could end with "versus a wheelchair." For K2-level patients who are in need of a new prosthesis, these questions could end with "versus the current prosthesis." For K3-level patients, these questions could end with "versus the K2-level prosthesis."

Working together, prosthetists and physicians can properly document K-level baselines and changes for the benefit of our patients. 🧩

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*SPS' Clinical Education Manager, Molly McCoy, CPO/L, has more than 20 years of professional and academic experience in the O&P profession. Molly provides documentation support for O&P clinicians with SPS' Clinical Outcomes and Documentation Education (CODE) program.*

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