

## USING MEDICARE'S LCD AS A GUIDE FOR PROSTHETISTS' NOTES



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By now, you know your chart notes should contain specific details about the functional daily needs of the patient, why the current prosthesis doesn't meet those needs, and the health benefits to be gained from a new prosthesis. What you might not be aware of is that Medicare's local coverage determination (LCD) can guide you in this effort.

Below are some paraphrased passages from the LCD for lower-limb prostheses that relate directly to prosthetists' notes and what they mean, in practical terms:

### 1. The beneficiary will reach or maintain a defined functional state within a reasonable period of time and is motivated to ambulate.

Ideally, the prosthetist will have the physician's notes that state the patient's activity level, overall health, motivation and occupation or daily activities prior to the patient visit. The prosthetist's notes should then elaborate on the physician's notes and detail how the prosthesis will be useful in each category.

If the primary physician's notes are lacking, an assessment by a physical therapist or physical medicine and rehabilitation physician will be invaluable for establishing the patient's capabilities and needs. Alternatively, have the patient complete a questionnaire, like the Prosthesis Evaluation Questionnaire ([www.prs-research.org](http://www.prs-research.org)), and bring it to the physician's appointment and when he or she comes to see you, too. This will help the patient and physician have a detailed discussion about the prosthesis.

### 2. Functional level determination: prior prosthetic use.

Specific details are needed about the patient's previous prosthesis, why it worked before and why it does not work now. Also include how, in terms of daily function, the new prosthesis will help. Some examples include the following:

- Prosthesis doesn't fit because of volume change in the residual limb. (Make sure the physician's notes mention that the prosthesis isn't working for the patient and what functional problems the patient is having because of it.

The prosthetist's notes should detail what is wrong with the current socket fit and how it's impacting the patient functionally.)

- Prosthesis is broken and the patient is moving to a different component for replacement. (Be sure to answer the question, "Why can't you replace the broken parts with the same type of component?")



### 3. There must be clinical documentation of functional need for the technologic or design feature of a given component.

This key part of the LCD for lower-limb prostheses is often overlooked. Each feature of the foot, knee and/or hip provided must be stated and justified, based on the individual patient and his or her daily functional tasks that require the feature. Two examples follow:

- The "AwesomeSauce hip" rotates opposite the pelvis during each step to decrease torsional stress on the spine. Mr. Clark has a documented history of low back pain (see Dr. Adams' note dated 02/03/2015), including when walking and pivoting in tight areas like his work area or a bathroom. The new hip joint design will decrease stress on Mr. Clark's back, allowing him to continue to work and live independently.
- The "Coolio microprocessor knee" has sensors that monitor the knee movement and adjust flexion or extension resistance with each step, based on the patient's needs. Mr. Jones has a BMI of 35 and needs to exercise to decrease his weight and increase overall health (per Dr. Thompson's request that he start a weight loss program in the note dated 01/01/2015). Because of Mr. Jones' high level of amputation, it is particularly important that his prosthetic knee can automatically change resistance in case of missteps due to lack of proprioception or increase in speed to prevent falls, but still allow him to increase his activity for weight loss. Mr. Jones has enrolled in a YMCA weight loss program and requires an appropriate prosthesis for this activity.

*Author's note: The same principles of applying passages from the LCDs for orthoses can be used to document orthotists' notes.* 