

## Prosthetic Documentation

- THE PATIENT'S PHYSICIAN MUST DOCUMENT THE PATIENT'S APPLICABLE FUNCTIONAL LEVEL (ABILITIES) AS EITHER K-0, K-1, K-2, K-3, K-4

- **K-0:** DOES NOT HAVE THE ABILITY OR POTENTIAL TO AMBULATE OR TRANSFER SAFELY WITH OR WITHOUT ASSISTANCE AND A PROSTHESIS DOES NOT ENHANCE THEIR QUALITY OF LIFE OR MOBILITY\*\*\*
- **K-1:** HAS THE ABILITY OR POTENTIAL TO USE PROSTHESIS FOR TRANSFERS OR AMBULATION ON LEVEL SURFACES AT FIXED CADENCE. TYPICAL OF LIMITED AND UNLIMITED HOUSEHOLD AMBULATOR\*\*\*
- **K-2:** HAS THE ABILITY OR POTENTIAL FOR AMBULATION WITH THE ABILITY TO TRAVERSE LOW LEVEL ENVIRONMENTAL BARRIERS SUCH AS CURBS, STAIRS OR UNEVEN SURFACES. TYPICAL OF THE LIMITED COMMUNITY AMBULATOR\*\*\*
- **K-3:** HAS THE ABILITY OR POTENTIAL FOR AMBULATION WITH VARIABLE CADENCE. TYPICAL OF THE COMMUNITY AMBULATOR WHO HAS THE ABILITY TO TRAVERSE MOST ENVIRONMENTAL BARRIERS AND MAY HAVE VOCATIONAL, THERAPEUTIC OR EXERCISE ACTIVITY THAT DEMANDS PROSTHETIC UTILIZATION BEYOND SIMPLY LOCOMOTION\*\*\*
- **K-4:** HAS THE ABILITY OR POTENTIAL FOR PROSTHETIC AMBULATION THAT EXCEEDS BASIC AMBULATION SKILLS, EXHIBITING HIGH IMPACT, STRESS OR ENERGY LEVELS. TYPICAL OF THE PROSTHETIC DEMANDS OF THE CHILD, ACTIVE ADULT OR ATHLETE\*\*\*

- JUSTIFICATION FOR THE ABOVE FUNCTIONAL LEVELS MUST BE BASED ON THE FOLLOWING AND DOCUMENTED IN PATIENT'S CLINICAL NOTES:

- HOW MOTIVATED IS THE PATIENT TO AMBULATE?
- CONSIDER AND DOCUMENT THE PATIENT'S PAST HISTORY (INCLUDING PRIOR PROSTHETIC USE)
- CONSIDER AND DOCUMENT THE PATIENT'S CURRENT CONDITION INCLUDING STATUS OF RESIDUUM AND OTHER MEDICAL ISSUES OR COMORBIDITIES (EX. HEART CONDITION, WEAKNESS OF SOUND SIDE, ETC.)
- CONSIDER AND DOCUMENT WHETHER THE PATIENT UTILIZES ANY ASSISTIVE DEVICES WHEN AMBULATING (EX. CANE, ROLLING WALKER, ETC.)
- CONSIDER AND DOCUMENT HOW MANY HOURS A DAY AND DAYS A WEEK THE PATIENT UTILIZES THE PROSTHESIS.
- CONSIDER AND DOCUMENT THE PATIENT'S PAST AND CURRENT PROFESSION, HOBBIES, GENERAL ADL'S, ETC. - ANY PERTANENT INFORMATION TO JUSTFIY THE PATIENT'S ACTIVITY LEVEL (EX. HUNTING, FISHING, CLEANING THE HOUSE, ETC)

IS THERE A DIFFERENCE BETWEEN THE PATIENT'S CURRENT FUNCTIONAL LEVEL OR CAPABILITIES AND HIS/HER EXPECTED FUNCTIONAL POTENTIAL?

- IF SO, INCLUDE AN EXPLANATION FOR THE DIFFERENCE (JUSTIFY WITH THE PATIENT'S CURRENT LIFESTYLE HOBBIES, PROFESSION, ETC. AND COMPARE TO PAST LIFESTYLE, HOBBIES, PROFESSION, ETC. AND WHAT THE PATIENT IS EXPECTED TO BE ABLE TO RETURN TO AND ACHIEVE WITH USE OF THE PROSTHESIS.)

**MISCELLANEOUS INFORMATION FOR PHYSICIAN'S:**

**\*\*\*JUSTIFYING/SUPPORTING INFORMATION FOR THE PATIENT'S NEW PROSTHESIS OR REPAIRS TO THE CURRENT PROSTHESIS NEEDS TO BE IN THE PATIENT'S MEDICAL RECORD (THE PRESCRIPTION ALONE, IS NOT CONSIDERED A PART OF THE MEDICAL RECORD)\*\*\***

**\*\*\*IF CLINICAL NOTES ARE ELECTRONICALLY SIGNED IT HAS TO INDICATE THAT THEY HAVE BEEN ELECTRONICALLY SIGNED – CANNOT JUST HAVE THE MD'S NAME WITH NO INDICATION THAT THAT IS TO BE USED AS THE SIGNATURE WITH THE DATE\*\*\***

**\*\*\*INSURANCE COMPANIES DO NOT CONSIDER THE PROSTHETISTS RECORDS OR DOCTOR ATTESTATION STATEMENTS AS PART OF THE MEDICAL RECORD – JUSTIFICATION HAS TO BE IN THE PHYSICIAN'S MEDICAL RECORDS (EITHER IN THE PATIENT'S ORIGINAL NOTE OR IN AN ADDENDUM TO A RECENT NOTE)\*\*\***

**IF ANY QUESTIONS PERTAINING TO THE ABOVE INFORMATION PLEASE CONTACT: NORTHERN ORTHOPEDIC LABORATORY, INC. AT 315-782-9079.**