

Prosthetic repair or replacement documentation

FOR EXISTING PROSTHETIC WEARERS NEEDING A REPLACEMENT SOCKET, REPAIRS OR REPLACEMENT COMPONENTS THE PHYSICIAN MUST DOCUMENT WHY THE REPAIR OR REPLACEMENT IS NEEDED INCLUDING, BUT NOT LIMITED TO THE FOLLOWING:

- CONDITION AND/OR CHANGES TO THE RESIDUAL LIMB
- CHANGE IN PATIENT'S PHYSIOLOGICAL CONDITION
- PATIENT'S FUNCTIONAL NEED CHANGES

(OR)

- IRREPERABLE DAMAGE OR WEAR/TEAR DUE TO EXCESSIVE BENEFICIARY WEIGHT OR PROSTHETIC DEMANDS OF ACTIVE AMPUTEES

- EXPAND UPON CONDITION OF THE SOCKET OR COMPONENT THAT NEEDS TO BE REPLACED OR REPAIRED (WHAT IS WRONG WITH IT, WHAT DO YOU BELIEVE NEEDS TO BE DONE)

***EX. FOOT SHELL CRACKED, LINER HAS HOLES, FOOT IS SQUEAKING, SOCKET IS LOOSE OR TIGHT BECAUSE OF WEIGHT OR ANATOMICAL CHANGES, ETC.

- EXPLAIN THAT REPAIRS OR REPLACEMENT ARE NECESSARY TO MAKE PROSTHESIS FUNCTIONAL AND WHY

- PRESCRIPTION NEEDS TO BE PROVIDED FOR REPAIRS AND REPLACEMENTS