

Medicare Documentation Requirements for Upper Extremity Prosthetics



The following information describes the items or documentation necessary for reimbursement from the Centers for Medicare and Medicaid Services, also known as CMS or Medicare. Because Medicare typically has the most stringent insurance requirements, fulfilling these requirements could also strengthen reimbursement claims from other third-party payors.

Otto Bock has relied upon the CMS guidance and recommendations set forth in this documents reference section below.

Item 1: Documentation from the Ordering Physician¹

Note: The Physician must evaluate the patient and document both medical necessity and functional capabilities.

- Medicare wants to see chart notes reflecting the need for the care (e.g., treatment plan, history and physical, operative report) from the patient's medical records (located at the physician's office, hospital, or nursing home).
- To be on the safe side, Medicare recommends that you collect this information up-front to be sure the physician's documentation supports your claim.
- The amputation side should be clearly and consistently identified, particularly for bilateral patients.
- Each chart note must be signed by the treating physician, and preferably include the physician's printed name and credentials. Recommend Attestation/Signature log if printed name is absent. Note: Electronic signature and date is only allowed on electronic documents.
- All supporting documents must be signed and dated by the physician prior to the delivery date.
- Each page/chart note must clearly identify the patient.

The following information must be included in the ordering physician's medical records:

- a. History of the amputation
 - Diagnosis (reason for amputation)
 - Date of amputation(s)
 - Side of amputation
 - Clinical course
 - Therapeutic interventions and results
 - Prognosis
- b. Description of functional limitations on a typical day including:
 - Description of activities of daily living and how impacted by deficit(s)
 - Diagnoses causing these symptoms
 - Other co-morbidities either relating to ambulatory problems or impacting the use of a new prosthesis
- c. Patient's functional capabilities on a typical day including:
 - Patient's functional capabilities **prior** to amputation
 - Patient's **current** functional capabilities
 - His/her **expected** functional potential
 - Explanation for the difference.

Note: The prosthetist may evaluate the functional capability and send a letter to the ordering physician. The physician will then need to document this information in the patient's medical record. Recommend the following steps:

- Physician should date-stamp and file document in patient's medical record.
- Physician should **restate the patient's functional capabilities in a separate chart** note and indicate agreement/disagreement with the prosthetist's findings.

- d. Status of current prosthesis/components and reason for replacement (if pertinent)
- e. Past experience with related items (previous prosthesis/components if pertinent)
- f. Recommendation for the new Upper Extremity prosthesis/components (brand name not required)
- g. Recent physical examination that is relevant to functional deficits (Focus should be on the body systems responsible for the patient's functional difficulties or impact on the patient's functional ability):
 - Weight and height, including any recent weight loss/gain
 - Cardiopulmonary examination
 - Musculoskeletal examination
 - Strength and range of motion
 - Neurological examination

Item 2: Detailed Written Order²

Requirements:

- The provider may write the detailed order, however the physician must review and sign it.
- The detailed order must be signed & dated by the ordering physician prior to submitting the claim.
- If the prosthesis/component(s) has already been delivered, you must also have a dispensing prescription (see Item 3) in addition to the detailed order.
- If this is your dispensing prescription, it must comply with state prescribing or other applicable laws. It is the provider's responsibility to ensure this compliance.

All of the following elements must be included in the detailed written order:

- Start date of the order
- Patient's name on each page
- ICD-9 Diagnosis Code (not required, but recommended)
- Description of each item being provided (narrative description OR manufacturer, brand name, model #)
- Physician information (name, credential, address, phone, NPI)
- Physician's signature and date
- **Note:** If this is the only order and the prosthesis will be delivered same day, we recommend having physician include the time of his/her signature to prove the order was signed prior to delivery.

1. CGS. Dear Physician. Documentation of Artificial Limbs, CMS Manual System, Pub. 100-08, Medicare Program Integrity Manual, Chapter 5, §5.7

2. CMS Manual System, Pub. 100-08, Medicare Program Integrity Manual, Chapter 5, §5.2.3

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Item 3: Dispensing Prescription³

Requirements:

- The dispensing prescription must comply with state prescribing and/or other applicable laws. It is the practitioner's responsibility to ensure this compliance.
- For Medicare, the dispensing prescription can either be verbal and documented in the patient's chart OR written by the ordering physician.
- For Medicare, if the Detailed Written Order is dated prior to delivery, a dispensing prescription is not required; however state laws prevail if more stringent.

Elements that must be included in the dispensing prescription for Medicare:

- Patient's name
- Start date of order
- Description of item
- Physician's printed name and credential
- For written order: Physician's signature and date
- For verbal order: Printed name of person taking order, signature, date, time

Item 4: Documentation in Prosthetist's Records

Requirements:

- Expectation of Functional Ability
 - Patient's functional capabilities **prior** to amputation
 - Patient's **current** functional capabilities
 - His/her expected functional potential
 - Explanation for the difference.
- Historical documentation of the Current prosthesis/component(s)
 - History of the prosthesis/component(s) being replaced
 - Description of the labor involved.
 - Reason for replacement (e.g. change in physiological condition; irreparable change in the condition of the prosthesis/component(s); or repair will cost >60% of the cost of a new device/part).
- Based on physician order/documentation**, recommendation for the new prosthesis/component(s), brand name and model number.
- Chart note for each visit with patient (e.g., fitting, follow-up), and prosthetist's printed name, credential, signature, and date on each note.

Item 5: Proof of Delivery⁴

Requirements:

- The signature date must be the date patient received the prosthesis/component(s).
- The signature date must also be the date of service on the claim
- If the patient or designee's signature is illegible, recommend handwriting name beneath.
- If the Detailed Written Order is signed on same day as the delivery and it is the only order, both documents will need to indicate the time of the signature.

Proof of Delivery (continued)

The following elements should be included on the delivery slip, or other document (s), in compliance with CMS regulations.

- Patient's name
- The quantity delivered
- Right and/or left side
- A detailed description of each item
- The brand name (manufacturer)
- The model name or number (if applicable)
- The serial number (if available)
- Signature and Printed Name of the patient or designee
- If designee signs: the designees' relationship to the patient must be stated
- Hand-written signature date
- Recommend signature time (if signed on the same day the prescription is obtained).

Item 6: Beneficiary Authorization

Requirements:

- This authorization should give you permission to bill and receive payment on behalf of the beneficiary, and exchange medical records in the process.
- A new authorization is required anytime a new prosthesis/component(s) is provided. In other words, anytime a new HCPCS code is billed.
- To be on the safe side, the authorization can be combined with the Proof of Delivery. That way you will always have a current signature.

The Authorization should include the following:

- Permission to pay you directly (assigns the benefits to the provider).
- Authorization to submit claims on behalf of beneficiary.
- Release to authorize the provider to obtain confidential medical information about the beneficiary in order to process the claim.

Sample Authorization:

Name of Beneficiary	HICN
I request that payment of authorized Medicare benefits be made either to me or on my behalf to (supplier)_____ for any services furnished me by that supplier. I authorize any holder of medical information about me to release to the Centers for Medicare & Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related services.	
Signature_____	Date_____

Item 7: Advanced Beneficiary Notice

Examples of when an ABN might be required:

- Patient does not meet criteria for coverage of a prosthesis
- Physician has not provided sufficient documentation to support your claim

Documentation Checklist – Upper Limb Prosthesis

From Physician Records

History of Amputation

- Diagnosis (reason for amputation)
- Date of amputation(s),
- Side of amputation,
- Clinical course,
- Therapeutic interventions and results
- Prognosis

Functional Limitations

- ADLs and how impacted by deficit(s)
- Diagnoses causing these symptoms
- Other comorbidities

Functional Capabilities

- Patient's functional capabilities prior to amputation
- Patient's current functional capabilities
- His/her expected functional potential
- Explanation for the difference

Status of Current Limb

Past Experience with Prosthesis/component(s)

Recommendation for new Upper Limb Prosthesis/component(s)

Physical Exam

- Weight and height, weight loss/gain
- Cardiopulmonary examination
- Musculoskeletal examination
- Arm and leg strength and ROM
- Neurological examination

Patient Clearly Identified on each page

Signature and Date Requirements

- Prior to Delivery
- Hand written or Electronic
- Printed Name or Signature Attestation
- On Every Chart Note!

Detailed Written Order

Elements

- Start date of the order
- ICD-9 Diagnosis Code (not required, but recommended)
- Description of each item being provided (description OR Mfr, Brand, Model #)
- Patient's Name on each page

Physician Signature and Date

Signature and Date Requirements

- Prior to billing
- Hand written
- Signature Attestation (recommended)
- Physician name, credential, address, phone, NPI
- Compliance with State Law

Dispensing Prescription (if required)

Elements

- Patient's name
- Start date of order
- Description of item
- Printed physician's printed name
- If written: Physician's signature & date
- If verbal: Printed name of person taking order, signature, date, time
- Compliance with State Law

Prosthetist's Records

Functional Capability

- Capability prior to amputation
- Current functional capabilities
- Expected functional potential
- Explanation for the difference.

History of Current Prosthesis

- History of prosthesis being replaced
- Description of the labor involved.
- Reason for replacement
- Recommendation for new prosthesis (Mfr, brand, model #)
- Chart Note for Each Visit
- Patient Name on Each Page
- Prosthetist Printed Name, Signature, Date

ABN (if required)

Patient Authorization

Proof of Delivery

Elements

- Patient's name
- Quantity
- Amputation side for each item
- Detailed description of each item
- Brand name, manufacturer, model #
- Serial number (if available)
- Signature and Printed Name of the patient or designee
- Designees' relationship
- Hand-written signature date