

## DOCUMENTATION TIPS

### JUSTIFYING FUNCTIONAL LEVEL

This guide is designed to help you strengthen your Medicare documentation. Following is Medicare's coverage criteria for a lower limb prosthesis. All criteria must be documented!

A lower limb prosthesis is covered when the beneficiary:

1. Will reach or maintain a defined functional state within a reasonable period of time; and
2. Is motivated to ambulate.

#### **FUNCTIONAL LEVELS:**

A determination of the medical necessity for certain components/additions to the prosthesis is based on the beneficiary's potential functional abilities. Potential functional ability is based on the reasonable expectations of the prosthetist, and treating physician, considering factors including, but not limited to:

- The beneficiary's past history (including prior prosthetic use if applicable); and
- The beneficiary's current condition including the status of the residual limb and the nature of other medical problems; and
- The beneficiary's desire to ambulate.

Clinical assessments of beneficiary rehabilitation potential must be based on the following classification levels:

**Level 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

**Level 1:** Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.

**Level 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.

**Level 3:** Has the ability or potential for ambulation with variable cadence. Typical of the community ambulatory who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.

**Level 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.

The records must document the beneficiary's current functional capabilities and his/her expected functional potential, including an explanation for the difference, if that is the case.

It is recognized, within the functional classification hierarchy, that bilateral amputees often cannot be strictly bound by functional level classifications. [However the records must still document the beneficiary's past history, current condition, and expected functional potential.]

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#### For devices with K3 criteria requirements:

Use “K-Level” language in your documentation. Include “real life” daily activities that require ambulation with variable cadence, and describe with great detail the terrain encountered. Include vocational, therapeutic, and exercise activities that demand prosthetic utilization beyond simple (K2 level) locomotion. Describe why patient has the potential or ability to perform each activity and what is involved, such as how far will the patient walk, when will he/she need to change cadence, and types of barriers encountered. If the patient has other functional limitations (e.g. vascular/ cardiovascular disease, cognitive issues, osteoarthritis, etc.), explain why these issues will not limit the patient’s ability to use the device to perform the activities.

Per the Medicare LCD for LL Prosthetics, the following codes are covered for K3 and above:

<b>Feet</b>			
L5973	MP Controlled ankle foot system, dorsiflex and/or plantarflex control	L5976	Energy storing foot (Seattle Carbon Copy II or equal)
L5979	Dynamic response foot with multi-axial ankle	L5980	Flex foot system
L5981	Flex-walk system or equal	L5987	Shank foot system with vertical loading pylon
<b>Knees (Endoskeletal)</b>			
L5610	Hydracadence system	L5613	Knee disarticulation, 4-bar linkage with hyd swing phase control
L5814	Polycentric, hydraulic swing phase control, mechanical stance phase lock.	L5822	Pneumatic swing, friction stance phase control
L5824	Fluid swing phase control	L5826	Hydraulic swing phase control, with miniature high activity knee frame
L5828	Fluid swing and stance phase control	L5830	Pneumatic/swing phase control
L5840	4-bar linkage or multiaxial, pneumatic swing phase control	L5848	Fluid stance extension, dampening feature
L5856	MP control feature, swing and stance phase	L5857	MP control feature, swing phase only
L5858	MP control feature, stance phase only	L5859	Powered programmable flexion/extension assist control (see LCD for additional criteria)
<b>Hips</b>			
L5961	Polycentric hip joint, pneumatic/hydraulic control, rotation control w/w out flexion and/or extension		

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#### For devices with K2 criteria requirements:

Use “K-Level” language in your documentation. Describe “real life” daily activities detailing the terrain encountered, including low level environmental barriers that the patient encounters, such as a curb, minimal stairs, or slightly uneven surface. Describe why patient has potential or ability to perform these activities. If patient has other functional limitations (e.g. vascular/cardiovascular disease, cognitive issues, osteoarthritis, etc.), explain why these issues will not limit the patient’s ability to use the new prosthesis to perform the activities.

Per the Medicare LCD for LL Prosthetics, the following codes are covered for K2 and above:

<b>Feet</b>			
L5972	Flexible keel Foot	L5878	Multi-axial ankle/foot
<b>Axial Rotation</b>			
L5984	Axial rotation unit, w/ without adjustability	L5985	Dynamic prosthetic pylon
L5986	Multi-axial rotation unit (MCP or equal)		

#### Example – Changing from a Mechanical knee to a C-Leg

<b>Daily Activities</b>	<b>Current Prosthesis/ Component</b>	<b>Replacement Prosthesis/ Component</b>
List daily activities in great detail, including those that require traversing environmental barriers, changes in gait speed, and prosthetic utilization beyond simple locomotion when applicable.	Describe current prosthesis (e.g. technologic design & features).	Describe replacement prosthesis (E.g. technologic design & features).
Activities (e.g. home, work, therapeutic, exercise, and recreational). <ul style="list-style-type: none"> <li>Describe setting</li> <li>Current Responsibilities</li> <li>Problems with prosthesis</li> <li>Goals</li> </ul>	How does the current prosthesis work for this activity? <ul style="list-style-type: none"> <li>Can patient successfully execute the activity?</li> <li>Any falls or stumbles?</li> <li>Strain to sound side?</li> <li>Other issues?</li> </ul>	How will the replacement prosthesis solve the problem? <ul style="list-style-type: none"> <li>What feature will allow patient to execute the activity?</li> <li>Or do it better?</li> <li>Explain why</li> </ul>