

Documentation Checklist for UL Prosthetics (add to chart)

January 1, 2018

Patient Name:

Date:

Completed by:

FROM THE PHYSICIAN

- a. History of amputation
 - Cause, date, affected side, level of amputation(s)
 - Clinical course, intervention & results, prognosis
- b. Physical examination
 - Height, weight, recent loss
 - Cognitive ability to use and care for prosthesis
 - Cardiopulmonary, musculoskeletal, neurological, arm & leg strength & ROM, balance, coordination
 - Condition of residual Limb
- c. Functional limitations (and why these medical conditions will not affect patient's ability to use new device)
 - Musculoskeletal, neurological, cardiopulmonary, other, ambulatory assistance
- d. Impact of these limitations
 - Current ADLs and how impacted by limitations
- e. Define the functional state
 - Patient's activities prior to amputation
 - Patient's current activities
 - Desired & potential activities using new prosthesis
 - Explanation for difference
- f. Current Prosthesis
 - Condition of each component
 - Reason for replacement
- g. Prosthetic Components Tried in Past & Result
- h. Desire and Motivation to use new prosthesis
- i. Recommendation for new prosthesis/components (include rationale, should be based on prior activities, current condition, and motivation)
- j. Prognosis using device (must include the physician's opinion as to how long it will take patient to reach the functional potential)

Printed name, signature, credential & date on each chart note

Signature Log/Attestation

Patient's name on each page

DISPENSING ORDER (required if you dispense before you have a signed DWO in possession)

- Patient's name
- Date of order (date from prescription/date of call)
- Description of item being dispensed
- Printed name and signature of physician/person who took the call.
- Meets your state's requirement for orders

DETAILED WRITTEN ORDER (DWO)

- Date of Order (dispensing order/prepared date)
- Description of items being ordered
- LT/RT for each component
- Patient name on each page, page numbers
- Physician demographics
- Physician's hand written signature, date (and time if device will be delivered same day)
- Meets your state's requirement for orders

PROSTHETIST'S DOCUMENTATION

- a. Functional Evaluation
 - Activities prior to amputation
 - Current Activities
 - Potential future activities
 - Explanation for the difference (if applicable)
 - b. History of Prosthetic use over time (brand, how long used, result)
 - c. History of Current components
 - History of components being replaced (age, condition, result)
 - Description of Labor
 - Reason for Replacement
 - d. Recommendation for type and brand of prosthesis
 - Based on physician's recommendation
 - Rational for decision
 - Medical Necessity and Justification for each component
 - e. Patient's desire and motivation to use new prosthesis
- Chart note for each visit*
Printed name, signature, credential & date on each chart note
Signature Log/Attestation
Patient's name on each page

PROOF OF DELIVERY

- Delivery Date
- Patient's Name
- Delivery Address
- Quantity, RT LT
- Description of items delivered
- Signature and Printed name of signee
- Relationship to patient and reason why patient cannot sign
- Signature time, if signed on same day as prescription obtained

BENEFICIARY AUTHORIZATION

ABN IF REQUIRED