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IPOP/Temporary Prosthesis & K2 Functional Level Policy
Schedule of Topics

- General Medicare Coverage Guideline
- General Lower Extremity Prosthetic Policy
- IPOP and Temporary Prosthesis Coverage Indications and Limitations
  - Transtibial
  - Transfemoral
- K2 Coverage Indications and Limitations
  - Transtibial
  - Transfemoral
The medical record is not limited to physician’s office records but may include records from hospitals, nursing facilities, home health agencies, other healthcare professionals, etc.
Indications and Limitations of Coverage and/or Medical Necessity

- Records from suppliers or healthcare professionals with a financial interest in the claim outcome are not considered sufficient by themselves for the purpose of determining that an item is reasonable and necessary.
Indications and Limitations of Coverage and/or Medical Necessity For Lower Extremity Prosthetics

- A lower limb prosthesis is covered when the patient:
  - Will reach or maintain a defined functional state within a reasonable period of time; and
  - Is motivated to ambulate
Indications and Limitations of Coverage and/or Medical Necessity For Lower Extremity Prosthetics

- A determination of the medical necessity for certain components/additions to the prosthesis is based on the patient'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 patient's past history (including prior prosthetic use if applicable); and
  - The patient's current condition including the status of the residual limb and the nature of other medical problems.
Clinical assessments of 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.

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.
Indications and Limitations of Coverage and/or Medical Necessity For Lower Extremity Prosthetics

- Level 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 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.
Indications and Limitations of Coverage and/or Medical Necessity For Lower Extremity Prosthetics

- The records must document the patient'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.
- Medicare considers every amputee K2 and medical documentation is required to support ALL functional levels.
- Temporary and early fitting prostheses have a finer level of exceptions in addition to functional levels
Initial below knee prosthesis (L5500) or a preparatory below knee prosthesis (L5510–L5530, L5540)

- Codes not allowed
  - L5629 acrylic socket
  - L5638 leather socket
  - L5639 wood socket
  - L5646 cushion socket
  - L5647 suction socket
  - L5704 below knee cover
  - L5785 ultra light material
  - L5962 flex outer cover
  - L5980 flex foot system
IPOP & TEMPORARY PROSTHESSES

- Below knee preparatory prefabricated prosthesis (L5535)
  - Codes not allowed
    - L5620 test socket
    - L5629 acrylic socket
    - L5645 flex inner socket
    - L5646 cushion socket
    - L5670 Supracondylar
    - L5676 knee joints, single
    - L5704 protective cover
    - L5962 flex outer cover
Ak initial prosthesis (L5505) or preparatory (L5560–L5580 L5590–L5600)

- Codes not covered
  - L5610 hydracadence system
  - L5631 acrylic socket
  - L5640 leather socket (KD)
  - L5642 leather socket (AK)
  - L5644 wood socket
  - L5648 air, fluid or gel cushion
  - L5705 protective cover (AK)
  - L5706 protective cover (KD)
  - L5964 flex outer cover
  - L5980 flex foot system
  - L5710–L5780 various knee controls
  - L5790 ultra–light materials (AK)
  - L5795 ultra–light materials (KD)
Above knee preparatory prefabricated prosthesis (L5585)
- Codes not covered
  - L5624 Test socket
  - L5631 Acrylic socket
  - L5648 Air, fluid or gel cushion socket
  - L5651 Flexible socket
  - L5652 Suction suspension
  - L5705 Protective cover (AK)
  - L5706 Protective cover (KD)
  - L5964 Flex outer cover (AK)
  - L5966 Flex outer cover (HD)
FEET

- Basic lower extremity prostheses include a SACH foot. Other prosthetic feet are considered for coverage based upon functional classification.
- External keel SACH foot (L5970) or single axis ankle/foot (L5974) is covered for K1 or above
K2 LEVEL PROSTHESES

- FEET
- A flexible-keel foot (L5972) or multiaxial ankle/foot (L5978) is covered for K2 or above.
K2 LEVEL PROSTHESES

- Ankles
  - K2 and above
  - L5982 axial rotation unit
  - L5984 axial rotation with or without adjustability
  - L5985 dynamic pylon
  - L5986 multi-axial rotation unit
Knees
Basic lower extremity prostheses include a single axis, constant friction knee. Other prosthetic knees are considered based upon functional classification.
K2 LEVEL PROSTHESSES

- Knees K1 or Above
  - Exoskeletal
    - L5710 single axis manual lock
    - L5711 single axis, lock, ultra-light (caution if used with L5790, L5795 ultra-light materials)
    - L5712 safety Knee
    - L5714 single axis, variable friction swing
    - L5716 polycentric mechanical stance lock
    - L5718 polycentric friction swing & stance
K2 LEVEL PROSTHESSES

- Knees K1 or Above
  - Endoskeletal
    - L5611 4 bar friction swing
    - L5616 multiplex friction swing
    - L5810 single axis manual lock
    - L5811 single axis, lock, ultra-light (caution with L5950, L5960)
    - L5812 safety knee
    - L5816 polycentric mechanical stance lock
    - L5818 polycentric friction swing and stance
THANK YOU

- Freedom Innovations thanks you for your continued support and hopes this series of webinars helps you navigate the tumultuous environment of serving MEDICARE PATIENTS.

- Please provide feedback to your Freedom sales representative of future topics to cover and if you find these webinars helpful.

- Next webinar: September 27, 2013
- Topic: Policy and Documentation for K3 & K4 Prosthetic Patients

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