

CMS Prosthetic Guidelines for Physician Chart Notes

Due to strict CMS Guidelines for prosthetic coverage, the following information is required to be documented in the referring physician's chart notes:

1 GENERAL INFORMATION

- Height and weight
- Brief medical history including date of amputation and comorbidities that could affect prosthetic use
- Weight changes
- Existing problems/concerns with current prosthesis
- Condition of the residual limb: skin break down, abrasion, callousing
- Assistive devices being used
- Current daily activities and how impacted by deficit
- Patient's desire to ambulate
- Discuss current gait/balance and if the patient has the potential for better gait/balance with new device

2 DEVICE BEING PROVIDED

Replacement Socket

- Why is the current socket not working?
- Is it affecting their life and ability to work, ambulate, maintain independence?
- What is the condition of their skin?
- What is the patient's functional/activity level?

Definitive (Complete) Prosthesis with Foot (and Knee)

- How old is the socket, foot, and knee?
- Why is the current socket not working?
- Is it affecting their life and ability to work, ambulate, maintain independence?
- What is the condition of their skin?

New Supplies (Liners, Sleeves, Socks, Shrinkers)

- Is there any damage to the supplies?
(e.g. Gel liner have holes? Cracking? Breaking down?)
- Are the socks worn out and thinning?
- How old are the supplies?

3 ESTABLISH FUNCTIONAL LEVELS (K-LEVELS)

K1

- Prosthesis will be used for transfers or ambulations on level surfaces
- Limited and unlimited household ambulators
(e.g. Patients in a SNF or under the permanent care of caregivers)
- Capable of using a prosthesis with or without an assistive device and/or the assistance/supervision of one person, requires use of wheelchair for most activities outside

K2

- Limited community ambulators
- Single speed walkers that have to navigate a curb or ramp
(e.g. Patients mainly leaving the home for doctors appointments)
- With or without an assistive device, they are capable of with or without assistance/supervision to ambulate on a flat, smooth surface, negotiate a curb and 1–2 stairs, and they may require a wheelchair for distances

K3

- Community ambulatory
- Able to walk at varying speeds and on uneven ground—able to pick up speed to jog across the street if necessary
(e.g. Everyday walkers that require their prosthesis to continue working)
- With or without an assistive device, they are independently capable of walking on terrain that varies in texture and level, ambulate through crowded areas, access public or private transportation, and perform dual ambulation tasks

K4

- Active athlete and all children
- Exceeds basic ambulation skills, exhibits high impact activities
(e.g. Runners, Athletes, Children)
- With or without an assistive device, they are independently capable of performing high impact domestic, vocational or recreational activities