

L5671 Locking Mechanism Verification

(Suction Suspension with Locking Mechanism)

Patient Name:		Pt. HIC#:
Provider Name:		Date of Service:
By checking all the boxes below and providing the listed enclosures, this confirms that services are fully compliant of the Medicare Local Coverage Determination (LCD) for Lower Limb Prostheses.		
1.	Medicare Policy ¹ : <i>"Codes L5647 and L5652 describe a modification to a prosthetic socket that incorporates a suction valve in the design. The items described by these codes are not components of a suspension locking mechanism (L5671)."</i>	
	Medicare Compliance Confirmation The Medicare Local Coverage Determination and published Policy Article clearly stipulate and confirm that code L5647 and L5652 are not components of the L5671 and thus they are not combined, bundled or associated in any way which must be properly interpreted that they should and must be billed and paid separately. Medical Record documents the codes were applied separately as directed by Medicare policy and in compliance to regulations as documented it the Proof of Delivery.	
2.	Medicare Policy ² : <i>"The current Policy Article for Lower Limb Prostheses contains a paragraph discussing the appropriate coding of L5647 and L5652, suction socket/suspension. That paragraph in the Coding Guidelines section is being revised as follows: Codes L5647 and L5652 describe a modification to a prosthetic socket that incorporates a suction valve in the design. The items described by these codes are not components of a suspension locking mechanism (L5671). This change is effective immediately. It will be formally incorporated into the Lower Limb Prostheses policy in a future revision. A suction valve (L5647, L5652) is rarely needed when a suspension locking mechanism is being used. If both are provided, there should be documentation in the supplier's records that describes the medical necessity of each for the specific patient."</i>	
	Medicare Compliance Confirmation Enclosed medical records in the form of patient evaluation records and clinical documentation validate and confirm that a full evaluation was performed and documented in the medical record by a certified or licensed clinical specialist in an accredited facility. This documentation fully corroborates and conforms to the reasonable and medically necessary services as listed on the Detailed Written Order (DWO) and Certificate of Medical Necessity (CMS) by the treating physician.	
3.	Medicare Requirement; <i>"All items billed to Medicare require a prescription. An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request"</i> <i>"For an item to be covered by Medicare, a detailed written order (DWO) must be received by the supplier before a claim is submitted."</i>	
	Medical Compliance Confirmation A detailed written order (DWO) in the form a prescription listing each item billed was signed and dated by the treating physician, is secured in our files and is attached.	

Signature: _____

Date: _____

Enclosures:

- Proof of Delivery (Verification of Receipt)
- Medical Records Patient and Functional Level Evaluation
- Rx/Certificate/Letter of Medical Necessity (Detailed Written Order)

¹ https://www.noridianmedicare.com/dme/coverage/docs/lcds/current_articles/lower_limb_prostheses.htm?

² https://www.noridianmedicare.com/dme/news/docs/2007/01_Jan/suction_sockets.html