

# Lower Extremity Prosthetic Medical Necessity Verification

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 for the standards for Coverage Indications, Limitations, and/or Medical Necessity:		
1.	Medicare Requirement: Individual must <i>"be eligible for a defined Medicare benefit category"</i>	
	Medical Necessity Verification Patient provided current proof of insurance and coverage was verified for the date of service. Copy of proof of insurance is attached.	
2.	Medicare Requirement; Must <i>"be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member"</i>	
	Medical Necessity Verification Signed prescription from referring physician identifies the patients ICD-9 diagnosis code as consistent and thus reasonable and necessary to improve the function of the amputated limb.	
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>	
	Medical Necessity Verification <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> 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.	
4.	Medicare Requirement; <i>"Proof of delivery (POD) is a Supplier Standard and DMEPOS suppliers are required to maintain POD documentation in their files"</i>	
	Medical Necessity Verification A Proof of Delivery (POD) was signed and dated by the patient is attached.	
5.	Medicare Requirement; <i>"A lower limb prosthesis is covered when the beneficiary: Will reach or maintain a defined functional state within a reasonable period of time"</i>	
	Medical Necessity Verification Attached medical record identifies and documents the patient's functional level at the time services were provided.	
6.	Medicare Requirement; <i>"A lower limb prosthesis is covered when the beneficiary: Is motivated to ambulate"</i>	
	Medical Necessity Verification Attached medical record <sup>1</sup> confirms documents the patient attending series of scheduled appointments for the fitting and fabrication of the prosthesis to clearly establish that the patients' actions demonstrate and express a motivation and desire to wear prosthesis.	
7.	Medicare Requirement: <i>"The records must document the beneficiary's current functional capabilities and his/her expected functional potential"</i>	
	Medical Necessity Verification Attached medical record <sup>1</sup> confirms a detailed evaluation by the clinical practitioner to identify the patient's functional level using Medicare Functional Levels criteria. This evaluation and Functional level corresponds and corroborates with the functional level as indicted on the detailed written order (DWO) as signed and dated by the referring physician.	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Enclosures:

- Proof of Insurance
- Rx/Letter of Medical Necessity (Detailed Written Order)
- Proof of Delivery
- Medical Records<sup>1</sup> Patient Appointment Listing
- Medical Records<sup>1</sup> of Functional Evaluation

<sup>1</sup> As per Medicare Lower Limb Local Determination Coverage, *"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."*