

Fax to:		Fax from:	
Company:		Company:	
Phone:	Fax:	Phone:	Fax:
Patient Name:		Date of Birth:	No. Pages:

FAX: Documentation Request for a Upper Extremity Prosthesis

Please be advised the determination of medical necessity for a prosthesis is generally based solely on information in the physician's records. Therefore we need the following information from your medical records in order to be in compliance and provide a prosthesis to your patient that allows him/her to live a mobile and independent life to the greatest extent possible.

- **History of Amputation** Etiology of amputation(s); Date of amputation(s); Side of amputation(s); Clinical course; Therapeutic interventions and results; and Prognosis.
- **Document Medical Necessity** All must be documented
 1. Describe patient's activities prior to amputation in terms of functional capabilities. What activities does patient want to get back to? Focus should be on activities (e.g. home, work, therapeutic, exercise, leisure, etc.) that require the use of both hands and specifically the prosthetic hand/terminal device (e.g. gripping, grasping, pinching, holding, carrying, pushing, pulling, releasing, etc.) that with training the patient will be able to perform.
 - a. If this is a new amputee, explain why a body powered device did/will not meet the patient's functional needs.
 - b. If there is a current device and it is not meeting the patient's needs, include activities that the new prosthesis will allow or facilitate that the current prosthesis does not.
 2. Physical Examination:
 - a. Weight, Height, Weight Loss/Gain.
 - b. Document condition of residual limb: Local and/or phantom pain; wound healing issues, skin irritation, breakdown, infection; Limb volume changes; swelling, weight fluctuation, muscle atrophy, contractures, osteoarthritis or other arthritic conditions of the residual limb joints.
 - c. Describe any medical conditions that could interfere with using the new prosthesis (e.g. neuromuscular, peripheral vascular or musculoskeletal conditions).
 3. Describe patient's current activities and future potential activities (if different) in terms of the functional capabilities. For future potential, an explanation for the difference is required (e.g. deconditioned state is reversible by physical training/therapy).
 4. Describe patient's desire and motivation to use the new prosthesis
 5. Treatment plan that includes new prosthetic components appropriate for the patient's functional capability. Include your rationale for ordering this (based on items 1-4)
- **Prognosis** that includes statement that [in your opinion] patient will reach a defined functional state within a reasonable [specified] amount of time using the new prosthesis.
- **Document the condition/status of the current prosthesis** If worn/broken, describe the condition of each component that needs to be evaluated. If patient's physical condition or functional needs have changed, describe why prosthesis/component no longer meets his/her needs.
- **Describe Past Experience with Prostheses/Components** Describe what has been tried in the past and the results.

Please FAX the signed and dated Medical Necessity documents to:

_____ at (_____)_____