PXC
Prosthetic Xpert Consultation

Dale Berry, CP, FAAOP, LP[1]
4204 Canoas Drive
Austin, TX 78730
612-810-1100
Dale@PXCRx.com

PROVE Medical Necessity

As clinicians we have a responsibility to our patients to ensure that they receive appropriate and optimum care – not only by providing a quality prosthesis, but by also providing quality documentation to get them through the administrative and prior authorization process.

	Documentation Requirements
P	• Patient age, weight, and height • Specific amputation level and date of amputation • Functional status and Activities of Daily living

R	• If a replacement socket is medically necessary:
	• Age of current prosthesis
	• Detailed and specific reason for replacement…is it because of
	    o Change in patient condition or
	    o Irreparable damage to the prosthesis/component.

O	• List the major prosthetic components being requested • Include manufacturer and model of component o *Payer cannot validate coding without knowing what specific component is being provided.*
V	• "Connect the dots" to clearly establish what activities and functions the patient is doing each day and relate those to the specific design features that the major component will provide. • Simply put…why does this specific patient **need** this specific component.
E	• Provide line item coding and pricing to enumerate and correlate to the requested services. • For components that require a "99" Code, avoid unbundling component to multiple "99" codes o Use only one 99 code per component: *If a component is purchased from the manufacturer as a single line item for a single price, then is logical to list the component to the payer as a single line item "99" code for a single price.*
	The attached PROVE Medical Necessity Documentation Form is Open Access and may be used, copied, edited, or modified without restriction.

P.R.O.V.E Lower Limb Prosthetics
Medical Necessity

P

Patient Status

Patient Name:	Date:
Date of Birth:	Date of Amputation:

Weight:	Height:	Sex:

Amputation Site #1	Side:	Level:	Length:
Amputation Site #2	Side:	Level:	Length:

Functional K Level Evaluation	PAVET Score:	AmPro Score:	PlusM Score:

K-Level	*Justification*	

Patient Requires:	New Prosthesis	Replacement Socket	Replacement Component
Age Current Prosthesis:		NA, New Prosthetic Wearer *Skip Section "R" and proceed to Section "O" on next page*	

R

Replacement Justification   This section left blank, patient is a new prosthetic wearer

Patient Requires Replacement	Socket	Component(s)	Prosthesis

Replacement Required Due to	Functional Level Change	*Details:*
	Residual Limb Change	
	ADL/Employment	
	Other	
	Irreparable Damage as detailed below	

Socket	*Details:*	Acceptable As Is	Requires Repairs	Irreparable Damage
Foot Manufacturer Model	*Details:*	Acceptable As Is	Requires Repairs	Irreparable Damage
Knee NA Manufacturer Model	*Details:*	Acceptable As Is	Requires Repairs	Irreparable Damage
Other Manufacturer Model	*Details:*	Acceptable As Is	Requires Repairs	Irreparable Damage

Patient Name:

O | Overview of Recommended Components

Component	Manufacturer	Model
Foot		
Knee		
Other		

V | Validate Recommendations

	Specific ADL or Patient Activity that Necessitates Recommended Component	Feature or Function of Recommended Component
Foot		
Knee		
Other		

E | Enumerate Coding & Pricing

Refer to attached page for:
1. Rx or Detailed Written Order (DWO) from Referring Physician
2. Detailed listing of L-Codes and Pricing