

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.

<i>Documentation Requirements</i>	
P	<ul style="list-style-type: none"> • Patient age, weight, and height • Specific amputation level and date of amputation • Functional status and Activities of Daily living
R	<ul style="list-style-type: none"> • If a replacement socket is medically necessary: • Age of current prosthesis • Detailed and specific reason for replacement...is it because of <ul style="list-style-type: none"> ○ Change in patient condition or ○ Irreparable damage to the prosthesis/component.
O	<ul style="list-style-type: none"> • List the major prosthetic components being requested • Include manufacturer and model of component <ul style="list-style-type: none"> ○ <i>Payer cannot validate coding without knowing what specific component is being provided.</i>
V	<ul style="list-style-type: none"> • “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 <i>need</i> this specific component.
E	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ Use only one 99 code per component: <i>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.</i>
<p><i>The attached PROVE Medical Necessity Documentation Form is Open Access and may be used, copied, edited, or modified without restriction.</i></p>	



¹ Licensed in Texas, Illinois and Minnesota



P	Patient Status			
	Patient Name:		Date:	
	Date of Birth:	Date of Amputation:	Dominant Side:	
	Weight	Height:	Sex:	
	Amputation Site #1	Side:	Level:	Length:
	Amputation Site #2	Side:	Level:	Length:
	Prosthetic Demands	Domestic Activities	Community Activities	Heavy Duty Activities
	Functional Ability and Dexterity Potential			
	Patient Requires:	New Prosthesis	Replacement Socket	Replacement Component
	Age Current Prosthesis:	NA, New Prosthetic Wearer <i>Skip Section "R" and proceed to Section "O" on next page</i>		

R	Replacement Justification			This section left blank, patient is a new prosthetic wearer
	Patient Requires Replacement	Socket	Component	Prosthesis
	Replacement Required Due to	Functional Level Change		
		Residual Limb Change		
		ADL/Employment		
		Other		
		Irreparable Damage as detailed below		
	Socket	Acceptable As Is	Requires Repairs	Irreparable Damage
	Terminal Device	Acceptable As Is	Requires Repairs	Irreparable Damage
	Manufacturer			
Model				
Elbow NA	Acceptable As Is	Requires Repairs	Irreparable Damage	
Manufacturer				
Model				
Other	Acceptable As Is	Requires Repairs	Irreparable Damage	
Manufacturer				
Model				

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

Company Logo Here

Patient Name:

O	Overview of Recommended Components		
	<i>Component</i>	<i>Manufacturer</i>	<i>Model</i>
	Terminal Device		
	Controls System		
	Elbow		

V	Validate Recommendations		
		Specific ADL or Patient Activity that Necessitates Recommended Device	Feature or Function of Recommended Component/Device
	Passive Cosmetic		
	Body Powered		
	Myo Electric		
	Terminal Device (s)		
Other			

E	Enumerate Coding & Pricing
	<p>Refer to attached page for:</p> <ol style="list-style-type: none"> Rx or Detailed Written Order (DWO) from Referring Physician Detailed listing of L-Codes and Pricing

P.R.O.V.E

Medical Necessity

Patient Name

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Partial Hand Amputation

Draw lines to indicate
amputation level(s)



Right Side



Left Side