

THE PREMIER MEETING FOR ORTHOTIC, PROSTHETIC, AND PEDORTHIC PROFESSIONALS

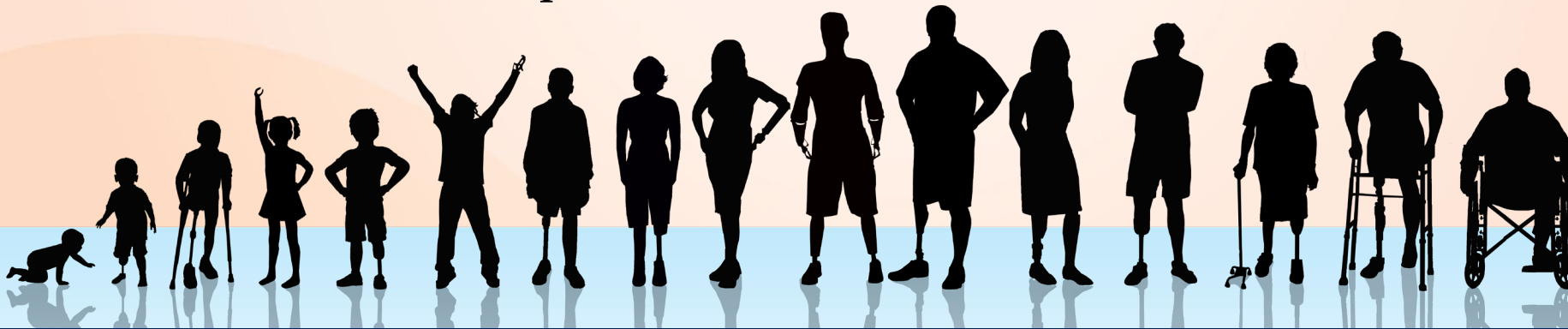
Sept. 3-6
2025 AOPA NATIONAL ASSEMBLY
ORLANDO, FL

►► **Welcome**

THE PREMIER MEETING FOR ORTHOTIC, PROSTHETIC, AND PEDORTHIC PROFESSIONALS

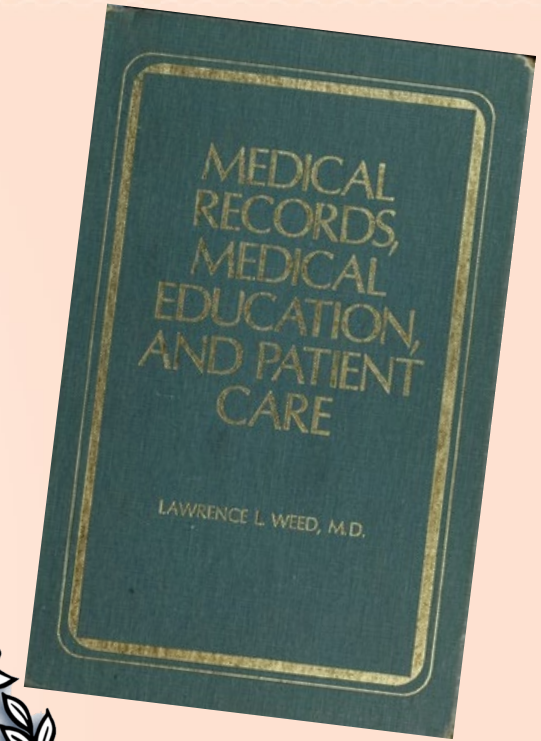
SOAP Charting For the New Millennium

Dale Berry, CP, FAAOP, LP
Prosthetic Xpert Consultation



Problem-Oriented Medical Record (POMR).

- 1971 Yale University Professor Dr. Lawrence Weed
- Identified the lack of a standardized process for clinical documentation
- Provide healthcare providers with structure when documenting patient sessions.
- The SOAP note eventually emerged from POMR
- POMR fell by the wayside, healthcare industry favored and adopted SOAP note as a documentation standard



Yale University



Health Care and Health Insurance 1971

- Medicare was 6 years young,
 - Authorized by Title XIX of the Social Security Act, Medicaid/Medicare signed into law in 1965
- Three Broad Categories Private Insurance
 1. Blue Cross Blue Shield associations
 2. Commercial insurance
 3. Independent plans (prototypes of the newly developing health maintenance organization.)
- 72% of civilian population covered through some classification of private insurance



Healthcare and Health Insurance 2025

- 1,176 health insurance companies in the U.S
- Fewer than 30 groups control about three-quarters of the market



UnitedHealthcare®



Cigna®

aetnaSM



BlueCross.
BlueShield®

WCB

Humana®

WellCare
Health Plans



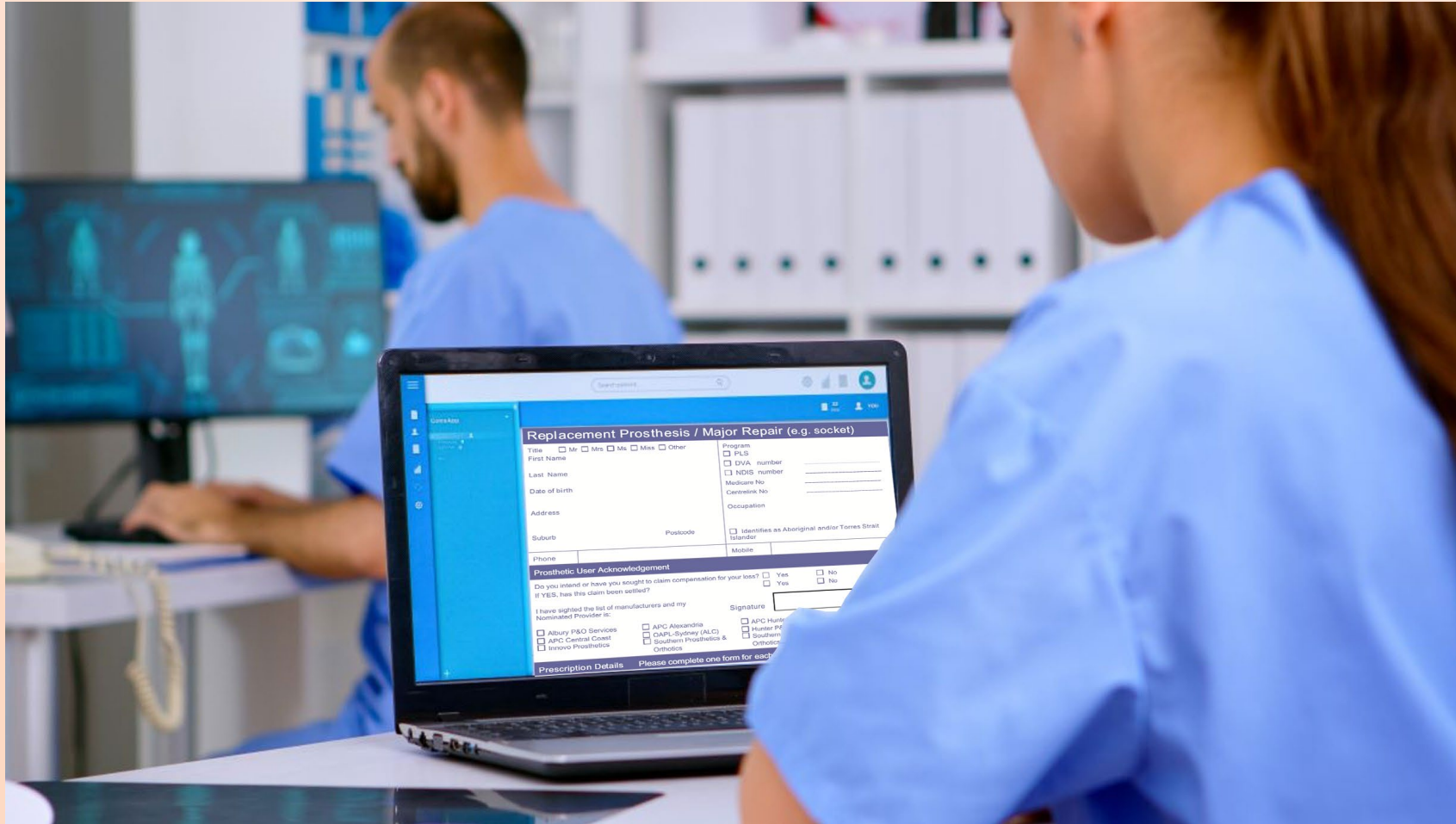
Medicare



KAISER PERMANENTE®



Why Do You Document Patient Care?



1971 Documentation Priorities

1. Uniform documentation process
2. Capture essential clinical information
3. Optimize clinical team communication
4. Memorialize clinical care that was provided



2025 Documentation Priorities

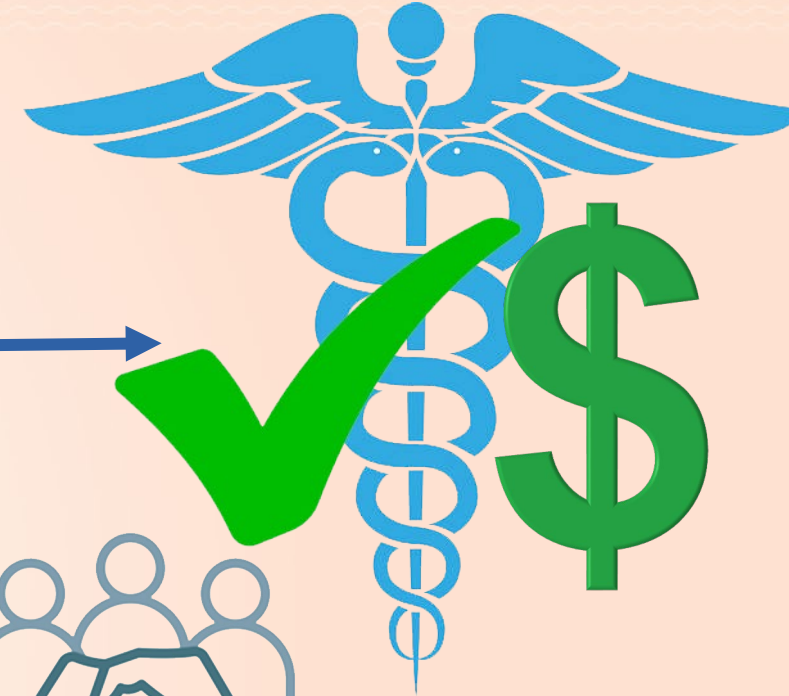
1. Prior authorization/Payment Justification

2. Uniform documentation process

3. Capture essential clinical information

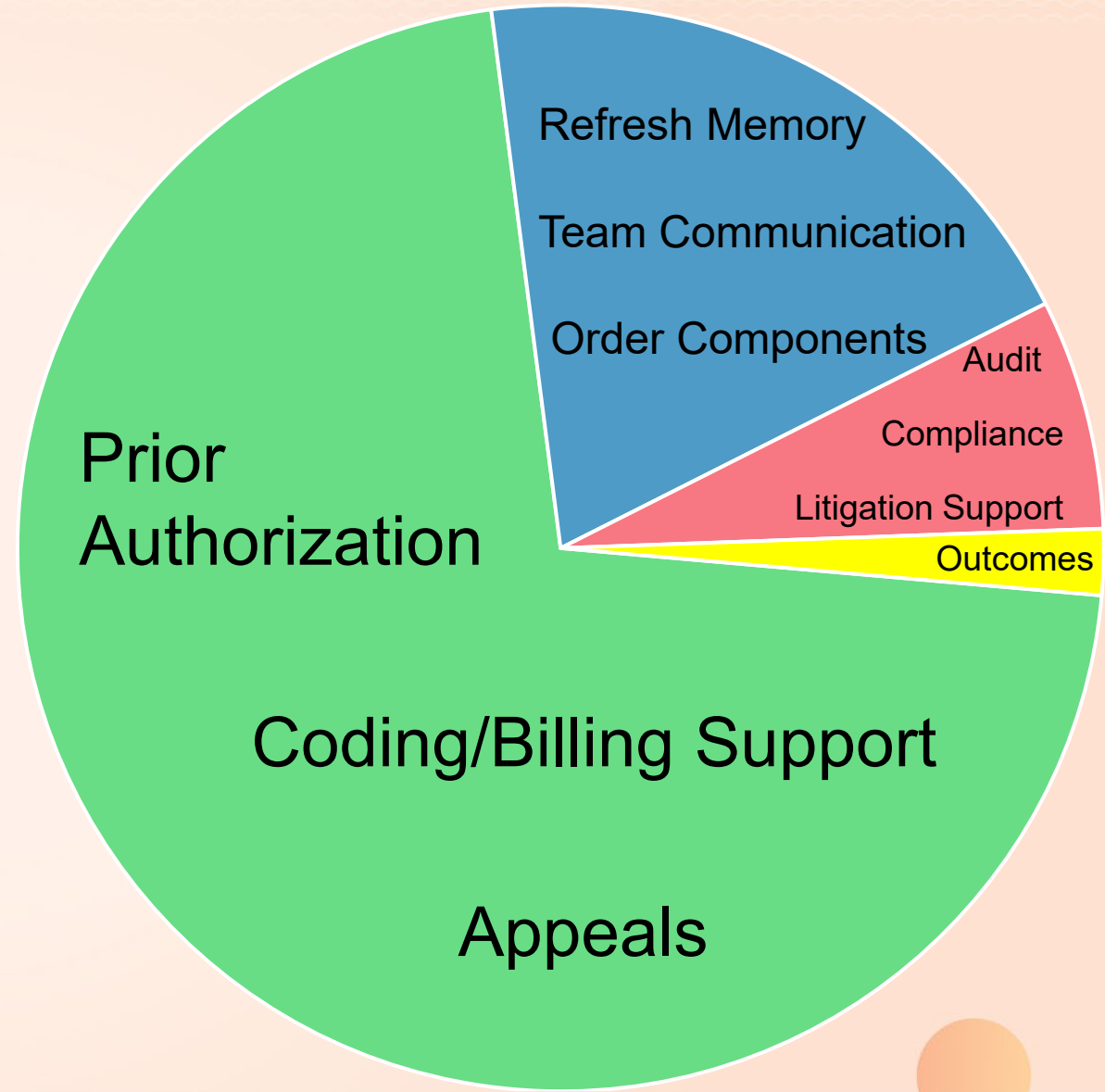
4. Optimize clinical team communication

5. Memorialize clinical care that was provided



Clinical Record Focus...

How do you use your records daily in 2025?



SOAP Old School

- **Subjective:** Patient's perspective, reported symptoms
- **Objective:** Providers measurable observable data
- **Assessment:** Professional interpretation & Summary of condition
- **Plan:** Proposed next steps of care



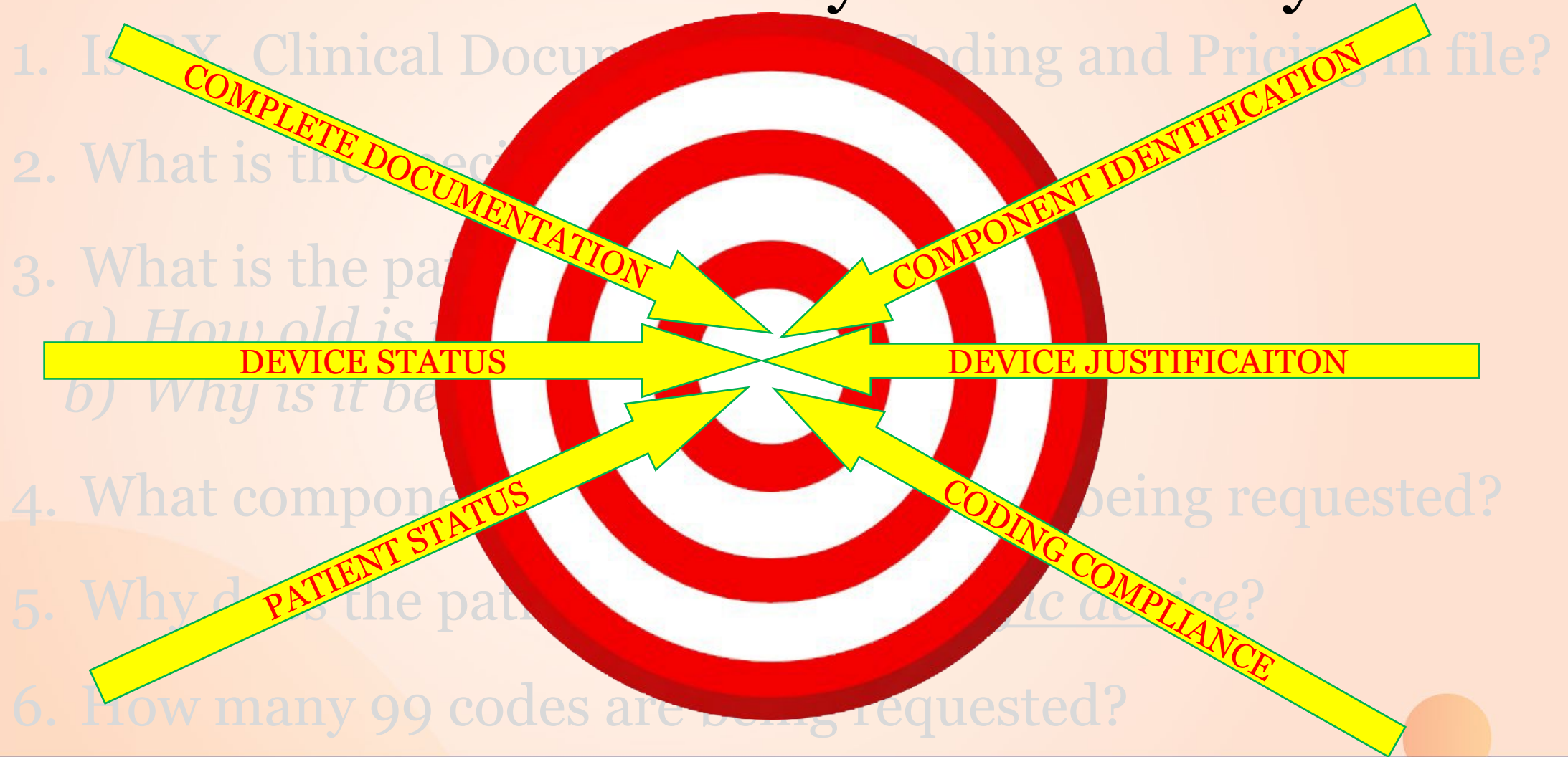
How Is Your File Reviewed *By Others?*



2025 Payer Preliminary Intake File Review

1. Is RX, Clinical Documentation, Coding and Pricing in file?
2. What is the specific amputation level?
3. What is the patient wearing now?
 - a) *How old is it?*
 - b) *Why is it being replaced?*
4. What components (make & model) are being requested?
5. Why does the patient need this specific device?
6. Is Coding Compliant, is there more than one 99 code?

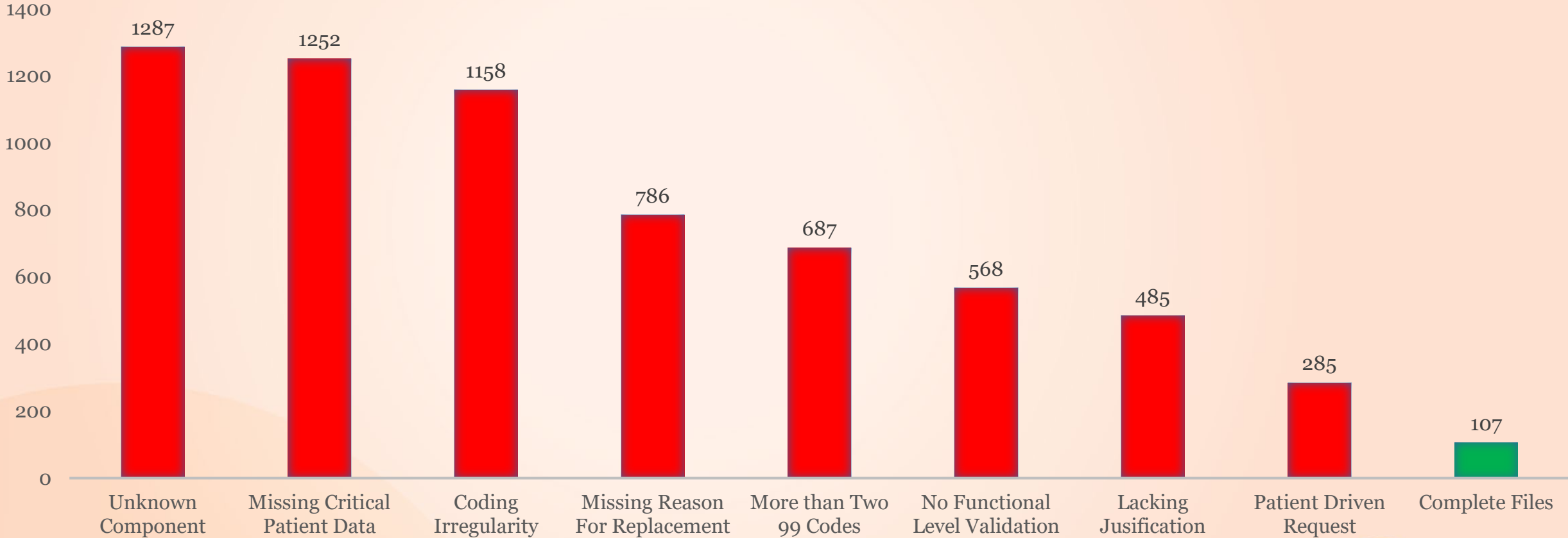
TARGET = Give the Payer What They Want





Files Flagged for Peer-to-Peer Review

Total number of files 1,394



Top 10 Challenges with O&P SOAP Clinical Notes

Why prior authorization claims are
flagged, delayed, and denied

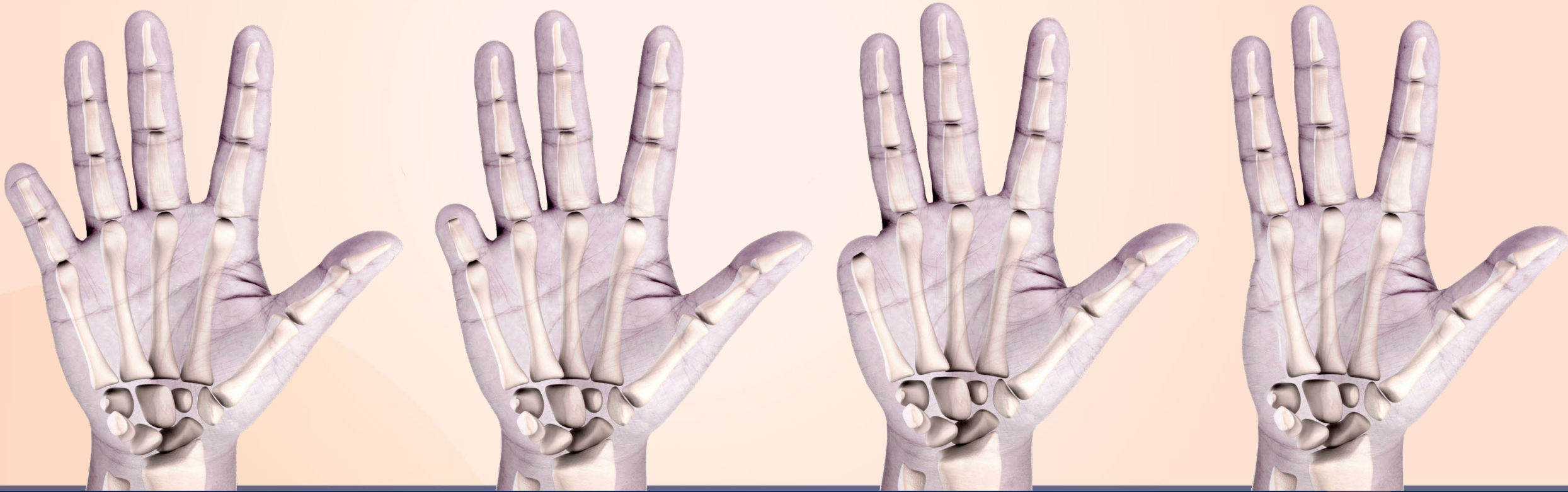
1. Incomplete Patient information

- Weight and limb measurements...missing in 95% of files
- Without measurements, how can one claim the limb has changed?



1. Incomplete Patient information

- Provide a basic clinical description of the patient's amputation.
- These are all an “*amputation of the pinky finger*”



2. Not identifying make and model of components

- Without knowing the make and model of major components*...
it is impossible to confirm coding compliance.

*Knee

*Foot

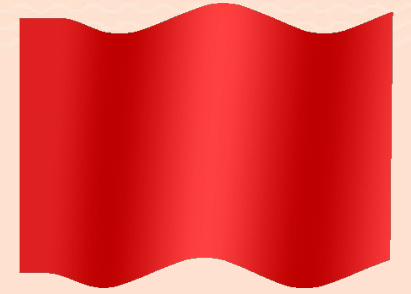
*Vacuum Pump

*Elbow

*Terminal Device



3. Coding irregularities/non-compliant 99 codes

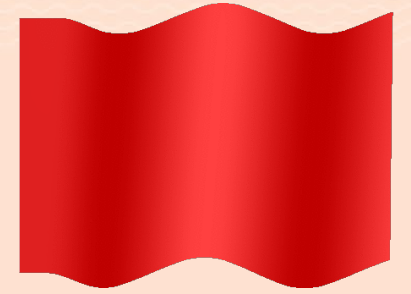


- Common Codes must be compliant to PDAC Product Classification List
- More than one 99 code will initiate a red flag
- 99 Codes can be used to describe a complete product not included in the functions or features of another code.

99
One Code
One Product

<https://www.dmepdac.com/palmetto/PDACv2.nsf/DIDC/TN118HBD77~Articles%20and%20Publications~Advisory%20Articles>

3. Coding irregularities/non-compliant 99 codes



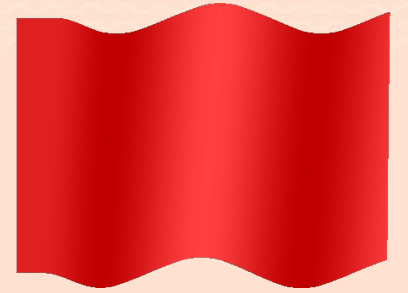
99

One Code
One Product

- *“When the supplier decides there isn’t a specific L-Code(s) which fully describe the provided item, the supplier may consider a NOC type of L-code.”*
- *“In general, a NOC L-code is intended to describe a unique product which is not described by a specific L-code(s).”*
- *“The NOC code must not be used to bill for any features or functions already included in one or more L-codes”*

Correct use of Not Otherwise Specified L-codes for Orthoses and Prostheses - Billing Reminder Joint DME MAC Article, Posted 10/22/20

3. Coding irregularities/non-complaint 99 codes



99 Code Documentation requirements

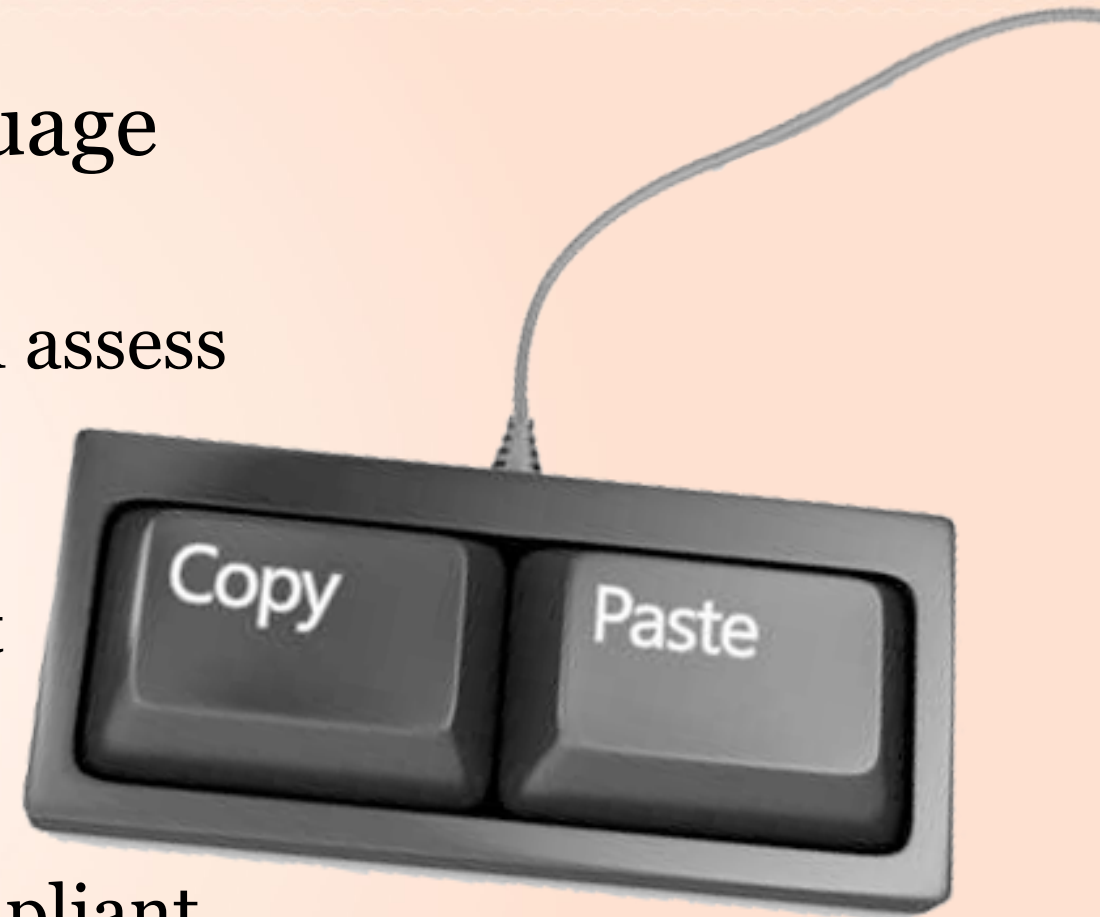
- For a product only
- Describe what features or functions are unique and not already included in existing L-codes

99
One Code
One Product

Correct use of Not Otherwise Specified L-codes for Orthoses and Prostheses - Billing Reminder Joint DME MAC Article, Posted 10/22/20

4. Copy and paste template language

- AI is being implemented to monitor and assess Prior Authorization submissions
- Templates are flagged as non-compliant documentation
- Check Box forms are flagged as not-compliant



Avoid Templates and Cut and Paste

Texas Practice 1/15/2025 **Left Transfemoral, 18 years old**

- Patient is needing a high activity prosthesis for his lifestyle and going to the gym, lifting weights, running/jogging, bicycling and jumping rope. Based on outcome measures, activities, and job requirements, as described in the assessment and Outcomes section, the patient's activity level is reported as Highly Active(K4). The patient has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete.

Florida Practice 7/15/2025 **Right Transtibial, 32 years old**

- Patient is needing a high activity prosthesis for his lifestyle and going to the gym, lifting weights, running/jogging, bicycling and jumping rope. Based on outcome measures, activities, and job requirements, as described in the assessment and Outcomes section, the patient's activity level is reported as Highly Active(K4). The patient has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete



5. Generic marketing justification for device

- Copy and paste from a marketing brochure or a description of the device **DOES NOT** establish why the patient will benefit from the device.
- AI is being implemented to monitor and assess Prior Authorization submissions

**DON'T DESCRIBE
WHAT IT IS or
WHAT IT DOES**

**DOCUMENT WHY THE
PATIENT NEEDS AND
WILL BENEFIT FROM
THIS DEVICE**

Manufacturer Brochure

For Users:

- Optimized slope ascent for a more natural walking motion and total confidence on inclines
- Easy first-step swing initiation enabled by advanced start-to-walk functionality
- Intuitive Slope Adaptation automatically adapts resistance to the steepness of the descent to maximize support and stability.
- Intuitive cycling mode for seamless transitions from walking to biking and back again
- Enhanced support for dynamic backwards movement

Clinical Documentation

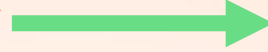
Clinical benefit of the component for the patient include:

- Optimized slope ascent for a more natural walking motion and total confidence on inclines
- Easy first-step swing initiation enabled by advanced start-to-walk functionality
- Intuitive Slope Adaptation automatically adapts resistance to the steepness of the descent to maximize support and stability.
- Intuitive cycling mode for seamless transitions from walking to biking and back again
- Enhanced support for dynamic backwards movement

Marketing “Puffery”

Clinical Justification

Optimized slope ascent for a more natural walking motion and total confidence on inclines



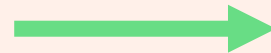
Patient is a contractor and navigates uneven terrain, slopes and ramps daily.

Easy first-step swing initiation enabled by advanced start-to-walk functionality



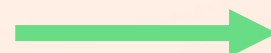
On the construction site, patient has to be able to move quickly in and around equipment and machinery on uneven ground and sloops.

Intuitive Slope Adaptation automatically adapts resistance to the steepness of the descent to maximize support and stability.



Patient exercises regularly and rides a bike on the weekend for exercise and family outings.

Intuitive cycling mode for seamless transitions from walking to biking and back again



On the construction site, patient requires the ability to walk backwards and sideways on uneven terrain in an environment with barriers

Enhanced support for dynamic backwards movement



6. Lack of functional level justification

- Declaring functional level without clinical evidence is considered the same as guessing.
- Document activities **PLUS** an evaluation tool.

- ✓ AmPro
- ✓ PAVET
- ✓ Plus M
- ✓ TUG

K Level	AMPRO Accuracy
K1	20%
K2	85.1%
K3	84.2%
K4	38.9%



Dillon MP, Major MJ, Kaluf B, Balasanov Y, Fatone S. Predict the Medicare Functional Classification Level (K-level) using the Amputee Mobility Predictor in people with unilateral transfemoral and transtibial amputation: A pilot study. *Prosthet Orthot Int*. 2018 Apr;42(2):191-197

7. Inclusion of irrelevant and unnecessary information

- Clinical record is a legal document submitting evidence to support medical necessity of the device.
- Are you able to provide clinical, medical or scientific evidence to verify and validate each claim being made.

Detailed Written Order			Patient Information	
Patient Name (Last, First, MI) [REDACTED]			Patient ID 3482	Device Type Left Transfemoral
Patient Address [REDACTED]			City [REDACTED]	Country USA
<p>K Level K3 Functional Level 3. The patient has the ability or potential for ambulation with variable cadence. Typical of the community ambulatory who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.</p>				
L-Code	Qty	Description		
L8321	1	ABOVE KNEE, MOLDED SOCKET, OPEN END, EACH FOOT, ENDOSKELLETAL SYSTEM, SINGLE AXIS KNEE Justification: The entire prosthesis as a start to have the patient obtain a socket, knee, and foot, with all the hardware to have them stand and gait.		
L8424	2	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE Justification: The diagnostic socket trials out of a clear thermoplastic that allows the prosthetist the lightness of the socket on the medium/heavy total contact. This allows the clinician to determine the fit of the socket in regards to superior and/or inferior of support to locate to the pelvis.		
L8381	1	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET Justification: Carbon fiber and acrylic sockets are extremely strong which adds safety to the prosthesis and a light weight characteristic, which conserves the amputee's energy and allows them to be able to ascend their day.		
L8488	1	ADDITION TO LOWER EXTREMITY, ISOLAR CONTINUOUS/INTERMITTENT LOCKING SOCKET Justification: IC is the style of socket that imitates the actual nerve inside the foot of the socket and externally controls down the neudium to control the prosthesis. This will provide the bony lock that will control the prosthesis increasing medial lateral stability. The control of the femoral shaft and the adductor tendon creates a socket that reduces the control of the patient's thigh and control of the knee.		
L8660	1	ADDITION TO LOWER EXTREMITY, ISOLAR CONTACT, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET Justification: This is the above mentioned IC socket with a contact feature that allows the patient to have a more natural gait. The contact feature is a small area of the socket that allows the patient to have a more natural gait.		
L8661	1	ADDITION TO LOWER EXTREMITY, ISOLAR CONTACT, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET Justification: This is the above mentioned IC socket with a contact feature that allows the patient to have a more natural gait. The contact feature is a small area of the socket that allows the patient to have a more natural gait.		
L8662	1	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET Justification: Patient requires suction suspension, a way of holding the prosthesis onto the body. The patient will wear a cushion liner and get entry into the socket and the valve holds the patient with negative atmospheric suspension.		
L8471	1	ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LAYERS OR EQUAL), EXCLUDES SOCKET INSERT Justification: The patient needs the locking mechanism to provide suspension between neudium and the socket/prosthesis.		
L8472	1	ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LAYERS OR EQUAL), EXCLUDES SOCKET INSERT Justification: The patient needs the locking mechanism to provide suspension between neudium and the socket/prosthesis.		
L8666	1	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, REVOLVING CONTROL, SLING SUSPENSION, MECHANICAL LOCKING SOCKET Justification: Needed to provide suspension of prosthesis to patient to provide proper fit and function of prosthesis.		
L8328	1	ADDITION, ENDOSKELLETAL, KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL Justification: Patient requires Hydraulic Swing and Stance Phase knee to control the swing and stance phases of gait to match the patient's variable walking speeds. The stance phase is required to provide optimal stance phase support while ambulating in small spaces with maximum safety. These will be added to provide proper fit and function of prosthesis as pertaining to patient's active lifestyle.		
L8446	1	ADDITION, ENDOSKELLETAL, KNEE-SHIN SYSTEM, STANCE FLATION FEATURE, ADJUSTABLE Justification: Stance Flation feature is needed to allow patient to ambulate safely by allowing faster foot flat during loading response. This will provide the proper fit and function for the prosthesis while maintaining safety for ambulation.		
L8448	1	ADDITION TO ENDOSKELLETAL, KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPING FEATURE, WITH OR WITHOUT ADJUSTABILITY Justification: Patient requires Hydraulic Stance Extension to allow the patient to ambulate safely at variable speeds and increased speeds safely with out knee flexion at initial contact when knee is not fully extend. This will allow for ambulation.		
L8660	1	ADDITION, ENDOSKELLETAL, SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST Justification: Needed to provide extension after toe off and into swing phase of gait cycle allowing for patients with limited quad strength and ambulatory speed the necessary safety they require for ambulation.		
L8668	1	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELLETAL, KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL, FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSORS, ANY TYPE Justification: Patient requires the microprocessor control feature for navigation phase gait including sensory to control in proper gait allowing patient to maintain his current activity and provide the fit and function of prosthesis.		
L8692	1	ADDITION, ENDOSKELLETAL, SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ADJUSTABLE SYSTEM Justification: Needed to provide extension after toe off and into swing phase of gait cycle allowing for patients with limited quad strength and ambulatory speed the necessary safety they require for ambulation.		
L8693	1	ADDITION, ENDOSKELLETAL, SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ADJUSTABLE SYSTEM Justification: Needed to provide extension after toe off and into swing phase of gait cycle allowing for patients with limited quad strength and ambulatory speed the necessary safety they require for ambulation.		
L8660	1	ADDITION, ENDOSKELLETAL, SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL) Justification: Needed to provide extension after toe off and into swing phase of gait cycle allowing for patients with limited quad strength and ambulatory speed the necessary safety they require for ambulation.		
L8690	1	ADDITION, ENDOSKELLETAL, SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL) Justification: Patient requires light weight system that can help the patient conserve energy during their activities of daily living to allow them to walk longer and further with less stress on their heart. To provide proper fit and function of prosthesis.		
L8479	1	ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL, ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM Justification: Multi-axial ankle and dynamic response foot is needed to provide patient with a more natural and fluid gait while reducing shearing and impact forces to the residual limb and trunk of the body.		
L8684	1	ALL ENDOSKELLETAL LOWER EXTREMITY PROSTHESIS, ANKLE ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY Justification: A rotation unit is needed to provide a more natural gait allowing the ACL, rotation of the prosthesis while ambulating. This will also help with stability during ambulation over uneven terrain. This could also be for manual rotation in assistance for donning and doffing the prosthesis.		
L7387	2	LITHIUM ION BATTERY, REPLACEMENT Justification: Necessary for the operation of external powered devices. This is the power source for all microprocessor devices including abductors, writers, hands, knees, and feet. This is the external power for the device.		
L7388	1	LITHIUM ION BATTERY CHARGE Justification: Charger is required to charge the battery component of prosthesis to provide proper fit and function of prosthesis.		
L8430	6	PROSTHETIC SOCK, MULTIPLEPLY, ABOVE KNEE, EACH Justification: Needed to add socket fit allowing for volume changes to the neudium to provide proper fit and function of prosthesis.		
Prescription				
Projected Monthly Frequency Daily			Estimated Length of Need Indefinite	Order Qty 4
Signature/Initials of: [REDACTED]			Diagnosis Acquired absence of left leg above knee, Other abnormalities of gait and mobility	ICD Z88.812, Z88.89
Physician Name [REDACTED]			Physician Address [REDACTED]	
Physician Work Phone [REDACTED]			Physician Cell [REDACTED]	

If you are going to make the claim in writing, be prepared to provide peer reviewed published evidence to support the claim

**L5960 –
Ultra-light material**

- Justification: Patient requires light weight system that can help the patient conserve energy during their activities of daily living to allow them to walk longer and further with less stress on their heart.

**L5631 –
AK acrylic socket**

- Justification: Carbon fiber and acrylic sockets are extremely strong which adds safety to the prosthesis and a lightweight characteristic, which conserves the amputees energy and allows them to be able to extend their day.

If you are going to make the claim in writing, be prepared to provide peer reviewed published evidence to support the claim

The Enhanced Multi-Perforated Flexible Inner socket is functionally necessary due to the following:
1. Accommodates the physiological shape changes that take place during flexion and extension of the knee.

2. Increases the surface area of the flexible inner socket by 100% due to the multi-surfacing.
3. The multi-perforated design also increases the linkage or connection between the residual limb and socket by 400%.

Inquiry to Validate Claims





- Provide calculation that verifies the increase is exactly 100.00%.
- Identify what scientific scale was utilized to measure linkage to the residual limb.
- Provide calculations that verify the linkage increased is exactly 400.00%.
- Corollate how 100% increase in surface area results in 400.00% linkage increase.

8. Out of Warranty is not Relevant

- Warranty refers to who is responsible to pay for repairs and ***is not relevant*** to replacement in any way.
- RUL for major components is “no less than 5 years”
- Service Life or Expected Life is published by most manufacturers
- Service Life can be calculated by:
 - Warranty + Available Extended Warranty Option

The following is a list of Ottobock mechatronic knee joints and their stated Service Lifetime¹.

Article No.	Product Name	Service Lifetime
3C80	Kenevo	6 years
3C80-ST	Kenevo	6 years
3C88-1*	C-Leg Compact 2	6 years
3C88-1*	C-Leg Compact 2	6 years
3C88-1*	C-Leg 2	6 years
3C88-2*	C-Leg 2	6 years
3C88-2*	C-Leg 3	6 years²
3C88-3*	C-Leg 3	6 years²
3C88-3*	C-Leg 4	6 years²
3B1	Genium	6 years
3B1-ST	Genium	6 years²
3B1-2		6 years²
3B1-2=9.2		6 years²
3B1-2=ST		6 years²
3B1-2=ST-9.2		6 years²
3B1-3		6 years²
3B1-3=ST		6 years²
3B5-2		6 years²
3B5-2=ST		6 years²
3B5-3		6 years²
3B5-3=ST		6 years²
3B5-X2		6 years²
3B5-X2=ST		6 years²
3B5-X3		6 years²
3B5-X3=ST		6 years²

	Navii® Expected Lifetime: 6 Years
	Power Knee™ Expected Lifetime: 6 Years
	Rheo Knee® Expected Lifetime: 6 Years
	Rheo Knee® XC Expected Lifetime: 6 Years

9. Patient Driven Request/Trial Fitting

- Is there any record of past issues?
- Did the physician order, approve or recommend a trial fitting?
 - *If it is a licensed state, can you do a trial fitting without an Rx?*
- Is there any clinical, medical, scientific or engineering testing (gait lab) evidence to support the patient's opinion that the new device is better?

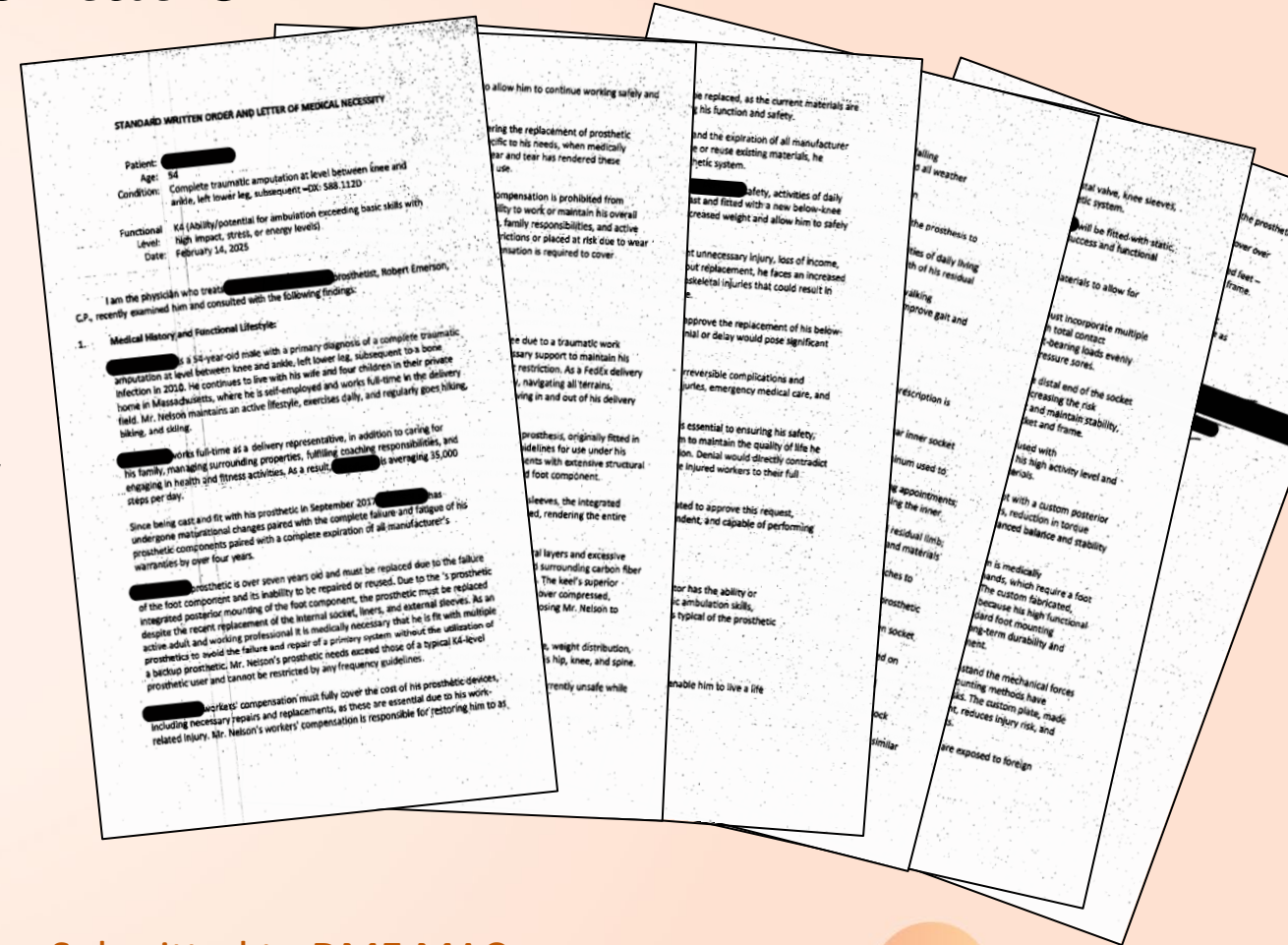
Patient Notes

Patient Information			
Patient Name (Last, First, MI)	Patient ID	Patient DOB	
██████████	3	██████████	
Device Type	Rx Date	Visit Type	Visit Date
Right Transfemoral	██████████	Initial Evaluation	██████████

Notes
<p>SUBJECTIVE:</p> <p>██████████ is a ██████ year old male who is present today for an evaluation through ██████ Amputee Clinic. ██████ sustained numerous injuries in a work related injury. He sustained a right transfemoral amputation, a right total hip replacement, and a left ankle fusion. He received a K-3 prosthesis with microprocessor knee 18 months ago that he wears on a full-time basis and relies on it to remain independent. ██████ overall is doing well with his prosthesis, but he does communicate that he needs new liners. He also communicates he has become more active since receiving his prosthesis and has researched prosthetic knees on line and desires to have a more functional newer model prosthetic knee. He communicates that the socket on her current water prosthesis does not fit and that the prosthetic components make him unstable. Arrangements were made with ██████ from ██████ for ██████ to ambulate with a trial prosthetic foot and knee last week. The prosthetic knee is a ██████ that allowed ██████ to ambulate with ease. The combination of the foot and knee allowed him to ambulate long distances on various terrain and he stated that he felt the knee was more stable, more safe and easier to walk on and would allow him to wear his prosthesis longer during the day and do more activities. ██████ communicated that his goal is to receive a prosthesis that allows him to safely perform activities even when water is a factor.</p> <p>The patient is currently unemployed.</p> <p>Living Status: Patient's current living status is alone or without assistance. Environmental barriers are Stairs, ramps, uneven terrain. The patient's current employment, ADL, and recreational activities are listed as: Bathing, dressing, toileting, meal prep, and shopping all performed independently. ENjoys playing with his sons which can include basketball, going to the beach, and attending baseball games.</p> <p>Medical/Physical: General physical condition is reported as Good. Patient compliance is reported as: Patient is compliant. Patient reports his stability without the prosthesis is Marginal and his stability with the prosthesis is Stable. Patient is motivated to walk.</p>

10. Non-Compliant documentation

- Supplier prepared statements and physician attestations by themselves do not provide sufficient documentation of medical necessity, **even if signed by the ordering physician**



A55426: Standard Documentation Requirements for All Claims Submitted to DME MACs

SOAP NEW MILLENNIUM

- **Specific:** Focus on relevant, specific and pertinent facts
- **Overview:** Clearly identify the current status of patient & device
- **Accurate:** Provide specific relevant details
- **Personalized:** Focus on this patient's specific condition/needs



SOAP NEW MILLENNIUM

- **S**pecific: Who is the Patient
- **O**verview: What do they Have & Condition
- **A**ccurate: What do they NEED
- **P**ersonalized: Why do the need THIS



SPECIFIC: WHO IS THE PATIENT

1. Name

Patient Name: Tom Transfemoral

Date: 9/5/2025

2. Age

Date of Birth

2/12/2080...45 years

3. Weight/Height

Weight

172 lbs.

Height

5' 10"

Amputation Level

Left Transfemoral, Distal 1/3

4. Amputation Level...
be specific

Functional Test

K-PAVET = 72 = K3 AMPPro = 41 = K3

5. Functional Level

- Contain one test
- Support with narrative

Functional Requirements

Patient is employed as a warehouse manager, is required to walk on uneven terrain, steps and ramps daily. Walks in public settings daily and requires variable cadence to accomplish vocational and avocational activities. Home has stairs to enter and is two stories in design, bedroom is on second floor, rec room and laundry room is in basement, both accessed by stairs. Patient has family with 2 children and accompanies/participates with children at sporting and recreational activities that require variable cadence. K3 components required to meet patient's needs.



OVERVIEW: WHAT DO THEY HAVE?

1. Type of Socket
2. Component Make/Model

Socket	Total Contact, Flexible Socket, Silicone Liner, Pin Suspension
Condition	
Foot	MAGIC Foot by Mirical Manufacturing
Condition	
Knee	Bionic Knee by Steve Austin Enterprise
Condition	



OVERVIEW: WHAT IS THE CONITION

1. Type of Socket
2. Component Make/Model
3. Age and Condition of Socket
4. Age of Component(s)
5. Condition of Components

Socket	Total Contact, Flexible Socket, Silicone Liner, Pin Suspension
Condition	Socket is 2 years old, loose due to patient weight loss of 20 lbs. since provided. Modifications have been made on 4 occasions, additional modifications and adjustments will not accommodate the volume change
Foot	MAGIC Foot by Mirical Manufacturing
Condition	Foot is 4.5 years old, due to weight loss, foot is no longer appropriate resistance category for patient. Foot has delamination of carbon and is deemed irreparable.
Knee	Bionic Knee by Steve Austin Enterprise
Condition	Knee is 4.5-year-old, Serial #M2-F2/1967-2000.6. Battery charge only lasts 1 day instead of 2. Oil leak evident on the hydraulic cylinder and stance flexion feature is inconsistent. Product service life of knee 6 years, quote to repair knee \$14,258 with 90-day repair warranty. Financially illogical to repair.



ACCURATE: WHAT DO THEY NEED

- Make/Model of Major Components

Socket	Total Contact, Flexible Socket, Silicone Liner, Pin Suspension
Rational	
Foot	MAGIC Foot by Mirical Manufacturing
Rational	
Knee	Bionic Knee by Steve Austin Enterprise
Rational	



PERSONALIZED WHY DO THEY NEED THIS !

- Why does this patient need this component

Socket	Total Contact, Flexible Socket, Silicone Liner, Pin Suspension
Rational	Socket design worn by patient in the past to accomplish ADL's . Total contact to optimize prosthetic control, venous return and edema control to maintain residual limb volume. Silicone liner to reduce skin abrasion
Foot	MAGIC Foot by Mirical Manufacturing
Rational	Foot provides for variable cadence and multi axial rotation to accommodate ambulation on ramps, stairs and uneven terrain. Patient has worn same style and model of foot in past to accomplish ADL's
Knee	Bionic Knee by Steve Austin Enterprise
Rational	Provides for stumble recover, stance control, stance flexion and variable resistance for swing and stance phase. Knee will provide appropriate function to enable patient to traverse ramps and stairs at work, uneven terrain for outdoor activities and variable cadence for vocational and avocational activities.



SOAP ≡ W4

1. WHO

2. WHAT

3. WHAT

4. WHY

WHO	Patient Name:	Tom Transfemoral	Date:	9/5/2025
	Date of Birth	2/12/2080...45 years		
	Weight	172 lbs.		
	Height	5' 10"		
	Amputation Level	Left Transfemoral, Distal 1/3		
	Functional Test	K-PAVET = 72 = K3 AMPPro = 41 = K3		
	Functional Requirements			
	Patient is employed as a warehouse manager and required to walk on uneven terrain, steps and ramps daily. Walks in public settings daily and requires variable cadence to accomplish vocational and avocational activities. Home has stairs to enter and is two stories in design, bedroom is on second floor, rec room and laundry room are in basement, both accessed by stairs. Patient has family with 2 children and accompanies/participate with children at sporting and recreational activities that require variable cadence. K3 components required to meet patient's needs			
WHAT	Current Prosthetic Condition			
	Socket	Total Contact, Flexible Socket, Silicone Liner, Pin Suspension		
	Condition	Socket is 2 years old, loose due to patient weight loss of 20 lbs. since provided. Modifications have been made on 4 occasions, additional modifications and adjustments will not accommodate the volume change		
	Foot	MAGIC Foot by Mirical Manufacturing		
	Condition	Foot is 4.5 years old, due to weight loss, foot is no longer appropriate resistance category for patient. Foot has delamination of carbon and is deemed irreparable		
	Knee	Bionic Knee by Steve Austin Enterprise		
	Condition	Knee is 4.5-year-old, Serial #M2-F2/1967-2000.6. Battery charge only lasts 1 day instead of 2. Oil leak evident on the hydraulic cylinder and stance flexion feature is inconsistent. Product service life of knee 6 years, quote to repair knee \$14,258 with 90-day repair warranty. Financially illogical to repair.		
WHAT & WHY	Prosthetic Recommendations			
	Socket	Total Contact, Flexible Socket, Silicone Liner, Pin Suspension		
	Rational	Socket design worn by patient in the past to accomplish ADL's. Total contact to optimize prosthetic control, venous return and edema control to maintain residual limb volume. Silicone liner to reduce skin abrasion and optimize suspension.		
	Foot	MAGIC Foot by Mirical Manufacturing		
	Rational	Foot provides for variable cadence and multi axial rotation to accommodate ambulation on ramps, stairs and uneven terrain. Patient has worn same style and model of foot in past to accomplish ADL's		
	Knee	Bionic Knee by Steve Austin Enterprise		
	Rational	Provides for stumble recovery, stance control, stance flexion and variable resistance for swing and stance phase. Knee will provide appropriate function to enable patient to traverse ramps and stairs at work, uneven terrain for outdoor activities and variable cadence for vocational and avocational activities.		



SOAP NEW MILLENNIUM

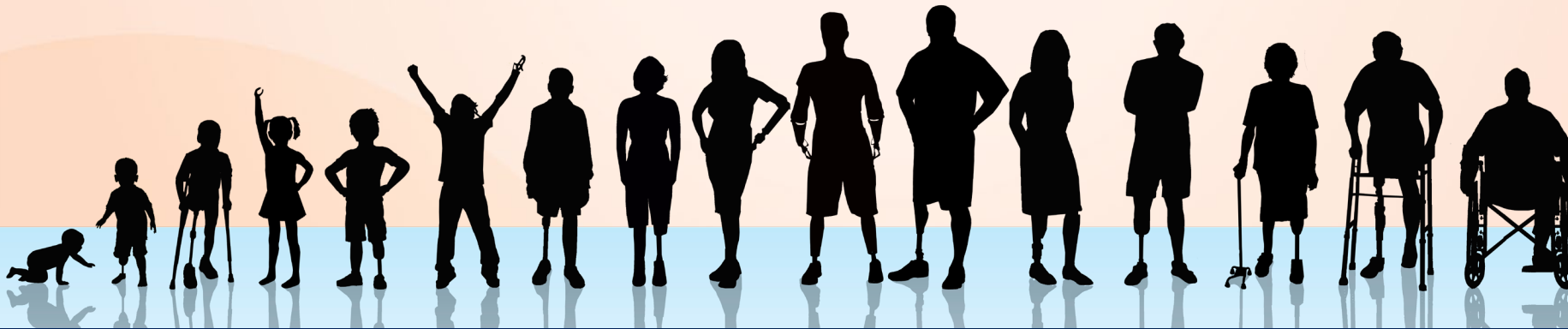
- Specific: **Who** is the Patient?
- Overview: **What** do they Have & Condition?
- Accurate: **What** do they NEED?
- Personalized: **Why** do THEY need THIS?

SOAP Charting For the New Millennium

Dale Berry, CP, FAAOP, LP

Prosthetic Xpert Consultation

Dale@PXCRX.com





Sept. 3-6

AOPA NATIONAL ASSEMBLY ORLANDO, FL

SOAP Charting For the New Millennium

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2025 Documentation Priorities.

1. Prior authorization/Payment Justification
2. Uniform documentation process
3. Capture essential clinical information
4. Optimize clinical team communication
5. Memorialize clinical care that was provided

2025 Payer Preliminary Intake File Review...what are payers looking for?

1. Is RX, Clinical Documentation, Coding and Pricing in file?
2. What is the specific amputation level?
3. What is the patient wearing now?
 - a) *How old is it?*
 - b) *Why is it being replaced?*
4. What components (make & model) are being requested?
5. Why does the patient need this specific device?
6. Is Coding Compliant, is there more than one 99 code?

Top 10 Challenges with current SOAP note

1. Incomplete patient information
2. Not identifying make and model of components
3. Coding irregularities and non-compliant 99 codes
4. Copy and paste template language
5. Generic marketing justification for device
6. Lack of functional level justification
7. Inclusion of irrelevant and unnecessary information
8. Out of Warranty is not relevant
9. Patient Driven Request/Trial Fitting
10. Non-Compliant documentation



Sept. 3-6

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ORLANDO, FL

SOAP Charting For the New Millennium

Specific: Focus on relevant, specific and pertinent facts

Overview: Clearly identify the current status of patient & device

Accurate: Provide specific relevant details

Personalized: Focus on this patient's specific condition/needs

Specific: **Who** is the Patient?

- Name, Age
- Height/Weight
- Specific Amputation Level
- Functional Level

Overview: **What** do they Have and Condition?

- Type of Socket/Suspension
- Component Make/Model
- Age and Condition of Socket
- Age and Condition of Component(s)

Accurate: **What** do they NEED?

- Make/Model of Major Components

Personalized: **Why** do THEY need THIS?

- Why does this patient need this component?



Specific, Overview, Accurate, Personalized Patient Documentation

WHO	Patient Name:			Date:	
	Date of Birth				
	Weight				
	Height				
	Amputation Level				
	Functional Test				
	Functional Requirements				
WHAT	Current Prosthetic Condition				
	Socket Condition				
	Foot Condition				
	Knee Condition				
WHAT & WHY	Prosthetic Recommendations				
	Socket Rational				
	Foot Rational				
	Knee Rational				