

Documentation Checklist for LL Prosthetics (add to chart)

January 1, 2018

Patient Name:
 Date:
 Completed by:

FROM THE PHYSICIAN

- a. History of Amputation
 - Cause of amputations(s)
 - Date of amputation(s)
 - Affected side(s)
 - Clinical course, interventions & results, prognosis
- b. Physical Examination
 - Height, weight, recent loss/gain
 - Cognitive ability to use new prosthesis
 - Description of residual limb
 - Cardiopulmonary
 - Musculoskeletal
 - Neurological
 - Other
- c. Limitations (medical conditions that might limit patient's ability to use new device) and diagnosis causing the symptoms.
- d. Impact of the Limitations (how are ADLs impacted?)
- e. Ambulatory assistance used and plan to be free of assistive devices (if applicable).
- f. Functional Level
 - Patient's activities prior to amputation
 - Patient's current activities
 - Desired & potential activities using new prosthesis
 - Explanation for difference
- g. Current Prosthesis
 - Condition of each component and reason for replacement (must include objective information to support reason)
- h. Prosthetic Components Tried in Past & Result
- i. Desire and Motivation to Ambulate
- j. Recommendation for new prosthesis/components
- k. Prognosis using device
 - Must include the physician's opinion as to how long it will take patient to reach the functional potential.
- Printed name, signature, credential & date on each chart note*
- Patient's name on each page*

DETAILED PRESCRIPTION

- Billing code, brand/model #, or narrative description of items.
- Physician demographics
- Physician's hand written signature & date
- Patient name on each page

PROSTHETIST'S DOCUMENTATION

- a. Functional Evaluation
 - Activities prior to amputation
 - Current Activities
 - Potential future activities
 - Explanation for the difference (if applicable)
- b. History of Prosthetic use over time (brand, how long used, result)
- c. History of Current components
 - History of components being replaced (age, condition, result)
 - Description of Labor (casting, modification, time, tools, materials & where applied)
 - Reason for Replacement
- d. Recommendation for type and brand of prosthesis
 - Based on physician's recommendation
 - Rational for decision
 - Medical Necessity and Justification for each component
- e. Patient's desire and motivation to ambulate and use new prosthesis
- f. Chart note for each visit
- Printed name, signature, credential & date on each chart note*
- Patient's name on each page*

PROOF OF DELIVERY

- Delivery Date
- Patient's Name
- Delivery Address
- Billing code, brand/model #, or narrative description of items. Serial Number if required.
- Signature and Printed name of signee
- Relationship to patient and reason why patient cannot sign