

Clinical Practice Guideline: Prosthetic Training and Evaluation

Date of Implementation: April 19, 2012

Product: Specialty

GUIDELINES

American Specialty Health, Inc. (ASH) considers prosthetic training and evaluation, when performed by an appropriately trained healthcare professional, as medically necessary when the history and physical exam findings justify the necessity of further training and/or evaluation on the effectiveness of the prosthetic, beyond the service included in the Evaluation and Management (E&M) service, or for practitioners not performing E&M services, beyond the evaluation/re-evaluation service.

INTRODUCTION

A prosthetic device is an artificial substitute for a missing body part, such as an upper limb, lower limb used for functional or cosmetic reasons or both. This differs from an orthosis which is an orthopedic appliance or apparatus used to support, align, prevent, or correct deformities or to improve the function of movable parts of the body.

DOCUMENTATION REQUIREMENTS TO SUBSTANTIATE MEDICAL NECESSITY

“Medically necessary” or “medical necessity” shall mean health care services that a Healthcare Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing, or treating an illness, injury, disease or its symptoms, and that are (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate in terms of type, frequency, extent, site, and duration; and considered effective for the patient’s illness, injury, or disease; and (c) not primarily for the convenience of the patient or healthcare provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury, or disease.

CPT CODES AND DESCRIPTIONS

CPT Code	Description
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes

CPT Code	Description
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes

Prosthetic Training

Prosthetic training is the professional instruction necessary for a patient to properly use an artificial device that has been developed to replace a missing body part. Prosthetic training includes preparation of the stump, skin care, modification of prosthetic fit (revisions to socket liner or stump socks), and initial mobility and functional activity training. Once a patient begins gait training with the prosthesis, CPT code 97116 should be used. Prosthetic training does not include fabrication time, if applicable, or cost of materials.

Supportive Documentation Recommendations

- Type of prosthesis and extremity involved
- Specific training provided and amount of assistance needed
- Any complicating factors and specific description of these (with objective measurements), such as pain, joint restrictions/contractures, strength deficits, etc.

Supportive Documentation Recommendations

- Reason for assessment
- Findings from the assessment
- Specific device, modifications made, instruction given

Handling of Device: Implementation of Order

The CPT code book describes 99002 as “Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (e.g., designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop, but which items have been designed, and are to be fitted and adjusted by the attending physician or other qualified health care professional.” A practitioner may use this code for the processing of a prosthetic which was ordered through another laboratory and then fitted by the practitioner.

PRACTITIONER SCOPE AND TRAINING

Practitioners should practice only in the areas in which they are competent based on their education training and experience. Levels of education, experience, and proficiency may vary among individual practitioners. It is ethically and legally incumbent on a practitioner to determine where they have the knowledge and skills necessary to perform such services and whether the services are within their scope of practice.

It is best practice for the practitioner to appropriately render services to a patient only if they are trained to competency, equally skilled, and adequately competent to deliver a service compared to others trained to perform the same procedure. If the service would be most competently delivered by another health care practitioner who has more skill and training, it would be best practice to refer the patient to the more expert practitioner.

Best practice can be defined as a clinical, scientific, or professional technique, method, or process that is typically evidence-based and consensus driven and is recognized by a majority of professionals in a particular field as more effective at delivering a particular outcome than any other practice (Joint Commission International Accreditation Standards for Hospitals, 2020).

Depending on the practitioner's scope of practice, training, and experience, a patient's condition and/or symptoms during examination or the course of treatment may indicate the need for referral to another practitioner or even emergency care. In such cases it is essential for the practitioner to refer the patient for appropriate co-management (e.g., to their primary care physician) or if immediate emergency care is warranted, to contact 911 as appropriate. See the *Managing Medical Emergencies (CPG 159 – S)* clinical practice guideline for information.

References

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