



WRIGHT  
ORTHOTICS &  
PROSTHETICS

1106 College St, Ste D  
Bastrop, TX 78602

P:512-593-6635

F: 512-265-9020

[ben@wrighto-p.com](mailto:ben@wrighto-p.com)

Recent changes have been made to the documents required by insurance companies for reimbursement of orthotic and prosthetic services. Please fax the following paperwork to us when referring patients so we can provide care as quickly as possible. Reach out with any questions or issues and we apologize for any inconvenience this may cause. Much appreciated!

### Lower Limb Orthosis Documentation Checklist

- **Prescription:** must include date and name, address, phone, fax, NPI, and signature of the referring provider (NP, PA, MD, DO, or DPM). We can only evaluate a patient when we have a prescription that fulfills these requirements.
- **Chart notes from the referring provider:** must be from a recent face to face or telehealth visit with the patient and must include the applicable information below:
  - Diagnosis and diagnosis code
  - Affected side and symptoms of condition
  - Prognosis
  - Reason for replacement if the patient currently has an orthosis (loss, damage, significant change in condition, or expired its useful lifetime of 5 years)
  - Recommendation for general orthosis type with rationale
  - A phrase similar to the following: “The patient is ambulatory, they have weakness or deformity of the foot and ankle, they require stabilization of the foot and ankle for medical reasons (if prescribing a KAFO: require additional stabilization for knee), and they have the potential to benefit functionally from an orthosis.”
  - Any of the following justifications that apply to the patient:
    - “Condition is likely to be permanent or last at least six months”
    - “Cannot be fit with an off the shelf or custom fit AFO due to abnormal anatomy”
    - “There is a medical need to control the knee, ankle, and/or foot in more than one plane of motion”
    - “Has a healing fracture lacking normal anatomical integrity or anthropometric proportions”
    - “Has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury”
- **Signed Written Order (SWO):** we will send this to the prescribing provider after we have evaluated the patient. It must be signed and dated by the prescribing provider and sent back to us (see contact information above).

## Lower Limb Prosthesis Documentation Checklist

- **Prescription:** must include date and name, address, phone, fax, NPI, and signature of the referring provider (NP, PA, MD, or DO). We can only evaluate a patient when we have a prescription that fulfills these requirements.
  
- **Chart notes from the referring provider:** must be from a recent face to face or telehealth visit with the patient and must include the applicable information below
  - Diagnosis and diagnosis codes with affected side
  - Prognosis
  - Height, weight, recent loss/gain
  - Cognitive ability to use and care for prosthesis
  - Condition of residual limb
  - Strength, ROM, gait, balance, coordination
  - Functional limitations caused by current prosthesis, medical condition, or comorbidities with applicable diagnoses
  - Use of ambulatory assistance and expected change, if any
  - “The prosthesis is medically necessary”
  - “The patient has the desire and motivation to ambulate and use the new prosthesis”
  - History of falls and activity avoidance with current prosthesis due to fear of falling
  - Functional or K-Level:
    - K-1: Ability or potential to use prosthesis for transfers or ambulation on level surfaces at fixed cadence. (home ambulator)
    - K-2: Ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs, or uneven surfaces. (limited community ambulator)
    - K-3: Ability or potential for ambulation with variable cadence. (full community ambulator)
    - K-4: Ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high-impact, stress, or energy levels. (athlete or child)
  - If new amputee: activities prior to amputation, current activities and impact of the functional limitations, standing with/without assistance, ability to walk with/without assistance, distance capable of walking, activities patient desires to resume or has potential for using new prosthesis
  - Reason for replacement if the patient currently has a prosthesis: limitations caused by current prosthesis, history and condition of each component, reason for component replacement (functional needs have changed, no longer fits due to physical changes, component is irreparably worn/broken)
  - Recommendation for general prosthesis type with rationale
  - Statement that patient will maintain current K-level, or for **potential** k-level, include explanation for difference, with treatment plan to reach desired k-level and estimated time frame
  
- **Signed Written Order (SWO):** we will send this to the prescribing provider after we have evaluated the patient. It must be signed and dated by the prescribing provider and sent back to us (see contact information above).