

Phone: 210-614-8777 | Fax: 210-694-4581

First Prosthesis (New Amputee) Above Knee/Below Knee (AK/BK)

- Patient will reach or maintain a defined functional state within a reasonable period of time (Level K 0-4), determined by:
 - ✓ Patient's past history
 - Patient's current condition including the status of the residual limb and the nature of other medical problems
 - ✓ Patient's desire to ambulate
 - ✓ Employment, sports, recreational activities
 - ✓ Date of amputation, reason for amputation, side and level of amputation (AK/BK).

The records must document the patient's current functional capabilities and his/her expected functional potential. If their current and expected functional capabilities are different there must be an explanation why.

<u>K Level 0</u>: Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility

<u>**K Level 1**</u>: Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulatory.

<u>**K Level 2**</u>: Has ability or potential for ambulation with ability to traverse low level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulatory.

<u>K Level 3</u>: Has ability or potential for ambulation with variable cadence. Typical of community ambulator who has ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.

<u>K Level 4</u>: 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.

- Patient is healed and ok to move forward with obtaining a prosthesis
- Patient is motivated to ambulate

Once these items have been documented we can proceed in obtaining insurance coverage.

*Please provide a prescription for a evaluate and treat for AK/BK prosthesis.