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amputee coalition™



Read the summary inside of policies that affect you! Then get this postcard in the mail by August 24.

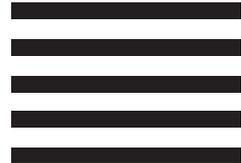
You need to stand up and fight to ensure you continue to receive appropriate and timely access to prosthetic devices!

Your Prosthetic Care Is Being Threatened

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Your Prosthetic Care Is Being Threatened



Medicare contractors have proposed changes to Medicare's prosthetic policy. Don't have Medicare? Private insurers often follow Medicare guidelines so it will affect you! These changes would significantly limit your access to the most appropriate device for your needs. Visit www.MobilitySaves.org and the www.Amputee-Coalition.org for more details and other ways to TAKE ACTION!

1. Medicare will no longer consider your **potential** functional abilities with an appropriate device when determining your prosthetic needs.
2. If you are using an assistive device such as a cane, crutch, or walker, you will be limited to less functional prosthetic devices. If you have a higher functional level, Medicare will not pay for you to have a wheelchair.
3. Combining feet and ankles into a single code and limiting access to advanced technology would significantly harm your access to the feet and ankles that best meet your individual needs.
4. You and your medical team may no longer be able to select the necessary socket systems or liner inserts to ensure the most appropriate fit for your needs
5. You could be provided a less functional prosthesis or denied a device just because you may not be able to attain the appearance of a natural gait, or if your medical record references certain health complications, e.g. persons with hypertension, asthma, and memory loss may have access to more advanced technology devices limited.
6. Many amputees could be forced to use outdated basic sockets, with roll-on style prosthetic liners only covered for patients who cannot be fit with basic socket inserts.
7. The Medicare proposal redefines the rehabilitation process for amputees and forces new amputees to rehab on out of date technology that they will not even use once they receive their permanent prosthetic device.

This is the tip of the iceberg—read more at www.MobilitySaves.org!

There are 3 constructive ways to be heard on this issue—but **do at least one before AUGUST 31!!!**

1. Email your own comments to **DMAC_Draft_LCD_Comments@anthem.com** (subject: LCD Draft: Lower Limb Policy); OR
2. Visit Amputee-coalition.org or bit.ly/patientcomment to send a prewritten letter; OR
3. Simply **sign the card below and drop it in the mail**—we'll see that it gets to the policymakers (mail by August 24th).

**To: Stacey V. Brennan, M.D., FAAFP
Medical Director, DME MAC, Jurisdiction B., National Government Services
8115 Knue Road, Indianapolis, IN 46250-1936**
Delivered electronically to: DMAC_Draft_LCD_Comments@anthem.com

Dear Dr. Brennan:

I am a prosthetic patient with serious concerns about the draft proposal that threatens patients' ability to receive the most appropriate prosthetic device for their needs, when they need it. Medicare's proposal to change functional level definitions that ignore my potential capabilities is unfair. I'm also greatly concerned that while prosthetic devices provide patients like me with significant and unmatched functional ability, there are times when I still need to use an assistive device. Nighttime bathroom access, periods of soreness or skin irritation, and changes in humidity or swelling could make using a cane, crutches, or a wheelchair even for a short period of time a necessity for me or any amputee.

Limiting my access to the most appropriate foot and ankle for my needs and limiting options in socket technologies and liner inserts is unjustifiable. The socket and liner are two of the most vital components of my device and I must be ensured a comfortable fit in order to get the most out of my prosthetic device.

Every amputee has unique individual needs depending on activities of daily living, health, age and more. Limiting my access to appropriate prosthetic devices and components would have a devastating effect on my ability to reach my full potential. Please reconsider these proposed changes and convene an appropriate group of professionals and patients to help determine the most appropriate changes to ensure patients continue to receive the most appropriate care for their needs.

Thank you,

Signature _____ Name _____

Address _____ City _____ State _____ Zip _____

Email _____