

THE PROSTHETIC AND ORTHOTIC CARE MODERNIZATION ACT

WHEREAS, the modernization of prosthetic limbs and technology has transformed the lives of Americans with limb loss over the past forty years by restoring functional independence and mobility; and

WHEREAS, Medicare and private insurance companies have changed or are proposing changes in coverage that will slow and, in some cases, prevent access to modern prosthetic limb and orthotic technology; and

WHEREAS, the clinical action of providing, designing, and adjusting custom fitted prosthetic limbs and orthoses is dramatically different than ordering durable medical equipment; and,

WHEREAS, the comprehensive education and training of state licensed and/or board certified prosthetists and orthotists prepares these professionals to know how to develop a comprehensive care plan including the medically necessary interventions and prosthetic technologies to meet an individual patient's needs;

The following language shall be added to the Social Security Act and shall be known as "THE PROSTHETIC AND ORTHOTIC CARE MODERNIZATION ACT":

“The Center for Medicare and Medicaid Services (CMS) shall treat Prosthetics and Orthotics (“P&O”) separately from Durable Medical Equipment and shall amend its regulations to define orthotics and prosthetics as a covered service, separate and distinct from the provision of durable medical equipment.

CMS shall enforce BIPA 427 through issuance of federal regulations and only reimburse custom P&O care upon receipt of proof that an appropriately credentialed prosthetist/orthotist—licensed and/or certified, has clinical notes and documentation sufficient to determine that the P&O care being provided to a patient is a medically necessary plan of care that is corroborated solely by a signed physician prescription. All such documentation is considered part of the patient’s medical record for purposes of determining the medical necessity of P&O care.

Plans of care that include custom fabricated prosthetics and custom fabricated and fitted orthotics continue to be completely inappropriate for inclusion in competitive bidding.

With respect to the proposed draft Local Coverage Determination for Lower Limb Prosthetics (LD-33787), CMS shall rescind this LCD and convene a review committee that must be transparent, broadly open to private sector stakeholder input, and develop an LCD that is supported by solid, recognized scientific evidence.