ÖSSUR

MPK (Microprocessor Knee) Selection and Documentation Guidelines

Is patient K2, K3 or K4 and has the cognitive ability for daily charging and understanding alarms/alerts?

NO → Not an MPK candidate.

YES →

K2

Does patient have potential for K3? *Note: Bilateral patients are not strictly bound by K-level*

NO → Will an MPK improve the patient's functional health outcomes and help the beneficiary accomplish their ADLs?

NO → Not an MPK candidate.

YES → Are any non-MPK knees appropriate for the patient's functional and medical needs?

YES → Not an MPK candidate.

NO → Candidate for **Rheo Knee** or **Navii** if features are medically necessary for patient's daily medical/functional needs.* *Note: See page 2 for doc. guidelines.*

YES → Will an MPK improve the patient's functional health outcomes and help the beneficiary accomplish their ADLs?

YES → Are any non-MPK knees appropriate for the patient's functional and medical needs?

YES → Not an MPK candidate.

NO → Candidate for **Rheo Knee** or **Navii** if features are medically necessary for patient's daily medical/functional needs.* *Note: See page 2 for doc. guidelines.*

K3

If patient does not have prior history with an MPK, complete an MPK trial.

Does patient have a sound side comorbidity that:
1. Affects hip extension and/or quad function; AND
2. Impairs K3 function with an MPK alone?

YES → Candidate for **Power Knee** if features restore K3 function and are medically necessary for patient's daily medical/functional needs.* *Note: See pg. 3 for documentation guidelines.*

NO → Candidate for **Rheo Knee**, **Rheo Knee XC** or **Navii** if features are medically necessary for patient's daily medical/functional needs.* *Note: See page 2 for documentation guidelines.*

K4 → Candidate for **Rheo Knee XC** or **Navii** if features are medically necessary for patient's daily medical/functional needs.* *Note: See page 2 for documentation guidelines*

*Prior to providing the recommended knee, check the IFU for indication and selection criteria.

L5856 Documentation Guidelines*

Rheo Knee, Rheo Knee XC & Navii

The prosthetist should document the following information in detail when providing a Rheo Knee, Rheo Knee XC or Navii:

1. Clinical evaluation of the patient's potential functional abilities, including their history and current condition that support the designation of K2, K3, or K4 functional level (physician's medical records must support assigned functional level). Functional levels can be based on current abilities OR potential abilities, and bilateral patients are not strictly bound by K-level.
    - To prove functional potential, document the patient's history (including prior prosthetic use if applicable), current condition (including the status of the residual limb and the nature of other medical problems), and desire to ambulate. It is important to discuss the patient's motivation as well as their plan of care that will allow them to reach K2 or K3 functionality within a reasonable amount of time (i.e., physical therapy sessions, continued follow-up appointments with gait training, at-home exercise/strength training program, etc.). If your patient trials a microprocessor knee and can function at a K3 level, be sure to thoroughly document their functional ability in the knee (include an outcome measure, if possible).
2. Medical necessity, as outlined in General Documentation Tips on page 4.
3. **FOR RHEO KNEE AND NAVII K2 PATIENTS ONLY:**
    a. The patient's overall medical health and rationale for a microprocessor knee, which must include the following:
        - How the patient's functional health outcomes (i.e., fall reduction, injury prevention, lower energy expenditure, increased mobility, etc.) will improve with a microprocessor knee; AND
        - How the patient's ADLs (i.e., transferring, climbing stairs, grocery shopping, housekeeping, working, etc.) will improve with a microprocessor knee.
    b. Consideration of non-microprocessor knee systems, including rationale for why they are not sufficient to meet the patient's specific functional and medical needs.
    c. Rheo Knee or Navii indications and stumble recovery feature.
        - Össur indicates that the Rheo Knee and Navii are appropriate, safe, and effective for K2 patients.
        - The Rheo Knee and Navii have integrated technology that allows the knee to detect when the user trips/stumbles and can automatically adjust to stabilize the knee unit.
    d. Patient's cognitive abilities, including their ability to use a product that requires daily charging and respond to error alerts indicating problems with the function of the unit.

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Rheo Knee

Navii

L5859 Documentation Guidelines*

Power Knee

The prosthetist should document the following information in detail when providing a Power Knee:

1. Any prior use with an MPK (including trials). List out any issues and/or limitations the patient experienced while using an MPK.
2. Patient's history and current condition that support the designation of K3 functional level. Functional levels can be based on current abilities OR potential abilities, and bilateral patients are not strictly bound by K-level.
    - To prove functional potential, document the patient's history (including prior prosthetic use if applicable), current condition (including the status of the residual limb and the nature of other medical problems), and desire to ambulate. It is important to discuss the patient's motivation as well as their plan of care that will allow them to reach K3 functionality within a reasonable amount of time (i.e., physical therapy sessions, continued follow-up appointments with gait training, at home exercise/strength training program, etc.). If your patient trials a Power Knee and can function at a K3 level, be sure to thoroughly document their functional ability in the knee (include an outcome measure, if possible).
3. The nature and extent of the patient's spine and/or sound limb comorbidity, including ALL the following:
    - How the comorbidity affects hip extension and/or quad function; AND
    - How this impairs K3 function with a microprocessor knee alone and limits the patient to a household ambulator; AND
    - How the Power Knee addresses these limitations and allows the patient to reach their full potential as a K3, community ambulator.
4. Patient's cognitive abilities, including their ability to use a product that requires daily charging and respond to error alerts indicating problems with the function of the unit.
5. Medical necessity, as outlined in *General Documentation Tips* on page 4.

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Power Knee

General Documentation Tips

Physician's Documentation

The physician's notes should focus on the following:

1. Comprehensive discussion of the patient's comorbidities, medical/functional needs, and current limitations. This information should corroborate with the prosthetist's notes.
2. Document how the patient meets all coverage criteria. Reference the applicable LCD/Policy Article criteria for Medicare patients. If your patient does not have Medicare or Medicare Advantage, then verify if their insurance policy has different coverage criteria.
3. Physician's recommended prosthesis and components should match what the prosthetist is providing, but their notes do not need to go into detail explaining the specific features of each component.

Prosthetist's Documentation

To prove medical necessity, the prosthetist's notes should focus on the following:

1. All Medical Policy criteria need to be met and documented. Reference the applicable LCD/Policy Article criteria for Medicare patients. If your patient does not have Medicare or Medicare Advantage, then verify if their insurance policy has different coverage criteria.
2. Thoroughly document how the specific features of the knee/foot meet the medical/functional needs of the patient (our Reimbursement Guides will help with this). Your documentation needs to be specific to the patient and their day-to-day needs (i.e., occupation, ADLs, hobbies, comorbidities, etc.). Avoid general statements about the features of the knee/foot that do not relate to the patient's actual needs.
3. Explain why the specific knee/foot is the only device available that meets the patient's specific needs (i.e. explain why "the next best thing" is not appropriate for the patient). If your patient used a different device in the past, document the issues and limitations they had while using it. You want to prove why your patient's needs cannot be met with less advanced technology.

*This document is a set of *best practices* that we suggest for sufficient medical evidence to justify an MPK and is not a statement of actual policy coverage requirements.