

Reimbursement Issues:

Educating Case Managers Eases Approvals for Upper Extremity Prostheses

by John Miguelez, C.P.

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Prosthetic expertise, coupled with a thorough rehabilitation assessment, helps case managers understand the importance of a myoelectric prosthesis.

Advances in upper extremity prosthetics over the past decade have brought exciting new technology such as the Utah Arm and the Boston Elbow. The good news is that people with upper limb deficiencies now enjoy the widest, most versatile range of prosthetic options ever. The bad news is that many case managers have minimal prosthetics knowledge about this relatively small sector of the amputee population. This sometimes creates obstacles for the provider seeking timely reimbursement authorization. By recognizing and meeting the information needs of case managers, prosthetists can vastly improve their authorization success rates.

One of the most common barriers to obtaining authorization is the upper extremity amputee's traditionally low acceptance rate of prostheses. Why then - asks the case manager - should we fund a costly high-tech prosthesis that may end up (and often has!) in the amputee's closet?

The best way to respond to this valid concern is to educate practitioners who, through insufficient training, knowledge, and experience may provide inappropriate devices. Also, poor fit and inadequate follow-up have contributed to low prosthetic usage. Most important is a demonstrated commitment to extensive practitioner education, plus clinical training in innovative procedures such as team fitting. Regular seminars with componentry manufacturers also are de rigueur.

Prosthetists must learn to perform comprehensive initial evaluations, taking into account the potential user's goals, expectations, and physical and psychological readiness for a prosthesis. Only those amputees meeting specific criteria should receive recommendations for a prosthesis. Advanced casting methods, combined with multiple diagnostic socket analyses and careful attention to alignment, further ensure appropriate, functional and comfortable devices. A follow-up program, with scheduled patient recalls and referrals to occupational therapists, heightens a client's long-term potential for prosthetic success.

Each case manager should receive a thorough, concise report on the practitioner's recommendations. The assessment should state anticipated function that the recommended option will provide (e.g., operate intricate machinery; draw architectural plans). It's also advisable to detail functional levels possible with other options and costs. A componentry replacement schedule and repair estimates complete this report.

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An experienced practitioner will further inform the case manager about value-added features of the prosthetics facility, including a dedicated fabrication laboratory; a complete variety of componentry; a prosthesis leaner program; and expedited fittings. The latter may entail several successive days of casting and fitting, rather than the most common, costly alternative of repeated client visits over a period of weeks or months.



First-rate clinicians, superior service, and a high incidence of positive outcomes can be enhanced by working proactively with case managers and providing the information they need, speedily and thoroughly. Case managers should then be more likely to reward this response to their needs not only with speedy authorizations but also with repeat referrals.

About the Author

John Miguelez, C.P., vice president of the NovaCare Upper Extremity Prosthetics Program, holds a B.S. degree from the University of Southern California and has completed postgraduate training in prosthetics at Northwestern University. He speaks widely on upper extremity prosthetics nationwide and has fitted clients throughout the world. Call I-ROO-642-

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