1. **Purpose**
   The purpose of this policy is to establish the criteria for the medical necessity of prosthetic training.

2. **Definitions**
   Prosthetic training involves direct one-on-one patient contact in the use of one or more prostheses. These procedures are timed services and should be reported for each 15 minute time period performed.

3. **Statement of Policy**
   3.1. The determination of medical necessity for the performance of prosthetic training is always made on a case-by-case basis.

   3.2. Prosthetic training **may be considered medically necessary** for initial and subsequent training in the use of the prosthetic device(s). The patient is expected to benefit from prosthetic training and has not yet maximized function or achieved independent use of the prosthetic device(s).

4. **References**
   4.1. **Scientific:**

   The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding prosthetic training and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


4.2. Related Triad Medical Policies:

- TMMP 13 – Use of Adjunctive Modalities and / or Therapeutic Procedures
- TMMP 18 - Medical Necessity
- TMMP 26 - Durable Medical Equipment
- TMMP 125 - Orthotic / Prosthetic Checkout

**CPT Codes**

This policy relates to the use of the following CPT Codes:
### Table of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/22/2011</td>
<td>Level 1, 2, 3</td>
<td>Annual review. Removed §5, Attachments and §5.1 Provider Manual as the provider manual has been re-written administratively. Added CTP Code table.</td>
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<tr>
<td>08/16/2010</td>
<td>Level 1, 2, 3</td>
<td>Annual review. No changes.</td>
</tr>
<tr>
<td>08/04/2009</td>
<td>Level 1, 2, 3</td>
<td>Annual review. §3.2. text changed from &quot;prosthetic training may be medically necessary for initial and subsequent training in the use of the prosthetic device(s)&quot; to &quot;prosthetic training may be considered medically necessary for initial and subsequent training in the use of the prosthetic device(s).&quot;</td>
</tr>
<tr>
<td>09/25/2008</td>
<td>Level 1, 2, 3</td>
<td>New medical policy.</td>
</tr>
</tbody>
</table>

*Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.*

CPT Codes

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description (AMA CPT Guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>97761</td>
<td>Prosthetic training, upper and/or lower extremity(s), each 15 minutes</td>
</tr>
</tbody>
</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes.