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

2. **Definitions**
   Prosthetic checkout involves direct one-on-one patient contact to assure a correct fit and/or to assess complicating factors (i.e., dermatological changes or loss of function) as a direct result of an orthotic or prosthetic device and for making any necessary adjustments to the device.

   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 orthotic/prosthetic checkout is always made on a case-by-case basis.

   3.2. Orthotic/prosthetic checkout/assessments may be considered medically necessary when a device is newly issued or there is a modification or re-issue of the device. These assessments may be considered medically necessary when the patient experiences loss of function directly related to the orthotic or prosthetic device (e.g., pain, skin breakdown, or falls).

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 checkout 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.


• McKensie D. Functional replacement of the upper-extremity today. *Pros and Orth Practice* 1970:363-76.


4.2. Related Triad Medical Policies:

• *TMMP 18 - Medical Necessity*

• *TMMP 13 – Use of Adjunctive Modalities and / or Therapeutic Procedures*
Pie chart

1. TMMP 26 - Durable Medical Equipment
2. TMMP 124 – Prosthetic Training

CPT Codes
This policy relates to the use of the following CPT Codes:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description (AMA CPT Guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>97762</td>
<td>Checkout for orthotic/prosthetic use, established patient, 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.

Table of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
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<tbody>
<tr>
<td>06/23/2014</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
</tr>
<tr>
<td>06/10/2013</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Formatting changes completed.</td>
</tr>
<tr>
<td>08/06/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes to policy text.</td>
</tr>
<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. No changes.</td>
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<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.