

1 **Clinical Practice Guideline:        Prosthetic Training and Evaluation**

2  
3 **Date of Implementation:            April 19, 2012**

4  
5 **Product:                                Specialty**

---

6  
7  
8 **GUIDELINES**

9 American Specialty Health, Inc. (ASH) considers prosthetic training and evaluation, when  
10 performed by an appropriately trained healthcare professional, as medically necessary  
11 when the history and physical exam findings justify the necessity of further training and/or  
12 evaluation on the effectiveness of the prosthetic, beyond the service included in the  
13 Evaluation and Management (E/M) service, or for practitioners not performing E/M  
14 services, beyond the evaluation/re-evaluation service.

15  
16 **INTRODUCTION**

17 A prosthetic device is an artificial substitute for a missing body part, such as an upper limb,  
18 lower limb used for functional or cosmetic reasons or both. This differs from an orthosis  
19 which is an orthopedic appliance or apparatus used to support, align, prevent, or correct  
20 deformities or to improve the function of movable parts of the body.

21  
22 Prosthetic training is the professional instruction necessary for a patient to properly use an  
23 artificial device that has been developed to replace a missing body part. Prosthetic training  
24 includes preparation of the stump, skin care, modification of prosthetic fit (revisions to  
25 socket liner or stump socks), and initial mobility and functional activity training. Once a  
26 patient begins gait training with the prosthesis, CPT code 97116 should be used. Prosthetic  
27 training does not include fabrication time, if applicable, or cost of materials.

28  
29 **CPT CODE AND DOCUMENTATION REQUIREMENTS TO SUBSTANTIATE**  
30 **MEDICAL NECESSITY**

- 31       • Type of prosthesis and extremity involved  
32       • Specific training provided and amount of assistance needed  
33       • Any complicating factors and specific description of these (with objective  
34       measurements), such as pain, joint restrictions/contractures, strength deficits, etc.  
35       • Reason for assessment  
36       • Findings from the assessment  
37       • Specific device, modifications made, instruction given

1 **Handling of Device: Implementation of Order**

2 The CPT code book describes 99002 as “Handling, conveyance, and/or any other service  
3 in connection with the implementation of an order involving devices (e.g., designing,  
4 fitting, packaging, handling, delivery or mailing) when devices such as orthotics,  
5 protectives, prosthetics are fabricated by an outside laboratory or shop, but which items  
6 have been designed, and are to be fitted and adjusted by the attending physician or other  
7 qualified health care professional.” A practitioner may use this code for the processing of  
8 a prosthetic which was ordered through another laboratory and then fitted by the  
9 practitioner.

10  
11 **CPT CODES AND DESCRIPTIONS**

CPT® Code	CPT® Code Description
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes

12  
13 **PRACTITIONER SCOPE AND TRAINING**

14 Practitioners should practice only in the areas in which they are competent based on their  
15 education training and experience. Levels of education, experience, and proficiency may  
16 vary among individual practitioners. It is ethically and legally incumbent on a practitioner  
17 to determine where they have the knowledge and skills necessary to perform such services  
18 and whether the services are within their scope of practice.

19  
20 It is best practice for the practitioner to appropriately render services to a patient only if  
21 they are trained to competency, equally skilled, and adequately competent to deliver a  
22 service compared to others trained to perform the same procedure. If the service would be  
23 most competently delivered by another health care practitioner who has more skill and  
24 training, it would be best practice to refer the patient to the more expert practitioner.

25  
26 Best practice can be defined as a clinical, scientific, or professional technique, method, or  
27 process that is typically evidence-based and consensus driven and is recognized by a  
28 majority of professionals in a particular field as more effective at delivering a particular  
29 outcome than any other practice (Joint Commission International Accreditation Standards  
30 for Hospitals, 2020).

1 Depending on the practitioner’s scope of practice, training, and experience, a patient’s  
 2 condition and/or symptoms during examination or the course of treatment may indicate the  
 3 need for referral to another practitioner or even emergency care. In such cases it is essential  
 4 for the practitioner to refer the patient for appropriate co-management (e.g., to their primary  
 5 care physician) or if immediate emergency care is warranted, to contact 911 as appropriate.  
 6 See the *Managing Medical Emergencies (CPG 159 – S)* clinical practice guideline for  
 7 information.

## 9 **References**

10 American Medical Association. (current year). *Current Procedural Terminology (CPT)*  
 11 *Current year* (rev. ed.). Chicago: AMA

13 American Occupational Therapy Association. (n.d.). Retrieved November 15, 2023, from  
 14 [www.aota.org](http://www.aota.org)

16 American Physical Therapy Association. (n.d.). Retrieved November 15, 2023, from  
 17 [www.apta.org](http://www.apta.org)

19 Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination  
 20 (LCD): Outpatient Physical and Occupational Therapy Services (L33631). . Retrieved  
 21 December 15, 2021, from, [https://www.cms.gov/medicare-coverage-database/details/lcd-  
 22 details.aspx?LCDId=33631&ver=51&NCDId=72&ncdver=1&SearchType=Advance  
 23 d&CoverageSelection=Both&NCSelection=NCD%7cTA&ArticleType=Ed%7cKey  
 24 %7cSAD%7cFAQ&PolicyType=Final&s=---  
 25 %7c5%7c6%7c66%7c67%7c9%7c38%7c63%7c41%7c64%7c65%7c44&KeyWord=  
 26 laser+procedures&KeyWordLookUp=Doc&KeyWordSearchType=And&kq=true&b  
 27 c=IAAAACAAAAAA&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33631&ver=51&NCDId=72&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCD%7cTA&ArticleType=Ed%7cKey%7cSAD%7cFAQ&PolicyType=Final&s=---%7c5%7c6%7c66%7c67%7c9%7c38%7c63%7c41%7c64%7c65%7c44&KeyWord=laser+procedures&KeyWordLookUp=Doc&KeyWordSearchType=And&kq=true&bc=IAAAACAAAAAA&)

30 Dorland’s illustrated medical dictionary (32nd ed.). (2011). Philadelphia: Elsevier  
 31 Saunders

33 Guide to Physical Therapist Practice 4.0. Alexandria, VA: American Physical Therapy  
 34 Association; 2023

36 Joint Commission International. (2020). Joint Commission International Accreditation  
 37 Standards for Hospitals (7th ed.): Joint Commission Resources

39 Orthotic management & prosthetic management. (2007). *AMA CPT Assistant*, 17(2), 8-9