

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

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

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5 **Effective Date:                     February 19, 2026**

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7 **Product:                             Specialty**

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10 **GUIDELINES**

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

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18 **INTRODUCTION**

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

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

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31 **CPT CODE AND DOCUMENTATION REQUIREMENTS TO SUBSTANTIATE**  
32 **MEDICAL NECESSITY**

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

1 **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

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3 **PRACTITIONER SCOPE AND TRAINING**

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

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

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

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

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