

Frequency of Liners Verification

Patient Name:		Pt. HIC#:
Provider Name:		Date of Service:
By checking all the boxes below and providing the listed enclosures, this confirms that services are fully compliant of the Medicare Local Coverage Determination (LCD) for Lower Limb Prostheses.		
1.	Medicare Policy ¹ : <i>"No more than two of the same socket inserts (L5654-L5665, L5673, L5679, L5681, L5683) are allowed per individual prosthesis at the same time."</i>	
	Medicare Compliance Confirmation Medical record in the form of a Proof of Delivery (POD) confirms that the patient received no more than two (2) of the same socket insert in full compliance with Medicare policy.	
2.	Medicare Requirement; <i>"All items billed to Medicare require a prescription. An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request"</i> <i>"For an item to be covered by Medicare, a detailed written order (DWO) must be received by the supplier before a claim is submitted."</i>	
	Medical Compliance Confirmation A detailed written order (DWO) in the form a prescription listing each item billed was signed and dated by the treating physician, is secured in our files and is attached.	
3.	Medicare Requirement: for an item or service to be covered it must be reasonable and/or medical necessity	
	Medical Compliance Confirmation Attached are a Medical Necessity Verification and Medical Record Documentation to validate and confirm Medicare Medical Necessity compliance.	

Signature: _____

Date: _____

Enclosures:

Proof of Delivery

Rx/Certificate/Letter of Medical Necessity (Detailed Written Order)

Lower Extremity Prosthetic Medical Necessity Verification Form & Enclosures

¹ https://www.noridianmedicare.com/dme/coverage/docs/lcds/current_articles/lower_limb_prostheses.htm?