

The Hinnant Prosthetics Quarterly

Experience Our Road to Prosthetic Excellence

1-800-221-0834

Specialty Lower-Limb Prostheses

Here's a question: Name an activity of daily living that is particularly risky for a lower-limb amputee.

One?! If you are in fact an amputee or an amputee's caregiver, you probably can come up with a lengthy list of answers to that question...among them most likely being "Taking a shower."

Think about it from the amputee's standpoint: You don't want your expensive prosthetic leg to get wet, so you take it off and maneuver yourself into the shower, usually shifting your weight onto a shower stool positioned on an uneven surface. When finished, you repeat the procedure to exit, now coping with the added hindrance of a wet floor... a fall just waiting to happen! And even if you have configured your home bathroom to facilitate your entry and egress from your own shower enclosure, what do you do when you travel?

One answer is a shower leg, a simplified prosthesis designed to withstand water and thus be worn in the shower, so the amputee can stand on both legs with both hands free. The shower leg is one of various prosthetic leg designs amputees can access for specific activities. Some, like running legs, swim legs and ski legs, are designed for amputees engaged in vigorous activities, while others can make life better for most patients who can tolerate an artificial limb.



Rock-climbing prosthesis

Courtesy Otto Bock USA

Unfortunately, few funding agencies accept the need for a secondary functional leg, but the good news is that the stand-in prosthesis can be relatively simple in design, constructed of parts from an older

or temporary limb, and held in reserve until needed. A common approach is to maintain a previously used prosthesis in a reasonable state of repair to be available for short-term stand-in duty should the primary limb go down.

In addition to its standby role, a backup prosthesis can be worn for specific pursuits such as yard work and other outdoor activities that could damage the more-sophisticated and expensive componentry in the primary limb.

Shower Legs

The key characteristic of a shower leg, as well as a swim or dive leg, is that its various parts must be waterproof or at least water-resistant. This requirement eliminates the majority of feet, knees and other components incorporating moving parts, bumpers and mechanical joints... all likely to rust or deteriorate with water contact.

Like a backup prosthesis, a shower leg can be of relatively simple construction, perhaps including parts from a previous limb.

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Shower leg

Courtesy Rick Riley

Hinnant Prosthetics Quarterly is a professional newsletter published since 1998 by Hinnant Artificial Limb Co. to keep physicians, therapists and other rehabilitation professionals abreast of the latest trends and technology in prosthetics.

Hinnant has been serving the needs of amputees and patients with congenital limb deficiencies for more than 75 years. We specialize in applying the latest proven technology commensurate with each patient's capabilities, lifestyle and personal desires.

We hope you find our newsletter to be interesting and professionally relevant and encourage your comments, questions and referrals. We also encourage you to visit our website at

www.hinnantprosthetics.com

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**Prosthetic
Focus**

Navigating the O&P Insurance Maze

Patients receiving a prosthetic or orthotic device for the first time may experience confusion and frustration at the often lengthy and mysterious process of obtaining insurance approval for the prescription their doctor has written for them.

In what some remember as the “good old days” of private indemnity insurance, delivery of orthoses and prosthetic limbs was seldom delayed by third-party intervention. The insurance company paid for the device the doctor prescribed minus any deductibles specified in the policy. That was then. Today, we operate under a whole new “alphabet soup” of insurance plans with different and detailed rules and requirements.

The net result is that doctors and prosthetist-orthotists no longer fully determine what prosthetic or orthotic device a patient will receive under insurance coverage...the ultimate decision-maker in many cases has become the insurance carrier. Particularly in situations involving newer high-tech componentry, the prescription is more of a recommendation to be submitted up the line for approval (unless the payment is coming from private funds). Obtaining that approval is not always easy or expeditious.

When we receive a referral for orthotic or prosthetic services, we initially verify the patient’s coverage, normally a quick and simple process. Then, after an initial patient evaluation based on the doctor’s prescription, we compile an authorization request to the insurer for services we intend to provide, using a series of “L-codes” established by the Centers for Medicare & Medicaid Services (CMS) and used by all U.S. payers and providers. Generally each insurer will follow CMS coverage parameters, amplified by its own policy limitations and exclusions.

While we can usually fabricate and fit, repair or enhance a brace or replacement limb in a timely fashion, we normally cannot begin the process until we can be certain the services will be reimbursed by the insurer. The review process varies by insurance company and sometimes results in a denial (which we may appeal) or a request for additional information...and time passes.

The Financial Side

Prosthetic and orthotic coverage definitions in many policies may be vague and thus open to interpretation as to whether requested items or services are “medically necessary.” Coverage is also generally limited to the item or service deemed the “least costly most functional alternative,” also often undefined. As a result, we are many times required to justify each of the components and services we intend to provide with numerous back-and-forth communications between our staff and the case manager...and the clock keeps ticking.

Eventually, we are usually able to provide a satisfactory prosthetic or orthotic solution for the patient’s needs. It’s an imperfect system, but we strive to help all concerned navigate the O&P insurance maze.

If you have a specific question about Medicare or private insurance coverage, contact our office.

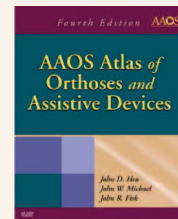
New AAOS Orthotics Atlas Arrives

The fourth edition of the *AAOS Atlas of Orthoses and Assistive Devices* is now available. Working in conjunction with the American Association of Orthopaedic Surgeons (AAOS), authors John Hsu, M.D.; John Michael, CPO; and John Fisk, M.D. have significantly revised the Atlas content and added a helpful two-color format.

The 672-page edition contains new chapters on cranial orthoses and orthoses for persons with post-polio syndromes. Each chapter includes sidebars with personal perspectives and tips from well-known physiatrists.

Existing, revised chapters cover orthotic prescription, strength and materials, normal and pathologic gait, and biomechanics of the spine, upper limb, hand, and lower limb. The chapters on spinal and upper- and lower-limb orthoses include new evidence-based recommendations for prescription.

The revised Atlas was recently priced at \$159.20 at Amazon.com.



Hinnant Prosthetics

Prosthetic Specialists Since 1931



Experience
Our Road to
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Excellence...

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