

You can help by sending the letter below to the following addresses or you can e-mail your letter to [DMAC Draft LCD Comments@anthem.com](mailto:DMAC_Draft_LCD_Comments@anthem.com):

Stacey V. Brennan, MD, FAAFP
Medical Director, DME MAC, Jurisdiction B
National Government Services
8115 Knue Road
Indianapolis, IN 46250-1936

CC:
Andy Slavitt
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Copy and paste the text below and include your name and contact information at the bottom to help stop these significant and harmful changes to patients:

Re: Proposed/Draft Local Coverage Determination (LCD): Lower Limb Prostheses (DL33787)

Dear Dr. Brennan,

I am writing to you as a person living with limb loss with great concern regarding the recent proposed revisions to the Medicare Local Coverage Determination (LCD) Policy Article on Lower Limb Prostheses published on July 16, 2015. I am very concerned that this draft proposal will have a significant impact on access to medically necessary devices for patients like me, and I believe it would be devastating if patients were not able to receive the appropriate prosthetic care for their needs to remain mobile, independent and active members of the community.

As an amputee, it is vital that patients like me receive the most appropriate prosthetic device for our needs at the appropriate time. With this in mind, I urge you to revise the drafted proposal to ensure patient access to medically necessary devices is not diminished through arbitrary limits that are not based in solid research.

In order to ensure that people with limb loss continue to have access to the most appropriate prosthetic care for our needs, I've included my comments and recommendations below:

- 1) My functional ability should be determined by me and my medical team and not limited solely because of my current abilities or my occasional use of assistive devices.**

This proposal would impose significant changes in determining my functional ability and could have a drastic impact on the type of prosthetic device I would qualify for. Receiving a prosthetic device that does not truly meet my medical needs could significantly impact my independence, safety and quality of

life. Additionally, limiting patients to lower level devices because of our use of crutches, a cane or a wheelchair is unfair, unjustified and completely unreasonable. Nighttime bathroom access, times when my residual limb is sore or my skin is irritated, and changes in humidity and swelling makes using one of these devices for a short period of time a necessity for all people with limb loss, regardless of our ability to ambulate in the community using prosthetics.

Amputees like me must be able to receive the most appropriate prosthetic device for our needs to be able to reach our full potential. My functional ability should continue to be determined by me and my medical team and include my ability to get around, my daily activities before my amputation, my potential when provided with the appropriate prosthetic device, my overall health, and my expected daily activities after my amputation. With this in mind, I urge you to keep the current definitions for determining my functional level unchanged and remove any limitations due to the use of assistive devices.

2) I should continue to be able to receive the most appropriate foot and ankle system for my individual needs.

I'm very concerned that this proposal would significantly impact my access to the appropriate foot and ankle for my needs. The different types of feet and ankles allow my medical team to fit me with the best components for my needs. People with limb loss must be able to continue to have access to different types of feet and ankles necessary to create stability and to avoid trips and falls. Consolidating feet and ankles into a nonspecific code would significantly reduce my options, and limiting lower level patients to less advanced feet and ankles could cause increased trips and falls and negatively impact my ability to live a normal life.

Existing options for feet and ankles for amputees of all functional levels should continue to be made available so we can receive the most appropriate device for our needs. Because of this, I am asking you to leave unchanged the existing codes for feet and ankles, and that multiaxial, dynamic response feet and hydraulic ankles continue to be provided for K2 patients and higher.

3) Limitations in socket technologies and the types of liner inserts I could receive could severely impact my ability to reach my full potential.

The socket and liner are arguably the most important components of any prosthetic device. The prosthesis is worthless if the socket attaching it to me does not fit properly. I am troubled to see that this proposal would limit certain types of socket technology and liner inserts currently available for patients like me to ensure proper fit and comfort.

As an amputee, it is vital that suction suspension socket systems and elevated vacuum sockets continue to be available as an option when it is determined to be the best course of action for that person. Additionally, I should continue to be able to receive custom fabricated socket inserts if it is deemed to be more appropriate for me by my medical team, and the use of a molded distal cushion should not limit my ability to receive a cushioned liner if that's the most appropriate liner for my needs and accessibility.

4) Specific markers identified in my in-person medical evaluation should not be the sole basis for limiting my functional status or denying me appropriate prosthetic care.

I should continue to receive the most appropriate prosthetic device for my needs. I am concerned that this proposal would provide amputees like me a less functional prosthetic device, or would deny a device entirely if I'm not able to attain the "appearance of a natural gait" or if my medical record references certain health complications. Certainly my overall health is vital in determining my functional ability, but references to certain health complications alone should not be a factor in determining my ability.

As a patient, I implore you to modify this proposal to clarify that any references to singular issues in the medical record will not be the sole cause of denial for a prosthetic device, or automatically result in a limitation of my functional ability. The proposal should clearly indicate that an in-person medical evaluation and determination of functional ability will be taken as a whole, based on a person's functional needs, potential and medical capacity as determined by the patient and their medical team.

5) New amputees should be able to go through rehab with the device they will be using permanently, not a device with more "basic" components.

While I am not a new amputee, I know how important getting the right device at the right time is for patients like me. This proposal completely ignores the way we currently receive our device and the timing of our rehabilitation. The proposal before you fails to recognize that it is important to go through the rehab process with a device that you will be using when discharged after an amputation. The device should not change but rather the socket may change as the residual limb stabilizes. Under this proposal, I would have received two devices with "basic" components that would not fully meet my needs early in my recovery. I would then be forced to complete a rehab program on those basic components before I received the most appropriate device for my needs. This would result in me having to learn how to walk all over again with my definitive/permanent device.

The new definitions of, and requirement for, immediate and preparatory prostheses should be eliminated. Additionally, new guidelines should be issued with input from experts around the appropriate time for a definitive prosthesis to be ordered and fit to an amputee, and the appropriate time that rehabilitation should take place with a patient's definitive prosthetic device.

In conclusion, I remain deeply concerned about the proposed revisions that the Medicare Local Coverage Determination (LCD) Lower Limb Prostheses would have on patients like me. Arms and legs are not a luxury, and patients like me simply need access to the most appropriate technology for our particular needs, as determined by our personal potential and the advice and assessment of our medical team, so that we can live a normal life. The proposed changes represent significant hurdles to meet that goal, and I am afraid that if this proposal goes through without the proposed changes referenced above, that Medicare patients will not receive the most appropriate prosthetic care for their needs and, because of that, they will not be able to live a normal life and thrive after limb loss. Thank you for your consideration of these comments.

Sincerely,

[NAME]

[ADDRESS]

[E-MAIL]