

## K Levels

A system has been devised to “rate” functional level as they relate to component selection. Medicare created this system to ensure appropriate components are used. For example, if your physician feels you have the potential to be able to walk around the house but you will not have the strength or ability to walk on uneven surfaces or to climb curbs and stairs, you would be rated as a household ambulator (walker), ability level K1.

You would be provided with components that would be appropriate for your activity level. Components that are designed for higher activity levels would not be covered for payment under the Medicare policy. Your physician determines your functional ability level. If your functional ability increases over time, your rating can be changed to a higher level.

**Functional level 0:** The patient does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance his/her quality of life or mobility.

**Functional level 1:** The patient has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.

**Functional level 2:** The patient has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs, or uneven surfaces. Typical of the limited community ambulator.

**Functional level 3:** The patient has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.

**Functional level 4:** The patient has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete.

**\*\*** In an effort to be compliant with insurance regulations, we are required to have in our notes the physician’s evaluation of the amputee patient. The doctor’s evaluation MUST indicate the appropriate K-Level above (potential is the key word. He/she may currently be a K-Level 2, but has the ability to be a K3). Doctor’s notes should detail when and why they have seen the patient and what his expectations are. Some suggestions might be; with the prosthesis, patient will be ambulatory, able to exercise, drive, climb stairs, mow lawn, shop, cook, be independent.