**STEP 1: MATCH PATIENT NEEDS TO SOLUTION**

How patient’s clinical issues are addressed:

<table>
<thead>
<tr>
<th>CLINICAL ISSUE</th>
<th>INFINITE SOCKET® SYSTEM SOLUTION</th>
</tr>
</thead>
</table>
| Chronic volume fluctuation             | The radial slide and angular pivot features of the custom formed carbon struts accommodate ongoing changes in volume and shape of the residual limb.  
  The thermoplastic carbon fiber struts can be re-contoured in response to changes in volume or anatomy.  
  The adjustable brim allows users to vary proximal brim tension in response to daily volume fluctuation and/or activity levels. |
| Neuroma pain                           | Height adjustments on the ischial seat and medial brim reduce weight bearing on painful distal end neuromas.                                                                                                                  |
| Activity-specific suspension systems    | Modular systems provide ability to interchange suspension units as needed for changing activity levels such as daily ambulation vs. athletic performance.                                                                        |
| Hip contractures and force indications  | Interchangeable base plates accommodate a range of hip flexion contractures.                                                                                                                                             |
| Documented fall history                 | Modular socket components and adjustability ensure ongoing, real-time fit optimization. Fall risk is thereby minimized with improved comfort, suspension, and function.                                                              |
| General fatigue and limited walking range | The natural mechanical compliance of the custom molded carbon strut material promotes greater comfort along weight bearing areas of the residual limb. This allows greater mobility and comfort for improved endurance. |
| Skin ulcerations and heterotopic ossification | Following the initial fitting, changes within the residual limb, for example skin ulcerations and heterotopic ossification (HO), can be accommodated by re-contouring struts.                                            |
| Sitting comfort                         | Ability to loosen the flexible textile brim provides sitting comfort for soft tissues. Then, tightening the brim when walking achieves socket stability against skeletal tissue.                                              |
**STEP 2: REQUIRED PHYSICIAN DOCUMENTATION**

Work with the patient’s physician by providing them with the following:

1. Letter of Medical Necessity (LMN)
2. To provide complete medical justification, be sure to:
   - Clearly outline clinical observations
   - Cite Functional Outcome Measures (FOMs)
   - Pair the patient’s functional needs with Infinite Socket features and benefits -
   - Summarize treatment plan recommendations
3. Detailed written order/prescription
4. Cover letter to accompany foregoing items
5. Physician’s corroborating clinical notes

**Physician Documentation Check List:**

- [ ] Patient’s functional level pre- and post-amputation, ex. patient’s desire and motivation to ambulate
- [ ] Potential functional level versus the current functional level, and a discussion of the difference if applicable
- [ ] Medical history as it relates to the need for a replacement socket
- [ ] A list of any symptoms and their respective diagnosis, leading to ambulatory limitations
- [ ] A list of comorbidities relating to ambulatory problems
- [ ] Documentation of the use of assistive devices (cane, walker, wheelchair, caregiver)
- [ ] A description of daily activities and any limitations to achieving them
- [ ] Documentation of a physical examination to assess functional deficits.
- [ ] Documentation of weight and height, including any weight fluctuations
- [ ] Description of leg strength and range of motion
- [ ] Diagnosis, side of amputation, date of amputation
- [ ] Patient identified on each page of the physician’s records
### Step 3: Recommended L-Codes: Infinite Socket TF / KD

- = Code is indicated for this Infinite Socket suspension configuration.
- = Only include code for optional feature.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Pin Lock</th>
<th>Lanyard</th>
<th>Seal In</th>
</tr>
</thead>
<tbody>
<tr>
<td>L5321</td>
<td>Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>L5220</td>
<td>Above knee, short prosthesis, no knee joint (&quot;stubbies&quot;), with articulated ankle/foot, dynamically aligned</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>L5701</td>
<td>Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>L5590</td>
<td>Preparatory, above knee/knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to patient model</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>L5631</td>
<td>Addition to lower extremity, above knee or knee disarticulation, acrylic socket</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>L5649</td>
<td>Addition to lower extremity, ischial containment/narrow M-L socket</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>L5650</td>
<td>Addition to lower extremity, total contact, above knee or knee disarticulation socket</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>L5651</td>
<td>Addition to lower extremity, above knee, flexible inner socket, external frame</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>L5652</td>
<td>Addition to lower extremity, suction suspension, above knee or knee disarticulation socket</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>L5671</td>
<td>Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>L5920</td>
<td>Addition, endoskeletal system, above knee or hip disarticulation, alignable system</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>L5950</td>
<td>Addition, endoskeletal system, above knee, ultralight material (titanium, carbon fiber or equal)</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>

The responsibility for accurate coding lies with the patient care facility that selects the product, fits the patient, and bills for the service.

The product/device “Supplier” (defined as an O&P practitioner, O&P patient care facility, or DME Supplier that renders clinical care who submits claim for reimbursement) assumes full responsibility for accurate billing of LIM innovations products. It is the Supplier’s responsibility to determine medical necessity; ensure coverage criteria is met; and submit appropriate HCPCS codes, modifiers, and charges for services/products delivered. It is also recommended that Supplier’s contact insurance payer(s) for coding and coverage guidance prior to submitting claims. LIM Innovations Coding Suggestions and Reimbursement Guides are based on reasonable judgment and are not recommended to replace the Supplier’s judgment. These recommendations may be subject to revision based on additional information or alpha-numeric system changes.
# RECOMMENDED L-CODES: INFINITE SOCKET TT

- = Code is indicated for this Infinite Socket suspension configuration.
- = Only include code for optional feature.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Pin Lock</th>
<th>Seal In</th>
</tr>
</thead>
<tbody>
<tr>
<td>L5301</td>
<td>Below knee, molded socket, shin, SACH foot, endoskeletal system</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>L5700</td>
<td>Replacement, socket, below knee, molded to patient model</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>L5540</td>
<td>Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to patient model</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>L5620</td>
<td>Addition to lower extremity, test socket, below knee</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>L5629</td>
<td>Addition to lower extremity, below knee, acrylic socket</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>L5637</td>
<td>Addition to lower extremity, below knee, total contact</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>L5645</td>
<td>Addition to lower extremity, below knee, flexible inner socket, external frame</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>L5646</td>
<td>Addition to lower extremity, below knee, air cushion socket</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>L5647</td>
<td>Addition to lower extremity, below knee, suction socket</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>L5671</td>
<td>Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>L5910</td>
<td>Addition, endoskeletal system, below knee, alignable system</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>L5940</td>
<td>Addition, endoskeletal system, below knee, ultralight material (titanium, carbon fiber or equal)</td>
<td>●</td>
<td>●</td>
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## Code Description Pin Lock Seal In

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EXHIBIT A
Example Letter Of Medical Necessity

It’s a good idea to include a detailed letter of medical necessity when writing to a physician when requesting a prescription for an Infinite Socket®. Describe in detail the functional characteristics of the Infinite Socket and how those features will help the patient.

Dear [Dr. Name]:

I am the prosthetist treating our mutual patient, [Patient Name]. I examined [Mr./Mrs./Miss Name] on [Date]. Based upon my findings cited below, [Mr./Mrs./Miss Name] requires a new prosthetic socket. Below, you’ll find detailed sections within this letter of medical necessity to facilitate the request for prescription:

1. [Mr./Mrs./Miss Name] Clinical History
2. Clinical Findings
3. [Mr./Mrs./Miss Name] Medical Needs
4. Requested Prescription

Clinical History

Title Mr./Ms./Sgt./Prof./etc. [Patient Name] is a [Age] year-old [Man/Woman] with a [Left/Right] 1. [Patient Name]’s Clinical History [Transfemoral/Transtibial/Knee Disarticulation] amputation secondary to [Cause].

[Patient Name] is a 55 year-old above-the-knee amputee. He lost his right leg above the knee 6 years ago as a result of diabetes. I have treated [Patient Name] since his amputation, and he has demonstrated a consistent ability and desire to successfully utilize a prosthesis and be a fully functional, contributing member of society.

[Patient Name] returned to his career as a warehouse manager after the loss of his leg, an occupation that he has held since graduating high school. He works for a manufacturing company that makes safety equipment. He currently works 3-4 days a week, spending 8-10 hours a day operating various tasks including driving a forklift and carrying boxes. His physically demanding job includes the need to traverse the warehouse, drive equipment and maintain physical endurance.

When not working, [Patient Name] often helps care for his two young grandchildren while his son and daughter-in-law work. On average, he watches the children 2 days a week from 8:30 in the morning until 5:30 at night. In this role, he has to regularly walk the children to and from the park and other activities up and down stairs, as well as walk across uneven park/playground terrain.
EXHIBIT A

Medical Needs

[Patient Name] has multiple complaints arising out of the inadequacy of his current prosthetic socket; pain, instability, escalating residual limb, knee and lower-back pain. None of these symptoms can be addressed by repairing or replacing his existing prosthetic socket design. In order for him to function painlessly, safely and reduce chronic stress on his sound limb and back he requires a custom-molded, dynamic, modular, adjustable prosthetic socket - LIM Innovations’ Infinite Socket™.

This prosthetic socket system allows modular component changes and dynamic fitting adjustments. [Patient Name] would be able to adjust his socket daily, at any time, to accommodate changes in residual limb volume, activity, or environmental conditions. Clinically, this concentrates my office visit time with [Patient Name]. Accommodating typical volume fluctuation, adjusting localized socket pressure points, modifying socket tensions, and aligning components are adjustments that can be completed immediately and easily during one visit. Increasing the direct time spent on [Patient Name]’s prosthetic care will improve the efficacy of his prosthetic system, expedite his return to mobility, and continue his growing activity level.

[Reference several Infinite Socket features, and describe how they resolve an existing issue for the patient that cannot be rectified with the current socket. Examples below]

1. The radial slide and angular pivot feature of the custom-formed carbon struts addresses [Patient Name]’s chronic volume fluctuation. By securing his limb’s volume daily changes, [Patient Name] demonstrates more symmetrical step length/time, reduced circumduction, and less frequent back pain.

2. The adjustable ratchet tensioner allows [Patient Name] to quickly tighten and loosen his proximal brim fit, essential when driving a forklift for extended times as work. Loosening the socket while seated will eliminate irritation of [Patient Name]’s skin and tissue, thereby reducing the risk of ulceration.

3. The adjustable ischial seat base varies the amount of distal end weight bearing while standing for his job as a warehouse manager. Optimal weight distribution proximally has minimized [Patient Name]’s neuroma pain. He and his surgeon have delayed their neurological revision at this time.

[Patient Name]’s current conventional socket design has been repaired/adjusted/modified/replaced/re-fabricated: State which, then document:

1. Problem and resolution (example: daily volume fluctuation of 5-7 sock ply, socket fabricated for 7-ply fit)
2. Time and frequency of adjustment (example: second test socket or laminated socket manufactured)
3. Functional outcome (example: although building in adjustable socket ply fit accommodated [Patient Name]’s volume changes, he continues to experience back pain an adverse socket pressures)
4. Functional measures
EXHIBIT B
Example Detailed Written Order (DWO)

It is not necessary that a physician complete the DWO (i.e., a prosthetist may do this). However, the treating physician must review the DWO and personally sign and date the order to indicate agreement. Note: Most O&P software offers similar DWO templates.

DETAILED WRITTEN ORDER: INFINITE SOCKET® SYSTEM

Date: ___________________________________

Patient Name: ____________________________________________________________

Address: _______________________________________________________________

Phone #: ___________________ DOB: ___________________ Email: ___________________

Code: _____________________ Insurance #: ________________________________

[Your clinic name]
[Your address street address]
[Your city, state, zip code]
[Your phone number]
Federal Tax #: ___________________ NPI: ___________________ Diagnosis (ICD-10): ___________________

[ ] Check here if additional items are listed on attached pages

Physician Attestation ______________________________________________________

Physician’s Name, Address & Telephone ______________________________________

UPIN #: __________________________________________________________________

NPI: _____________________________________________________________________

I certify that I am the physician identified above. I have received this detailed written order, including a full narrative description with HCPCS code and pricing. I certify that the diagnosis information shown above is to the best of my knowledge true and accurate and justifies the medical necessity of the item(s) shown.

PHYSICIAN’S SIGNATURE _____________________________________________

DATE ________________________

[ ] Check here if additional items are listed on attached pages

Physician Attestation ______________________________________________________
EXHIBIT C
EXAMPLE COVER LETTER

Dear [Doctor name]:
I am the prosthetist who treats [Patient Name]. The insurance provider has recently set forth specific requirements regarding physician documentation for prosthetic devices. Without that documentation, I am not able to deliver medically necessary care and treatment to our mutual patient, [Patient Name]. This letter is intended to provide a quick summary of insurance provider’s latest requirements so that we can together work for the benefit of [Patient Name].

Generally speaking, insurance providers want to see that your medical records corroborate my findings/recommendations. Your records can be in the form of previous chart notes and/or a full, current patient physical evaluation. At a minimum, insurance providers require that the physician notes contain documentation supporting the following information:

1. [Patient Name]’s functional abilities, including your specific findings regarding whether [Patient Name] has the potential to ambulate with variable cadence and has a lifestyle that demands more than simple locomotion
2. [Patient Name] past history, including prior prosthetic use and other assistive device use (if applicable)
3. [Patient Name] current condition, including the status of [his/her] residual limb
4. the nature of any other medical problems [Patient Name]
5. [Patient Name] desire to ambulate
6. Your signature and the date of that signature on the attached Detailed Written Order
7. If you deem it appropriate or necessary, [Patient Name] can be referred to a PM&R specialist and/or a physical therapist for a full evaluation and report. Once a report from either of those specialists is sent to you, reviewed, acknowledged by you in the form of your signature on the report, and placed in the medical records, it constitutes appropriate documentation based upon insurance provider’s guidance

If I can answer any questions you may have about insurance provider’s documentation requirements for prosthetic care, please do not hesitate to contact me directly. Otherwise, thank you in advance for providing the insurance provider-required documentation that will permit me to deliver [Patient Name] the medically necessary prosthetic care and treatment [he/she] requires in a timely fashion.

Regards,

[Prosthetist Name]
[Prosthetist Certification]
[Certification Number]
STEP 5: FINAL REVIEW CHECKLIST

You are finally ready to proceed to delivery and filing the claim for reimbursement. Verify your patient delivery sheet contains all of the required information.

Final Review Checklist

☐ The patient’s or patient’s designee’s name?
☐ The delivery address?
☐ The item(s) being delivered (brand name, serial number, or narrative description)?
☐ The number of item(s) being delivered?
☐ The delivery date?
☐ The patient’s or patient’s designee’s signature?
☐ The date of signature (must be the date the patient/designee received the item(s))?
☐ The prescribing physician is listed in PECOS?
☐ You’ve included the prescribing physician’s NPI.
☐ Listed the appropriate diagnosis code.
☐ Included the correct date of service for every L code.
☐ Selected the appropriate place of service for this patient.
☐ Included the “L” and/or “R” modifier for every L code.
☐ Listed the patient’s K level for every L code.
☐ Billed using the appropriate codes for the Infinite Socket.
## REPLACEMENT PARTS

To place an order, please contact your regional Clinical Support Specialist or call Customer Support at (855) 658-0711

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Category</th>
<th>Suggested L Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hardware Kit Complete</strong></td>
<td>Hardware necessary to complete the socket (bolts, screws, etc)</td>
<td>Hardware</td>
<td></td>
</tr>
<tr>
<td><strong>Capture Tool Set</strong></td>
<td>Length gauge and trochanteric tool</td>
<td>Measuring Tools</td>
<td></td>
</tr>
<tr>
<td><strong>Distal Base Plate</strong></td>
<td>0 degree with 4-hole attachment. 5,10,15 degree with threaded receiver</td>
<td>Plates</td>
<td>L5910</td>
</tr>
<tr>
<td><strong>Ischial Seat Kit Complete</strong></td>
<td>Ischial seat base, 70 mm seat/90 mm seat, locking plate and hardware</td>
<td>Seats</td>
<td></td>
</tr>
<tr>
<td><strong>Brim Kit Medium 3.1.8/ Std. Tensioner</strong></td>
<td>Medial brim with lateral padel and preferred tensioning system</td>
<td>Soft Goods</td>
<td></td>
</tr>
<tr>
<td><strong>Ratchet Tensioner</strong></td>
<td>Dacron tensioning system with ratchet</td>
<td>Soft Goods</td>
<td></td>
</tr>
<tr>
<td><strong>Velcro Tensioner</strong></td>
<td>Dacron tensioning system with velcro™</td>
<td>Soft Goods</td>
<td></td>
</tr>
<tr>
<td><strong>Strut Sleeves (x4)</strong></td>
<td>Cushioned covers for carbon struts</td>
<td>Soft Goods</td>
<td></td>
</tr>
<tr>
<td><strong>Ischial Seat Cover</strong></td>
<td>Anti-microbial protective thin cover</td>
<td>Soft Goods</td>
<td></td>
</tr>
<tr>
<td><strong>Strut-7ply-Complete</strong></td>
<td>One buffed thermoplastic carbon fiber strut complete with metal cladding (unformed)</td>
<td>Struts</td>
<td></td>
</tr>
<tr>
<td><strong>KD Custom Silicone Liner</strong></td>
<td>Carbon fiber distal cup with attached custom silicone liner</td>
<td>Suspension</td>
<td>L5651 or L5658+L5652</td>
</tr>
<tr>
<td><strong>Distal Cup Kit Complete</strong> (Elevated Vacuum)</td>
<td>Thermoplastic cup with Unity TT valve</td>
<td>Suspension</td>
<td>L5651 or L5658+L5652</td>
</tr>
<tr>
<td><strong>Distal Cup Kit Complete</strong> (Expulsion &amp; Lyn Valves)</td>
<td>Thermoplastic cup with appropriate valve</td>
<td>Suspension</td>
<td>L5651 or L5658+L5652</td>
</tr>
<tr>
<td><strong>Lanyard Kit (Complete w/ Strap and Chafe)</strong></td>
<td>Lanyard base, 3D printed pad, lanyard strap with proximal chafe and necessary hardware</td>
<td>Suspension</td>
<td>L5671</td>
</tr>
</tbody>
</table>