example, if the supplier believes an item may not be considered medically reasonable and necessary, the supplier may shift financial liability to the beneficiary by delivering a valid ABN to the beneficiary, assuming that the beneficiary accepts this liability.

**O&P Alliance’s Comment Letter and CMS’ Response**

**Removal of L-Codes From the Master List**

The O&P Alliance asserted in its comments to the proposed rule that L-5705 and L-5964 should be removed from the Master List because they did not meet the prior authorization criteria. CMS retained L-5964 on the final list but removed L-5705 and four other L-Codes, as follows:

- L-5705 Custom shaped protective cover, above knee
- L-5706 Custom shaped protective cover, knee disarticulation
- L-5718 Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control
- L-5722 Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control
- L-5816 Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock

**Prosthetists’ Clinical Notes**

Stating that the prosthetists’ clinical notes are critical to the medical necessity determination, the Alliance advocated that these notes should be explicitly considered part of the medical record. CMS stated in the final rule: “In response to commenters that requested that the prosthetists’ notes and records stand alone in fulfilling medical necessity documentation requirements for a beneficiary’s prostheses, we note that the expertise of prosthetists is very important and contributes to beneficiaries’ recovery. However, a prosthetist’s records alone do not illustrate the comprehensive clinical picture of the beneficiary. For example, a physician order alone does not satisfy Medicare’s medical necessity criteria. Rather, it is the documentation of multiple healthcare team members working on behalf of the beneficiary that conveys the complete picture of the beneficiary’s medical need and appropriate delivery of care. As a principle, when reviewing any claim for medical necessity, we look for corroboration between all entries (including physician’s orders) in a beneficiary’s medical record.”

This response shows that CMS continues to misinterpret and misstate the Alliance’s position on the issue of recognizing prosthetists’ clinical notes. CMS stated that the Alliance asserted that the prosthetists’ notes and records alone should be sufficient to demonstrate medical necessity, which has never been its position. The Alliance’s position is that the prosthetists’ notes must be recognized as part of the patient’s...