



Connecticut Amputee Network

Main Points about Economic Value of Prosthetic Limbs

1. We ask that MEDICARE become the standard of care with regard to prosthetics limbs here in Connecticut.
 - a. MEDICARE does not classify prosthetic limbs as DMEs.
 - b. **MEDICARE does cover MPKs because of proven economic value.**
2. Currently prosthetic limbs are wrongfully classified as DMEs in Connecticut. **Prosthetic limbs are custom designed devices** that require continuing care, adjustments and replacements. They become integral parts of amputees' bodies.
3. When considering total patient costs, we ask the committee to consider NEW data was not available in 2009 or 2011 (when legislation regarding prosthetics was last considered).
 - a. 2013 study by Dobson DaVanzo and Associates
 - b. 2017 study by The RAND Corporation
 - c. **State of Colorado findings with regard to SAVINGS to the State PER PATIENT when consider the cost of care over a 12- to 18-month period.**
4. **DATA:** The Dobson DaVanzo study of 2013, a retrospective study using Medicare data, brings into focus the comparative patient costs to the Payer for those who received prosthetic limbs versus those who did not. **The Payer, in this instance MEDICARE, saved money over a 12- to 18-month period.**
 - a. The data in this study also revealed **improved health and quality of life for recipients of prosthetic limbs**, not just savings in patient care.
5. **DATA:** The 2017 study by The RAND Corporation brings into focus the comparative patient costs of MPKs versus NMPKs. Once again **economic value of MPKs favorably compared to other prosthetic devices** such as total knee replacements and implantable cardioverter defibrillators.
6. Other prosthetic devices (such as total knee replacements and implantable cardioverter defibrillators) are not treated as DMEs. Why should our limbs be?
7. **Loss of a limb usually means at least one lost income for the individual and their family:**
 - a. If there is another adult working and they are also the primary care giver a second income is put under pressure.
 - b. Rapid fittings of prosthetic limbs mean the patient gains a fast track to regained independence and health.
 - c. Delays and denials of prosthetic limbs can create economic hardship for a family and force them to seek MEDICAID coverage, which increases burden on the State of Connecticut and therefore taxpayers.
 - d. **MEDICAID coverage includes prosthetic limbs – same as MEDICARE.**



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Questions to Anticipate

1. What is the difference between individuals with limb loss and amputees?
2. Under the Affordable Care Act, prosthetic limbs are listed as an essential health benefit and are treated as durable medical equipment. Why is that not adequate?
 - a. **[Custom prosthetic devices are not durable medical equipment** even though the Benchmark Plan declares that it is. They experience higher wear and tear, require maintenance and repair and may require replacements sooner than DME.]
3. Of the 20 states that have Prosthetic Parity laws, which has the best law and why?
 - a. [Colorado has the best law because it ties required prosthetic coverage to Medicare, requiring coverage “be equal or better than.” Why is it the best? Because **the National Limb Loss Center receives fewer amputee complaints from Colorado than any other State.** That may be anecdotal only, but it is the best data we have.]
4. You hold up the State of Colorado report and their prosthetic fairness law when talking about savings for patient care. You realize that Connecticut is not Colorado.
 - a. [True enough. Connecticut is also not Texas or Louisiana or Utah or Indiana or any of the 5 other New England States. But all these states have Insurance Parity Laws. We can learn from the 20 other states’ experience with these laws.]
5. Microprocessor prosthetic device are much more expensive than mechanical one. Where is the proof of economic value?
 - a. [The RAND study revealed that patients with microprocessor legs had far fewer falls—resulting in fewer injuries and deaths—than patients with mechanical legs.]
6. You hold up Medicare is the standard of care for prosthetic limbs. Why?
 - a. [They have always provided coverage for prosthetic limbs (including microprocessor limbs) and recognize the LOWER total patient care cost.]
 - b. [Providing patients with proper prosthetic care improves patient health because they have far fewer secondary medical issues and increased mobility.]
7. If microprocessor legs are approved for coverage, how can abuses to the system be prevented?
 - a. [Again, Medicare offers a standard to follow. There are very specific guidelines for approval of a microprocessor leg. There are also methods to claw back payments for failure to show medical necessity. We can follow those same guidelines.]

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