

# THE ONLY THING BETWEEN AMPUTEES AND A HIGHER QUALITY OF LIFE IS MEDICARE'S GLASS CEILING.



## Medicare's glass ceiling moves today's prosthetic devices out of reach for most amputees.

Decades of technological advancements mean that new levels of mobility, health and independence are possible for amputees. The only problem? Medicare. The federal government makes it highly unlikely that a patient will qualify for these devices, **and new regulations will make the situation worse, not better.**

If Medicare is trying to save money, denying amputees prosthetic devices isn't the way to do it. A new study shows patients who receive timely prosthetic and orthotic devices can actually save Medicare money over patients who are not treated — more than \$231 million was saved for Medicare in 2014 alone.

### Amputees Who Receive Better Prostheses Save Medicare Money\*

K3 Prostheses (Higher Quality) \$79,967

K2 Prostheses (Lesser Quality) \$81,513

FIRST 12 MONTHS, ALL HEALTH COSTS.

Who has fewer incidents that require expensive care? In most cases, it is the amputees who have been given the prosthetics that kept them active and healthy. And now Medicare and its contractors are planning to further restrict who can get these better prosthetic limbs.

Though new, higher quality custom prostheses are widely available, Medicare restrictions are a glass ceiling that keeps them out of reach of most amputees. Even though it's been shown these devices provide a better quality of life.



**10.3%** fewer skilled nursing claims for people with high-quality prostheses

It's an outrage that Medicare would deny amputees the life-changing mobility that comes with prosthetics.

To learn more about the Medicare study and what you can do to stop these policies, visit [mobilitysaves.org](http://mobilitysaves.org).

Who Had Fewer Medical Incidents?	Received Higher Quality Prosthetics	Received Lower Quality Prosthetics
Fewer E.R. Admissions?	✓	
Fewer Skilled Nursing Needs?	✓	
Fewer Doctor Visits?	✓	
Fewer Hospice Admissions?	✓	



\* Dobson | DaVanzo analysis of custom cohort Standard Analytic Files (2007-2010) for Medicare beneficiaries who received O&P services from January 1, 2008 through June 30, 2009 (and matched comparisons), according to custom cohort database definition.