Avior

Confidence with every step

SMARTSTEP® ENABLED

Reference Guide to Documentation

Blatchford is pleased to introduce the Avior microprocessor knee specifically designed for K2 and primary amputees, featuring SMARTSTEP® (Blatchford's digital care management platform). The Avior is a MPK with a polycentric design that provides safety and stability for users.

PDAC approved codes:

L5615, L5845, L5848, L5850, L5856, L5925.

Warranty

Avior comes with a 3 year warranty and there are no required service intervals during the warranty period.

Avior Justification

Documentation for justification of the Avior must come from the Prescribing Physician. Prescribing entities could be the Primary Physician, PMR doctors, or Specialty Physicians. The information should be documented in the medical records, as most payors do not accept only the Letter of Medical Necessity. The physician must evaluate and establish the patient's medical necessity and functional capabilities.

Find out more about Avior

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The following items must be included in the physician's evaluation and the patient's medical records.

Patient's Medical History as it relates to a prosthesis:

- Amputation level with date of amputation.
- Side of amputation.
- History of prosthesis use, if any.

Functional Limitations:

- Describe activities prior to amputation.
- Describe how activities are currently limited due to prosthesis.

Physical Examination:

- Residual limb examination.
- ROM and Strength measurement of residual limb and sound side.
- Any comorbidities that could affect the use of a conventional prosthesis.

Status of Current Prosthesis (if applicable):

- Describe what prosthesis they have been using or why you've ruled out other K2 knees.

Documentation of Desire or motivation to use a prosthesis:

- You must document that the patient has expressed interest in using a prosthesis.

Document Medical Necessity for an MPK as a K2 ambulator:

- Document the lower fall rates with MPK use.

Prescription:

- Provide specific prescription for MPK.

Helpful Tips to Strengthen your Insurance Submission

- Be Specific about what activities the patient does in the community and how they are limited with K2 Mechanical knees.
- Use outcome measures like TUG test, but focus on balance tests like the ABC or Berg test.
- Paint a picture of the patient's daily life.
- Show how many K2 mechanical knees severely limit where patients can go within the community due to the unforgiving nature of a locked knee.
- Document history of falls and the fear of falling (0-10 scale).
- It is important to clearly document the daily activities and environmental situations these patients encounter. Once documented, make the case that their current K2 devices limit their ability to perform these activities in the before mentioned environments. Then show the proven documentation that a MPK will help them with their ADLs and also provide added safety, reduced trips/falls, with less injuries in the long run.

Device Benefits

- Provides microprocessor control of swing and stance.
- Enhanced safety—detects trips and stumbles during gait and reacts by setting yield resistance, giving the opportunity to recover from the event.
- Stance flexion options in all base configuration operating modes.
- Intuitive standing support mode between 0˚and 30˚ knee flexion.
- Suitable for use throughout rehabilitation (K1 to K2).
- Functions adaptable to wearer's changing needs.
- Increased support as knee flexes during sitting.
- Reduced resistance once seated to allow easy repositioning of lower limb Ratchet support during sit to stand.
- Differentiates between stairs and sitting.
- Ability to lock the leg in place to prevent the leg dragging if there is no foot plate on a wheelchair.
- Suitable for use with a range of feet, including hydraulic self-aligning ankles.

Contraindications

- This device is not suitable for Activity Level 3 or Activity Level 4 users.
- Not suitable for wearers whose weight and/or activity levels fall outside of the recommended levels, i.e., weigh over 125 kg and/or categorized as Activity Level 3 or Activity Level 4 users.
- Not to be immersed in water or exposed to salt or chlorinated water.
- Not for bilateral transfemoral, osseointegrated or transpelvic applications.
- Not suitable for users who do not have suitable cognitive and physical ability to use and operate the device.
- Not suitable for sports use.

Clinical Benefits

- Improvement in **SAFETY**
- Improvement in **MOBILITY**
- Improvement in **ENERGY EXPENDITURE**
- Improvement in **SYMMETRY**
- Improvement in **USER SATISFACTION**
- Improvement in **HEALTH ECONOMIC**

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