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Dear Physician:

For a microprocessor prosthetic knee to be covered by medical insurance, the following bullet points must be included in the **physician's chart note** (a letter is not considered part of the medical record). Please fax the compliant chart notes to our office once evaluation is completed.

The physician must document the following:

1. A microprocessor prosthetic knee is medically necessary for this patient. A less advanced prosthetic knee would not provide the stability required for safe ambulation over varied terrain.
2. The patient's current functional capabilities, which includes the ability to understand the proper use of a microprocessor knee.
3. The patient is willing to participate in the training necessary to utilize a microprocessor knee.
4. Demonstrated K3 level mobility and the need for long-distance ambulation at variable rates (use of the limb in the home or for basic community ambulation is not sufficient to justify provision of the computerized limb over standard limb applications)
5. Demonstrated patient need for regular ambulation on uneven terrain or for regular use on stairs (use of the limb for limited stair climbing in the home or employment environment is not sufficient evidence for prescription of this device over standard prosthetic application)
6. The patients current prosthetic knee system is limiting their mobility and ability to perform her activities of daily living.

Thank you, and please let us know if you have any questions or concerns.