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Dear Physician:

For a custom KO (knee orthosis) to be covered by Medicare and many other insurance plans, a physical evaluation of the patient that discuss **the following bullet points must be included in the physician's chart note** (Medicare does not consider a letter part of the medical record). Please fax the compliant chart notes to our office once evaluation is completed.

The physician must document AND DISCUSS the following:

1. Patient requires a custom molded knee orthosis due to a deformity or other medical reason.

**\*The physician must also document AND DISCUSS the following:**

2. Patient had a recent injury or surgical procedure on the knee(s). The cause and symptoms must be documented within the physician's chart notes.

**OR**

3. Patient is ambulatory (or, if not currently ambulatory, the plan to progress the patient to ambulation); **AND**

4. Exam of the knee (documented and discussed):

a. Patient has knee instability; **and**

b. Patient has objective description of joint laxity (e.g., varus/valgus instability, anterior/posterior Drawer test).

**Claims will be denied if only pain or a subjective description of joint instability is documented.**

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

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