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**Spokane** 101 E Hastings Rd, STE J Spokane, WA 99218 Phone 509-620-9362 Fax 509-505-0912

## Dear Physician:

For a prefabricated KO (knee orthosis) to be covered by Medicare and many other insurance plans, all applicable Medicare statutory and regulatory requirements must be met. Medicare requires a physical evaluation of the patient, and **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 any Medicare compliant chart notes to our office.

## The physician must document AND DISCUSS the following:

1. Patient requires a knee orthosis.

## \*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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