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Mt. Vernon 1520 Roosevelt Ave Mt. Vernon, WA 98273 Phone 360-416-6505 Fax 360-416-8241 Edmonds 7631 212th Street SW, STE 102A Edmonds, WA 98026 Phone 425-776-1247 Fax 425-776-8045 **Sequim** 566 N Fifth Ave Sequim, WA 98382 Phone 360-797-1001 Fax -360-797-1003 **Spokane** 101 E Hastings Rd, STE J Spokane, WA 99218 Phone 509-620-9362 Fax 509-505-0912

Dear Physician:

For an Enhanced Vacuum System 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 point 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 once the evaluation is complete.

The physician must document the following:

- 1. An Enhanced Vacuum System is medically necessary to provide moisture evacuation within the prosthesis, and
- 2. An Enhanced Vacuum System is medically necessary to provide limb volume management within the prosthesis.

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

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