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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 a resting night splint type AFO (ankle-foot-orthosis) to be covered by Medicare, 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.

If the patient does NOT have plantar fasciitis, the physician must document AND DISCUSS all of the following:

1. Plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing of at least 10 degrees (i.e., a nonfixed contracture); and,

2. Reasonable expectation of the ability to correct the contracture; and,

3. Contracture is interfering or expected to interfere significantly with the beneficiary's functional abilities; and,

4. Used as a component of a therapy program which includes active stretching of the involved muscles and/or tendons.

If the patient has plantar fasciitis, the physician must document and discuss the patient's diagnosis, and none of the above criteria (#1-4) need to be documented.

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

Mike Smith