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Dear Physician:

For a custom KAFO (knee-ankle-foot-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 is ambulatory (or, if not currently ambulatory, the plan to progress the patient to ambulation); **and**
2. Patient has a weakness or deformity of the foot and ankle; **and**
3. Patient requires stabilization of the foot and ankle for medical reasons; **and**
4. Patient has the potential to benefit functionally from the use of a KAFO; **and**
5. Patient requires additional knee stability; **and**
6. Why a prefabricated device will not work; **and**
7. Why a custom device is medically necessary.

* The physician **must also document AND DISCUSS at least one of the following:**

- a. The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months); or,
- b. There is a need to control the knee, ankle or foot in more than one plane; or,
- c. The beneficiary has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; or,
- d. The beneficiary has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.

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

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