

Everett 1300 44th Street SE Everett, WA 98203 Phone 425-339-2559 Fax 425-339-1583 Bellingham 3106 Northwest Ave Bellingham, WA 98225 Phone 360-734-0298 Fax 360-734-9679

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 Ave1 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 LSO (lumbo-sacral-orthosis) or TLSO (thoraco-lumbo-sacral-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 <u>physician's chart note</u> (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 LSO or TLSO

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

- a. The orthosis is medically necessary to reduce pain by restricting mobility of the trunk; **or**
- b. The orthosis is medically necessary to facilitate healing following an injury to the spine or related soft tissues; **or**
- c. The orthosis is medically necessary to facilitate healing following a surgical procedure on the spine or related soft tissues; **or**
- d. The orthosis is medically necessary to otherwise support weak spinal muscles and/or a deformed spine.

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