



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 Ave
Sequim, WA 98382
Phone 360-797-1001
Fax -360-797-1003Pp

Dear Physician:

For a replacement socket, replacement prosthesis, or major prosthetic component to be covered by Medicare (and many other insurances), all applicable Medicare statutory and regulatory requirements must be met. A physical evaluation of the patient is required, and **the following bullet point must be included in the physician's chart note** (A letter is not considered part of the medical record). Please fax any compliant chart notes to our office.

The reason for replacement must be documented AND DISCUSSED by the treating physician, **in the medical record, and must fall under one of the following:**

1. Replacement of prosthesis or major component (foot, ankle, knee, socket) is reasonable and necessary; **and**
2. A change in the physiological condition of the patient resulting in the need for a replacement. Examples include but are not limited to, changes in beneficiary weight, changes in the residual limb, beneficiary functional need changes; **or**,
3. Lost, stolen or irreparable damage in the condition of the device, or in a part of the device resulting in the need for a replacement; **and** Prosthesis **as originally ordered** still fills the beneficiary's medical needs; **or**
4. The condition of the prosthesis, or part of the prosthesis, requires repairs and the cost of such repairs would exceed 60% of the cost of a prosthetic replacement.

*The physician **must also document AND DISCUSS the following:**

5. Patient is still motivated to ambulate; **and**
6. Patient's current medical condition; **and**
7. Patient's current and **specific** activities, environment, and/or vocational duties; **and**
8. Discuss the patient's current functional level from one of the following (K0 through K4):
 - K0 This patient does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility.
 - K1 This patient has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence - a typical limited or unlimited household ambulator.
 - K2 This patient has the ability or potential for ambulation with the ability to traverse low-level environmental barriers such as curbs, stairs, or uneven surfaces - a typical community ambulator.
 - K3 The patient has the ability or potential for ambulation with variable cadence - a typical community ambulator with the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic use beyond simple locomotion.
 - K4 The patient has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels - typical of the prosthetic

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