

Dear Physician:

For a custom KO (knee 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.

The physician must document AND DISCUSS the following:

1. Patient requires a custom molded knee orthosis due to a deformity or other medical reason.

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

2. Patient had a recent injury or surgical procedure on the knee(s). The cause and symptoms must be documented within the physician's chart notes.

**OR**

3. Patient is ambulatory (or, if not currently ambulatory, the plan to progress the patient to ambulation); **AND**
4. Exam of the knee (documented and discussed):
  - a. Patient has knee instability; **and**
  - b. Patient has objective description of joint laxity (e.g., varus/valgus instability, anterior/posterior Drawer test).

Claims will be denied if only pain or a subjective description of joint instability is documented.