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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.

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