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Dear Physician:

For a replacement socket or major prosthetic component 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 point 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 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. 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.