

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.

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