



HITTENBERGER
orthotics and prosthetics llc



Prefabricated Knee Orthosis (KO)

For a prefabricated knee orthosis (KO) to be covered by Medicare, all applicable Medicare statutory and regulatory requirements must be met. This includes of the following:

- Documentation of a face to face appointment with the patient within six months of the written order.
- Letters of medical necessity are not accepted, Medicare does not consider a letter part of the medical record.
- All notes need to contain the physician's printed name, signature, patient name and date.
- Stamped, illegible signatures or notes are not accepted.
- Addendums need to be added to the prescribing physician.

The physician must document AND DISCUSS the following:

- Patient requires a knee orthosis, **AND**
- 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. **AND**
- Patient is ambulatory (or, if not currently ambulatory, the plan to progress the patient to ambulation); **AND**
- Patient has knee instability, **AND**
- Exam of the knee (documented and discussed):
 - 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.

Additional information is available at

<https://med.noridianmedicare.com/web/jddme/policies/documentation-checklists>

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

www.hittenberger.com

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