



HITTENBERGER  
orthotics and prosthetics llc



## ***Custom Fit Upper Extremity Orthosis / Elbow / Wrist***

For a custom fit knee orthosis 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 by the prescribing physician.

### ***The physician must document AND DISCUSS the following:***

- Why a custom fit orthosis is medically necessary instead of a prefabricated 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**
- Exam of the extremity (documented and discussed):
  - Patient has wrist / elbow or shoulder instability; **AND**
  - Patient has objective / tested joint laxity, limited range of motion, rotational instability.

***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.

Hittenberger Orthotics and Prosthetics, LLC  
181 Lynch Creek Way, Suite 101, Petaluma, CA 94954  
1111 Sonoma Ave., Suite 320, Santa Rosa CA 95405  
1125 Sir Francis Drake Blvd, Kentfield, CA 94904  
T.707.765.1122, T.415.499.1122, F.707.765.4571  
[www.hittenberger.com](http://www.hittenberger.com)

