DOCUMENTATION CHECKLIST

JURISDICTIONS B & C

Knee Orthoses

REQUIRED DOCUMENTATION

☐ **Standard Written Order (SWO)/Written Order Prior to Delivery (WOPD)**

NOTE: Some codes may require a Face-to-Face (F2F) Encounter and WOPD. See the required F2F and WOPD List at: https://www.cms.gov/files/document/required-face-face-encounter-written-order-prior-delivery-list.pdf

- ○ Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- ○ Order Date
- ○ General description of the item
  - ☐ The description can be either a general description (e.g., knee brace), a HCPCS code, a HCPCS code narrative, or a brand name/model number
  - ☐ For equipment – In addition to the description of the base item, the SWO may include all concurrently ordered options, accessories or additional features that are separately billed or require an upgraded code (List each separately).
  - ☐ For supplies – In addition to the description of the base item, the DMEPOS order/prescription may include all concurrently ordered supplies that are separately billed (list each separately)
- ○ Quantity to be dispensed, if applicable
- ○ Treating Practitioner Name or NPI
- ○ Treating Practitioner's signature
  - ☐ Practitioner's signature on the written order meets CMS Signature Requirements 100-08 Program Integrity Manual (PIM), Chapter 3, Section 3.3.2.4
- ○ Standard Written Order was obtained prior to submitting the claim to Medicare or prior to delivering the item

  Refer to the WOPD lookup tool under **Online Resources (below) to determine when a WOPD is required*
- ○ Any changes or corrections have been initialed/signed and dated by the ordering practitioner

☐ **Delivery Documentation**

Direct Delivery	Shipped/Mail Order Tracking Slip	Shipped/Mail Order Return Post-Paid Delivery Invoice
☐ Beneficiary's name ☐ Delivery address ☐ Quantity delivered ☐ A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. ☐ Signature of person accepting delivery ☐ Relationship to beneficiary ☐ Delivery date	☐ Shipping invoice ○ Beneficiary's name ○ Delivery address ○ A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. ○ Quantity shipped ☐ Tracking slip ○ References each individual package ○ Delivery address ○ Package I.D. #number ○ Date shipped ○ Date delivered ☐ A common reference number (package ID #, PO #, etc.) links the invoice and tracking slip (may be handwritten on one or both forms by the supplier)	☐ Shipping invoice ○ Beneficiary's name ○ Delivery address ○ A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. ○ Quantity shipped ○ Date shipped ○ Signature of person accepting delivery ○ Relationship to beneficiary ○ Delivery date

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Knee Orthoses

NOTE: Custom Fitted and Custom Fabricated items require fitting at the time of delivery (Cannot be shipped to the Beneficiary).

Medical Records

- ☐ The treating practitioner had a face-to-face encounter with a beneficiary within the six (6) months prior to prescribing item.
- ☐ The encounter must be used to gather subjective and objective information associated with diagnosing, treating, or managing a clinical condition for which the DMEPOS is ordered.
- ☐ The face-to-face encounter must be documented in the pertinent portion of the medical record (for example, history, physical examination, diagnostic tests, summary of findings, progress notes, treatment plans or other sources of information that may be appropriate). The supporting documentation must include subjective and objective, beneficiary specific information used for diagnosing, treating, or managing a clinical condition for which the DMEPOS is ordered.
- ☐ If the encounter is performed via telehealth, the requirements for telehealth services and payment for telehealth services must be met.
- ☐ A supplier must maintain the written order/prescription and the supporting documentation provided by the treating practitioner and make them available to CMS and its agents upon request.

Prefabricated Knee Orthoses (L1810, L1812, L1820, L1821, L1830, L1831, L1832, L1833, L1836, L1843, L1845, L1847, L1848, L1850, L1851 and L1852)

- ☐ L1810, L1812, L1820, or L1821 is covered when medical records support:
  - ○ Beneficiary is ambulatory; and
  - ○ Has weakness or deformity of the knee; and
  - ○ Requires stabilization
- ☐ L1831 or L1836 is covered when medical records support:
  - ○ Beneficiary has flexion or extension contractures of the knee with movement on passive range of motion (ROM) testing of at least 10 degrees (see Group 1 ICD-10 Codes section of the LCD-related Policy Article)
- ☐ L1830 is covered when medical records support:
  - ○ Beneficiary had a recent injury to or a surgical procedure on the knee(s) (see diagnoses listed in Group 2 or Group 4 ICD-10 Codes in the LCD-related Policy Article)
- ☐ L1832 or L1833 is covered if one of the following criteria is met:
  - ○ Beneficiary is ambulatory; and
  - ○ The beneficiary has had a recent injury to or a surgical procedure on the knee(s) (refer to the Group 2 or Group 4 ICD-10 Codes in the LCD-related Policy Article); or,
  - ○ The beneficiary is ambulatory and has knee instability (refer to the Group 4 ICD-10 Codes in the LCD-related Policy Article).
    - ☐ Objective knee instability must be supported by documentation of the beneficiary's physical examination including the joint laxity test(s) performed (e.g., varus/valgus instability, anterior/posterior drawer test)
- ☐ L1850 is covered when medical records support:
  - ○ Beneficiary is ambulatory; and
  - ○ Knee instability due to genu recurvatum –hyperextended knee (see diagnoses listed in Group 5 ICD-10 Codes in the LCD-related Policy Article)
    - ☐ Objective knee instability must be supported by documentation of the beneficiary's physical examination including the joint laxity test(s) performed
- ☐ L1843, L1845, L1851, or L1852 is covered if one of the following criteria is met:
  - ○ The beneficiary is ambulatory and has objective knee instability that must be supported by documentation of a physical examination including the joint laxity test(s) performed (refer

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Knee Orthoses

to the Group 4 ICD-10 Codes in the LCD-related Policy Article); or,

- ○ The beneficiary has had a recent injury to or a surgical procedure on the knee(s) (refer to the Groups 2 or Group 4 ICD-10 Codes in the LCD-related Policy Article); or,
- ○ The beneficiary has a documented diagnosis of medial or lateral tibiofemoral osteoarthritis (refer to the Group 6 ICD-10 Codes in the LCD-related Policy Article), and meets all criteria:
  - ☐ The beneficiary is ambulatory; and,
  - ☐ The beneficiary is experiencing pain or reduction in their mobility and/or function secondary to the medial or lateral tibiofemoral osteoarthritis; and,
  - ☐ The knee orthosis provides either varus or valgus adjustment; and,
  - ☐ An imaging report (e.g., x-ray, CT scan, MRI) that describes arthritic changes (e.g., joint space narrowing, bone spurs, cysts) consistent with medial or lateral compartment tibiofemoral osteoarthritis; and,
  - ☐ The beneficiary expresses a willingness to use the knee orthosis.

Custom Fitted/Custom Fabricated

Items requiring more than minimal self-adjustment by a qualified practitioner are coded as custom fitted (L1810, L1820, L1832, L1843, L1845, L1847).

☐ Documentation must be sufficiently detailed to include, but is not limited to, a detailed description of why the modifications are necessary and what modifications were performed at the time of fitting the orthosis to the beneficiary.

Custom Fabricated Knee Orthoses (L1834, L1840, L1844, L1846, L1860)

☐ Custom fabricated orthoses are covered when there is a documented physical characteristic which requires the use of a custom fabricated orthosis instead of a prefabricated orthosis. For example:

1. Deformity of the knee or leg
2. Size of thigh or calf
3. Minimal muscle mass upon which to suspend an orthosis

☐ L1834 is covered if the following criteria are met:

- ○ Beneficiary meets the coverage criteria for the prefabricated orthosis code L1830 (see Group 2 ICD-10 Codes section of the LCD-related Policy Article); and
- ○ The general criterion for a custom fabricated orthosis is met

☐ L1840 is covered if the following criteria are met:

- ○ Beneficiary has instability due to internal ligamentous disruption of the knee (see Group 3 ICD-10 Codes section of the LCD-related Policy Article); and
- ○ The general criterion for a custom fabricated orthosis is met

☐ L1844 or L1846 is covered if the following criteria are met:

- ○ Beneficiary meets the coverage criteria for prefabricated orthosis code L1843, L1845, L1851, or L1852; and
- ○ The general criterion for a custom fabricated orthosis is met

☐ L1860 is covered if the following criteria are met:

- ○ Beneficiary is ambulatory; and
- ○ Has knee instability due to genu recurvatum – hyperextended knee (see Group 5 ICD-10 Codes section of the LCD-related Policy Article); and
- ○ The general criterion for a custom fabricated orthosis is met

For custom fabricated orthoses (L1834, L1840, L1844, L1846, L1860), there must be detailed documentation in the treating practitioner's records to support the medical necessity of custom fabricated rather than a prefabricated orthosis. This information will be corroborated by the functional evaluation in the orthotist or prosthetist's records.

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Knee Orthoses

- ☐ When providing these items suppliers must:
  - ○ Provide the product that is specified by the treating practitioner
  - ○ Be sure that the treating practitioner's medical record justifies the need for the type of product (i.e., Prefabricated versus Custom Fabricated)
  - ○ Only bill for the HCPCS code that accurately reflects both the type of orthosis and the appropriate level of fitting
  - ○ Have detailed documentation in supplier's records that justifies the code selected

Miscellaneous

- ☐ Heavy duty knee joints (L2385, L2395) are covered for:
  - ○ Beneficiaries who weigh more than 300 pounds
- ☐ Concentric adjustable torsion style mechanisms to assist knee extension is covered when (coded as L2999):
  - ○ Beneficiary requires knee extension assist in the absence of any co-existing joint contracture

REMINDERS

- A Written Order Prior to Delivery (WOPD) and Face-to-Face (F2F) Encounter is required for specific HCPCS in the Knee Orthoses LCD. **Refer to the lookup tool **(below)***.
- Prior Authorization is required for specific HCPCS in the Knee Orthoses LCD. **Refer to the lookup tool **(below)***.
- Newly enrolled DMEPOS suppliers and those undergoing 100% change of ownership are under Probationary Prior Authorization (PPA) effective October 15, 2026, for specific codes.
  - JB: https://www.cgsmedicare.com/jb/pa/probationary-prior-authorization.html
  - JC: https://www.cgsmedicare.com/jc/pa/probationary-prior-authorization.html

ONLINE RESOURCES

- Knee Orthoses: Local Coverage Determination (LCD) and Policy Articles(PAs)
  - JB: https://www.cgsmedicare.com/jb/coverage/lcdinfo.html
  - JC: https://www.cgsmedicare.com/jc/coverage/LCDinfo.html
- Definitions Used for Off-the-Shelf versus Custom Fitted Prefabricated Orthotics (Braces) – Correct Coding
  - JB: https://www.cgsmedicare.com/jb/pubs/news/2021/03/cope20993.html
  - JC: https://www.cgsmedicare.com/jc/pubs/news/2021/03/cope20993.html
- Orthoses Required Prior Authorization
  - JB: https://www.cgsmedicare.com/jb/mr/orth_prior_auth.html
  - JC: https://www.cgsmedicare.com/jc/mr/orth_prior_auth.html
- **WOPD Code Lookup—****Check this link to see if you must have a FTF and WOPD prior to delivering the item to the beneficiary*
  - JB: https://www.cgsmedicare.com/medicare_dynamic/jb/wopd/wopd.aspx
  - JC: https://www.cgsmedicare.com/medicare_dynamic/jc/wopd/wopd.aspx
- **Prior Authorization Lookup Tool—****Check this link to see if you must submit a prior authorization for the item you are providing*
  - JB: https://www.cgsmedicare.com/medicare_dynamic/jb/pa/pa.aspx
  - JC: https://www.cgsmedicare.com/medicare_dynamic/jc/pa/pa.aspx
- DME MAC Supplier Manual
  - JB: https://www.cgsmedicare.com/jb/pubs/index.html
  - JC: https://www.cgsmedicare.com/jc/pubs/index.html

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Knee Orthoses

- DMEPOS Quality Standards
  https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/DMEPOSQuality/DMEPOSQualBooklet-905709.html
- Required F2F and WOPD list
  - https://www.cms.gov/files/document/required-face-face-encounter-and-written-order-prior-delivery-list.pdf

NOTE: It is expected that the beneficiary's medical records will reflect the need for the care provided. These records are not routinely submitted to the DME MAC but must be available upon request. Therefore, while it is not a requirement, it is a recommendation that suppliers obtain and review the appropriate medical records and maintain a copy in the beneficiary's file.

DISCLAIMER

This document was prepared as an educational tool and is not intended to grant rights or impose obligations. This checklist may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either written law or regulations. Suppliers are encouraged to consult the *DME MAC Supplier Manual* and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.

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