

KNEE ORTHOSES  
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*We IMPACT lives.*

Dear Physician,

Knee orthoses have consistently been one of the highest sources of errors in medical reviews performed by the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) and the Comprehensive Error Rate Testing (CERT) contractor. We know that ordering physicians are the critical provider to document the medical necessity for durable medical equipment, prosthetics, orthotics and supplies (DMEPOS). The following information is intended to provide you with summary guidance on Medicare's coverage and documentation requirements for Knee orthoses.

### **COVERAGE**

Knee Orthoses are covered under the Medicare Braces Benefit (Social Security Act §1861(s)(9)). For coverage under this benefit, the orthosis must:

- Be a rigid or semi-rigid device; and,
- Be used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body.

Items that are not sufficiently rigid to be capable of providing the necessary immobilization or support to the body part for which it is designed do not meet the statutory definition of the Braces Benefit. Items that do not meet the definition of a brace are statutorily noncovered, no benefit.

### **Below is a brief description of the HCPCS included in this article:**

L1810 and L1812 describe prefabricated knee orthoses with elastic material and hinges or joints.

L1820 describes a prefabricated knee orthosis with elastic material, joints or hinges, condylar pads and may include patella control.

L1830 describes a prefabricated knee orthosis immobilizer.

L1831 describes a prefabricated knee orthosis with joint(s) which lock the knee into a particular position.

L1832 and L1833 describe a prefabricated knee orthosis typically used during early rehabilitation for controlling range of motion of the knee joint following surgery.

L1834 and L1836 describe custom fabricated and prefabricated (respectively) rigid knee orthoses without knee joints designed to immobilize and support the knee of a patient who can bear weight and ambulate.

L1840 describes a custom fabricated knee orthosis used to reduce forces to the joint and protect the ligaments of the knee through control of rotational and medial-lateral torsion.

L1843, L1851 and L1844 describe prefabricated and custom fabricated (respectively) knee orthoses that have a single upright and are typically used to support the knee through the application of a medial- or lateral-directed force in patients with uni-compartmental knee osteoarthritis.

L1845, L1852 and L1846 describe prefabricated and custom fabricated (respectively) knee orthoses that have double uprights and used to reduce forces to the joint and protect the ligaments of the knee through control of rotational and medial-lateral torsion.

L1850 describes a prefabricated knee orthosis used to prevent hyperextension of the knee joint.

## **MEDICAL NECESSITY DOCUMENTATION**

CMS requires that the knee orthosis must be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member. For certain types of knee orthoses to be covered for your patient, the following coverage criteria must be met. Criteria are specific to each type of orthosis.

### **HCPCS codes (L1810, L1812, L1820)**

Coverage requires that your documentation show the patient has weakness or deformity of the knee and needs stabilization.

### **Prefabricated HCPCS codes (L1830, L1832, L1833, L1843, L1845, L1851, L1852) and Custom Fabricated HCPCS Codes (L1834, L1844, L1846)**

There are two potential paths to coverage:

1. **Recent injury or surgical procedure:** Requires your documentation show that the patient has had a recent injury to, or a surgical procedure on, the knee(s). In addition, the medical necessity needs to be supported by one of the ICD-10 codes in Group 2 or 4 codes located in the Knee Orthoses Local Coverage Determination (LCD) (L33318).
2. **Ambulatory and Knee Instability:** Requires your documentation show that the patient is ambulatory and has knee instability. Your examination of the patient and your objective description of joint laxity (e.g., varus/valgus instability, anterior/posterior Drawer test) are required. In addition, the medical necessity needs to be supported by one of the Group 4 ICD-10 codes listed in Knee Orthoses LCD (L33318).

### **Prefabricated HCPCS codes (L1831 and L1836)**

Coverage requires that your documentation shows that the patient has flexion or extension contractures of the knee with movement on passive range of motion testing of at least 10 degrees (i.e., a nonfixed contracture). In addition, the medical necessity needs to be supported by one of the ICD-10 codes in Group 1.

### **Prefabricated HCPCS code L1850**

Coverage requires that three (3) criteria must be met:

1. Documentation that the patient is ambulatory; and,
2. Knee instability due to genu recurvatum/hyperextended knee, congenital or acquired; and,
3. Knee instability as demonstrated by an examination of the patient and your objective description of joint laxity (e.g., varus/valgus instability, anterior/posterior Drawer test). In addition, the medical necessity needs to be supported by one of the Group 5 ICD-10 codes listed in the Knee Orthoses LCD (L33318).

For any orthosis, documentation of only pain or a subjective description of joint instability does not meet the coverage criteria.

**Custom Fabricated Knee Orthoses documentation (HCPCS Codes L1834, L1840, L1844, L1846, L1860)**

Custom fabricated knee orthoses have the same basic coverage criteria as the same type of prefabricated knee orthosis. However, there must also be documentation in your records to medically describe why your patient needs a custom fabricated device instead of a prefabricated knee orthosis.

Examples of situations which meet the criterion for a custom fabricated knee orthosis include, but are not limited to:

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

This is only a summary of the Knee Orthoses LCD (<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?lcdid=33318>) and related Policy Articles (<https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleid=52465>) requirements. We encourage you to read the entire LCD and related Policy Articles for a complete description of the coverage, coding and documentation requirements.

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