

## **CLINICIAN CHECKLIST FOR KNEE ORTHOSES - CUSTOM AND PREFABRICATED**

### **Policy References:**

- [Local Coverage Determination \(LCD\) \(L33318\)](#)
- [Policy Article \(A52465\)](#)

**Documentation References:** [Standard Documentation Requirements Policy Article \(A55426\)](#)

The treating clinician must complete the following items:

[Standard Written Order \(SWO\)](#)

[Face-to-Face and Written Order Prior to Delivery](#) - HCPCS codes L1832, L1833, L1851 - Effective for date of service (DOS) April 13, 2022, and after

Medical records as noted below

### **Medical Documentation**

#### **Custom Fabricated Orthoses**

Covered when there is a documented physical characteristic in the clinical record which requires the use of a custom fabricated orthosis instead of a prefabricated orthosis. Examples include but are not limited to:

Deformity of the knee or leg

Size of thigh or calf

Minimal muscle mass upon which to suspend an orthosis

#### **Prefabricated Orthoses**

##### **Knee Orthosis with Joints, or with Condylar Pads and Joints, with or without Patellar Control**

Beneficiary is ambulatory; **and**

Has weakness or deformity of the knee; **and**

Requires stabilization.

##### **Knee Orthosis with Locking Joint or Rigid Orthosis**

Beneficiary has flexion or extension contractures of the knee with movement on passive range of motion (ROM) testing of at least 10 degrees (i.e., a non-fixed contracture).

**Knee Immobilizer without Joints, or Knee Orthosis with Adjustable Joints, or Knee Orthosis with Adjustable Flexion and Extension Joint that Provides both Medial-Lateral and Rotation Control**

Beneficiary had a recent injury to or a surgical procedure on the knee(s).

**Knee Orthosis with Rigid Support; Varus/Valgus Adjustment; Adjustable Knee Joints; Double or Single Uprights; Adjustable Flexion and Extension; Medial and Lateral Controls; or Extension Joints**

Beneficiary is ambulatory; **and**

Has knee instability which must be documented by physical examination of the beneficiary and objective description of joint laxity (e.g., varus/valgus instability, anterior/posterior Drawer test).

**Knee Orthosis (Swedish Type)**

Beneficiary is ambulatory; **and**

Beneficiary has knee instability due to genu recurvatum – hyperextended knee, congenital or acquired.