

**Policy References:** [Local Coverage Determination Knee Orthosis \(L33318\)](#) and [Policy Article \(A52465\)](#)

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

The treating clinician must complete the following items:

- [Standard Written Order \(SWO\)](#)
- Medical record documentation requirements (see below)

### **Medical Documentation**

Medical records need to support coverage criteria for the various prefabricated knee orthoses referenced below.

A knee orthosis with joints, or with condylar pads and joints, with or without patellar control is covered when all of the following are met.

- Beneficiary is ambulatory
- Has weakness or deformity of the knee
- Requires stabilization

A knee orthosis with a locking joint or a 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)

A knee immobilizer without joints, or a knee orthosis with adjustable joints, or a knee orthosis with an 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)

A 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)

A knee orthosis (Swedish type)

- Beneficiary is ambulatory
- Beneficiary has knee instability due to genu-recurvatum – hyperextended knee, congenital or acquired