

DOCUMENTATION CHECKLIST FOR KNEE ORTHOSES

Policy References:

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

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

The supplier must be able to provide all of these items on request:

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

[Face-to-Face and Written Order Prior to Delivery \(WOPD\)](#)

Required for HCPCS codes L1832, L1833, L1851, L1843

L1845, L1852 - Effective for dates of service (DOS) on or after August 12, 2024

No longer required for L1833 effective for DOS on or after August 12, 2024

([CMS Required Face-to-Face Encounter and Written Order Prior to Delivery List](#))

[Prior Authorization](#) - HCPCS codes L1832, L1833, L1851 - ([CMS Required Prior Authorization List](#))

L1843, L1845 - Effective for DOS on or after August 12, 2024

No longer required for HCPCS code L1833 effective for DOS on or after August 12, 2024

[Beneficiary Authorization](#)

[Proof of Delivery \(POD\)](#)

[Continued Need](#)

[Continued Use](#)

Medical records from treating practitioner as noted below

[Educational Resources](#) - Located on left panel of Orthotic webpage

Medical records should contain:

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

L1810, L1812, or L1820 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

ICD-10-CM Codes that Support Medical Necessity - [Group 1 Codes Knee Orthoses Policy Article](#)

L1830, L1832, or L1833 is covered when medical records support:

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

ICD-10-CM Codes that Support Medical Necessity - [Group 2 or 4 Knee Orthoses Policy Article](#)

L1832, L1833, L1843, L1845, L1851 or L1852 is covered when medical records support:

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

Beneficiary is ambulatory; **and**

Has knee instability due to a condition specified in the Group 4 Codes section of the LCD-related Policy Article

Knee instability must be documented by examination of the beneficiary and objective description of joint laxity (e.g., varus/valgus instability, anterior/posterior drawer test)

ICD-10-CM Codes that Support Medical Necessity - [Group 4 Knee Orthoses Policy Article](#)

L1850 is covered when medical records support:

Beneficiary is ambulatory; **and**

Has knee instability due to genu recurvatum –hyperextended knee (see Group 5 Codes section of the LCD-related Policy Article)

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

ICD-10-CM Codes that Support Medical Necessity - [Group 5 Knee Orthoses Policy Article](#)

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:

Deformity of the knee or leg

Size of thigh or calf

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 Codes section of the LCD-related Policy Article); **and**

The general criterion for a custom fabricated orthosis is met

ICD-10-CM Codes that Support Medical Necessity - [Group 2 Knee Orthoses Policy Article](#)

L1840 is covered if the following criteria are met:

Beneficiary has instability due to internal ligamentous disruption of the knee (see Group 3 Codes section of the LCD-related Policy Article); **and**

The general criterion for a custom fabricated orthosis is met

ICD-10-CM Codes that Support Medical Necessity - [Group 3 Knee Orthoses Policy Article](#)

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 (see Group 4 Codes section of the LCD-related Policy Article); **and**

The general criterion for a custom fabricated orthosis is met

ICD-10-CM Codes that Support Medical Necessity - [Group 4 Knee Orthoses Policy Article](#)

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 Codes section of the LCD-related Policy Article); **and**

The general criterion for a custom fabricated orthosis is met

ICD-10-CM Codes that Support Medical Necessity - [Group 5 Knee Orthoses Policy Article](#)

Miscellaneous

Coding Verification Review

Knee Orthosis - The only products which may be billed using the following list of HCPCS codes are those for which a written coding verification review (CVR) has been made by the PDAC contractor and subsequently published on the Product Classification List (PCL) L1845, L1852, L1832, L1833 and L1851

CVR required for L1843 for claims with DOS on or after December 1, 2024

Competitive Bid 2021 includes off the shelf knee braces

OTS knee braces HCPCS codes: L1812, L1830, L1833, L1836, L1850, L1851, and L1852

For dates of service beginning January 1, 2024, and after, there is a temporary gap period in the DMEPOS Competitive Bidding Program (CBP) for off-the-shelf knee braces.

Heavy duty knee joints (L2385, L2395) are covered for:

Beneficiaries who weigh more than 300 pounds

L2999 is covered when:

Beneficiary requires knee extension assist in the absence of any co-existing joint contracture