

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](#)

Prefabricated Knee Orthoses Coverage Criteria Table

The coverage criteria for the following HCPCS codes is defined by a path at the bottom of the table.

HCPCS	Description	Covered for:
L1830 (off-the-shelf)	Knee immobilizer without joints	Path 1
L1833 (off-the-shelf) L1832 (custom fit)	Knee orthosis with adjustable knee joints	Either Path 1 or Path 2
L1843 (custom fit) L1845 (custom fit) L1851 (off-the-shelf) L1852 (off-the-shelf)	Knee orthosis with adjustable flexion and extension joint that provides both medial-lateral and rotation control	Either Path 1 or Path 2

Path 1:

- Recent injury or surgical procedure to knee(s); and
- Group 2 or Group 4 diagnosis code

Path 2:

- Ambulatory; and
- Objective description of joint laxity; and
- Knee instability due to condition specified in Group 4 diagnosis codes

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 in the medical records 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

Refer to the [Off-the-Shelf or Custom Fitted Orthotic Lookup Tool](#) to determine the correct HCPCS code to bill when providing a custom fit orthotic but no custom fitting is completed. This includes adding the policy specific required modifier and the LT or RT modifiers.

When billing a custom fit orthotic with no corresponding off-the-shelf code, refer to the [Correct Billing for Custom Fitted Orthotics when no Custom Fitting is Completed with no Off-the-Shelf Equivalent](#) article.

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

Same or Similar

As same or similar is a top denial for this policy, remember to check for [same or similar](#) in the Noridian Medicare Portal, utilizing Option 2 to search for all paid dates of service for a range of HCPCS codes within that policy group. For KO, that would be L1810 – L1860.

If it is believed that the beneficiary has had a same or similar item within the reasonable useful lifetime, be sure to obtain an [Advance Beneficiary Notice of Noncoverage](#).