

## **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 \(SWO\)](#)

[Beneficiary Authorization](#)

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

[Continued Need](#)

[Continued Use](#)

Medical records from treating practitioner as noted below

### **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 (see Group 1 Codes section of the LCD)

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

Beneficiary had a recent injury to or a surgical procedure on the knee(s) (see diagnoses listed in Groups 2 or 4 ICD-10 Codes in the LCD-related 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)

### **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).

## **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

### **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

### **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

**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

**Miscellaneous**

**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