

References: L33318, A52465

All Knee Orthoses and Accessories

- Dispensing Order, if applicable
- Detailed Written Order (DWO)
- Beneficiary Authorization
- Proof of Delivery (POD)
 - Method 1 - Direct Delivery to the Beneficiary by the Supplier
The date the beneficiary/designee signs for the orthosis is to be the date of service of the claim.
 - Method 2 - Delivery via Shipping or Delivery Service
The shipping date is to be the date of service of the claim.
 - Method 3 - Delivery to Nursing Facility on Behalf of a Beneficiary
- Continued Need
- Continued Use

- | |
|--|
| <input type="checkbox"/> Same / Similar |
| <input type="checkbox"/> Surgery Related
Hospital PO# _____ |

Medical Records

Prefabricated Knee orthoses (K0901, K0902, L1810, L1812, L1820, L1830 - L1833, L1836, L1843, L1845, L1847, L1848, L1850)

- 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) (for L1830 see Group 2 Codes section of the LCD)
- K0901, K0902, L1832, L1833, L1843, or L1845 is covered when medical records support:
 - Beneficiary had a recent injury to or a surgical procedure on the knee(s); **or**

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- Beneficiary is ambulatory; **and**
- Has knee instability due to a condition specified in the Group 4 Codes section of the LCD
- 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)
 - 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); and
 - The [general criterion](#) for a custom fabricated orthosis is met
- L1840 is covered when medical records support:
 - Beneficiary has instability due to internal ligamentous disruption of the knee (see Group 3 Codes section of the LCD)
- L1844 or L1846 is covered when medical records support:
 - Beneficiary meets the coverage criteria for prefabricated orthosis code K0901, K0902, L1843, or L1845 (see Group 4 Codes section of the LCD); **and**
 - The [general criterion](#) for a custom fabricated orthosis is met
- L1860 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); **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