Knee Orthosis

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not reasonable and necessary.

Suppliers are to follow The Health Plan requirements for precertification as applicable.

Most knee orthotics requires precertification. Must have detailed written order included.

National Coverage Determination Policy	CMS Publication 100-3 Medicare National Coverage Determination Manual, Chapter 1, Section 280.10
Local Coverage Determination Policy	J- B/C
Effective Date	For services performed on or after 10/31/13
Revision/Review Date	01/01/19, 10/30/18, 06/05/2018, 04/01/17, 02/15/17, 02/01/16, 09/15/14
The Health Plan	**Medicare and Commercial Plans** will follow Coverage Determination posted on the CGS website unless otherwise indicated in sections of this policy, contractual agreements, or benefit plan documents. **West Virginia Medicaid** plans will follow West Virginia Medicaid stance concerning the off-the-shelf orthotics. See The Health Plan DME POS Authorization and Compensation Guide

DESCRIPTION

An orthopedic appliance or apparatus used to support, align, prevent, or correct deformities or to improve the function of movable parts of the body, i.e., the knee. For the purposes of this policy they must meet the Medicare guidelines for a rigid or semi rigid device. They can be prefabricated or custom fabricated.

COVERAGE GUIDELINES

PREFABRICATED KNEE ORTHOSES (L1810, L1812, L1820, L1830 - L1833, L1836, L1843, L1845, L1847, L1848, and L1850-L1852):

A knee orthosis with joints (**L1810, L1812**) or knee orthosis with condylar pads and joints with or without patellar control (**L1820**) are covered for ambulatory members who have weakness or deformity of the knee and require stabilization.

A knee orthosis with a locking knee joint (**L1831**) or a rigid knee orthosis (**L1836**) is covered for members with flexion or extension contractures of the knee with movement on passive range of motion testing of at least 10° (i.e., a nonfixed contracture). **ICD 10 M24.561-M24.562.**

A knee immobilizer without joints (**L1830 and L1834**) is covered if all of the following criteria are met:

1. The patient has had a recent injury to or surgical procedure on the knee; and
2. The patient has one of the following diagnoses:

Diagnosis	ICD-10
Felty's Syndrome	M05.61-M05.062
Rheumatoid Arthritis-	M05.261-M05.762, M05.861-M05.862, M06.061-M06.362, M06.861-M06.082, M08.061-M08.062, M08.3, M08.461-M08.462, M08.861-M08.862, M08.961-M08.962
Chronic Postrheumatic Arthroplasty (JACCOUND)	M12.061-M12.062
Osteoarthritis	M17.10-M17.9
Cystic Meniscus	M23.000-M23.062
Meniscal Cartilage Derangement and Tears	M23.200, M23.205-M23.262. M23.300-M23.362, S83.200-S83.282A
Instability of the Knee	M23.51-M23.52
Disorders of the Patella and Patellofemoral	M22.2X1-M22.3X2, M22.40-M22.42, M22.8X1-M22.8X2, M22.91-M22.92, S83.001A-S83.095A
Knee Ligamentous Disruption and Derangement not listed above	M23.50-M23.90, M23.91-M23.92
Rupture of Tendons	M66.251-M66.262
Osteoporosis	M80.051A-M80.862S
Fractures of Femur	M84.351P-M84.352S, M84.451K-M84.452S, M84.5551K-M84.552S, M84.651A-M84.652S, M96.661-M96.662, S72.1001K-S72.062N, S72.062P-S79.192S

Fractures of Tibia or Fibula	M84.361A-M84.364S, M84.461A-M84.464S, M84.561A-M84.564S, M84.661-M84.664S, M96.671-M96.672, S82.101A-S82.832S, S89.001A-S89.392
Aseptic/Osteo Necrosis of Tibia or Fibula	M87.061-M90.562
Congenital Deformity of Knee	Q68.2
Discoid Meniscus	Q68.6
Fractures of the Patella	S82.001A-S82.092S
Fractures of the Lower Leg	S82.841K-S82.92XS
Subluxations and Dislocations of the Patella, Knee and Tibia and Fibula not noted above	S83.001A-S83.195A
Tear of Articular Cartilage	S83.31XA-S83.32XA
Sprains and Strains of Knee	S83.401A-S86.812A
Breakdown, Complication, Displacement Prosthesis or Device of Knee	T84.012A-T84.498A
Infection and inflammation Knee Prosthesis Hardware or Graft	T84.53XA-T84.54XA
Embolism and Fibrosis, or Hemorrhage due to Knee Prosthesis Hardware or Graft	T84.81XA, T84.82XA, T84.83XA
Pain, Stenosis, Thrombosis due to Prosthesis, Hardware, or Grafts	T84.84XA, T84.85XA, T84.86XA
Other Specified Complications not listed above of Knee Prosthesis, Hardware or Graft.	T84.89- Will need supporting documentation per the face to face office and surgical note.
Presence of Artificial Knee Joint	Z96.651-Z96.653- Will need supporting documentation per the face to face office note and surgical note

A knee orthosis with adjustable knee joints (**L1832, L1833**), or a knee orthosis with an adjustable flexion and extension joint that provides both medial and lateral, and rotation control (**L1843, L1845, L1851, L1852)**, are covered for a member who is ambulatory and has knee instability with or without a recent surgical procedure or injury due to a condition specified above or in one of the following diagnoses:

Diagnosis	ICD-10
Multiple Sclerosis	**G35**
Hemiplegia	**G81.90, G81.91- G81.94**
Cerebral Palsy, Unspecified	**G80.9**
Paraplegia of Both Lower Limbs	**G04.1, G82.20- G82.22**
Lesions of Sciatic or Femoral Nerve	**G57.00, G57.20**

A knee orthosis, Swedish type, prefabricated (**L1850**) and its custom counterpart (**L1860**) is covered for a member who is ambulatory and has knee instability due to genu recurvatum - hyperextended knee (**M21.861, M21.862, Q68.2**).

For codes **L1832, L1833 L1843, L1845**, and **L1850-L1852**, knee instability must be documented by examination of the member and objective description of joint laxity (e.g., varus/valgus instability, anterior/posterior Drawer test). Subjective information such as complaints of pain alone does not meet guidelines for coverage.

CUSTOM FABRICATED KNEE ORTHOSES (**L1834, L1840, L1844, L1846, and L1860**):

A custom fabricated orthosis is covered when there is a documented physical characteristic, which requires the use of a custom fabricated orthosis instead of a prefabricated orthosis. Examples of situations which meet the criteria for a custom fabricated orthosis include, but are not limited to:

1. Deformity of the leg or knee;
2. Size of thigh and calf;
3. Minimal muscle mass upon which to suspend an orthosis.

Providers should first consider prefabricated alternatives, such as pediatric knee orthoses, straps with additional length for large limbs, etc. and must provide this information with precertification.

A custom fabricated knee immobilizer without joints (**L1834**) is covered if all of the following criteria are met:

1. The coverage criteria for the prefabricated orthosis codes L1830 are met; and
2. The criteria for a custom fabricated orthosis is met.

A custom fabricated derotation knee orthosis (**L1840**) is covered for instability due to the following diagnoses:

Diagnosis	ICD-10
Patellofemoral Disorders	M22.2X1-M22.92
Chronic Instability Knee	M23.51-M23.52
Disruption of ligaments Pertaining to the Knee	M23.601-M23.672
Derangements of the Knee	M23.8X1-M23.92

A custom fabricated knee orthosis with an adjustable flexion and extension joint (**L1844 and L1846**) is covered if:

1. The coverage criteria for the prefabricated orthosis codes L1843,L1845, L1851 and L1852 are met; and
2. The l criteria for a custom fabricated orthosis is met.
3. The orthotic has set limits on flexion and extension, but allows for free motion within those limits. The increments of adjustment at minimum, is 15 degrees.
4. May be unicentric or polycentric.

Concentric Torsion Mechanisms:

Concentric adjustable torsion style mechanisms used to assist knee joint extension motion for member's who require knee extension assist and do NOT have any coexisting joint contracture is coded **L2999**. Will require precertification with make, model, description of item, manufacturer's invoice, and specific documentation from member's physician's medical record of member's need for the device. If the item is custom fabricated, a complete and clear description of the item, including what makes this item unique, and a breakdown of charges (material and labor used in fabrication) must be included with the precertification.

Concentric adjustable torsion style mechanisms used for the treatment of contractures (fixed or non-fixed) are coded **E1810**, and coverage guidelines are listed in The Health Plan's dynamic splinting policy.

Requests for devices incorporating concentric adjustable torsion style mechanisms used for the treatment of any joint contracture coded with **L2999** will be denied as incorrect coding.

Requests for prefabricated or custom-fabricated devices that contain a concentric adjustable torsion style mechanism in the knee joint should be coded as **E1810** (dynamic adjustable knee extension/flexion device, includes soft interface materials) if it is not the sole purpose of the device to provide an assistive function to joint extension motion. Any request for an item coded with L-codes for devices incorporating a concentric adjustable torsion style mechanism in the knee joint being used to treat any condition other than an assistive function to joint extension motion will be denied for incorrect coding.

NONCOVERAGE STATEMENT

There is no proven clinical benefit to the inflatable air bladder incorporated into the design of code **L1847** or **L1848**

Custom fabricated orthoses (**L1834, L1840, L1844, L1846, L1860**) are not covered in the treatment of knee contractures in cases where the member is nonambulatory.

Should a supplier wish to submit a claim for services/items that are included in the allowance for the orthosis, code **L9900** (orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code) must be used. Code **L9900** is denied as not separately payable.

Elastic support garments are not covered because they are not rigid or semi-rigid devices. They are neoprene or spandex with no hard /rigid stays or joints. Devices that are not rigid or semi-rigid must be coded **A4467**. Code **A4467** will be denied as noncovered.

Brace sleeves (**A9270**) used in conjunction with orthoses are noncovered because they do not meet the definition of a brace. They are not used to support a weak or deformed body member or to restrict or eliminate motion in a diseased or injured part of the body.

Powered exoskeleton products, such as the Rewalk™ (Argo Technologies), and the Indego®(Parker Hannifin Corp.), and other similar items are not covered and should be coded **A9270**.

REPAIR, REPLACEMENT, AND REASONABLE USEFUL LIFETIME

Precertification is required for replacements and repairs.

Replacement during the "reasonable useful lifetime" is covered if the item is lost or irreparably damaged. Replacement for other reasons, including but not limited to irreparable wear, during the period of reasonable useful lifetime is denied as noncovered.

L-coded additions to knee orthoses (**L2275 - L2830** and **K0672**) will be denied as noncovered when the base orthosis is noncovered. Clinical documentation is required to support the medical necessity for the item as indicated above in documentation requirements.

A replacement removable soft interface for a knee orthosis is billed with code **K0672** (lower extremity orthosis, not otherwise specified). One unit of service includes all the components that are used at the same time on a single orthosis.

Coverage of a removable soft interface (**K0672**) is limited to a maximum of two per year beginning one year after the date of service for initial issuance of the orthosis. Repairs to a covered orthosis are covered when they are necessary to make the orthosis functional. The reason for the repair must be documented in the supplier's record and submitted with precertification.

If the expense for repairs exceeds the estimated expense of providing another entire orthosis, no payment will be made for the amount in excess.

The allowance for the labor involved in replacing/repairing an orthotic component that is coded with a specific L code is included in the allowance for that component.

The allowance for the labor (**L4205**) involved in replacing/repairing an orthotic component that is coded with the miscellaneous code **L4210** is separately payable in addition to the allowance for that component.

Code **L4002** is for billing of replacement component(s) and is not payable at initial issue of a base orthosis. When code **L4002** is billed at the same time of the initial issue of a base orthosis, it will be denied as not separately payable.

The right (RT) and/or left (LT) modifiers must be used when billing for orthosis base codes, additions and replacement parts. When the same code for bilateral items (left and right) is billed on the same date of service, bill for both items on the same claim line using the RTLT modifiers and two units of service. Claims billed without modifiers RT and/or LT will denied or rejected as incorrect coding

Code **L4205** (Repair of orthotic device, labor component, per 15 minutes) may only be billed for time involved with the actual repair of an orthosis or for medically necessary adjustments made more than 90 days after delivery.

Code **L4205** must not be used to bill for time involved with other professional services including, but not limited to:

- Evaluating the patient
- Taking measurements, making a cast, making a model, use of CAD/CAM
- Making modifications to a prefabricated item to fit it to the individual patient
- Follow-up visits
- Making adjustments at the time of or within 90 days after delivery

Reimbursement for these services is included in the allowance for the HCPCS codes, which describe the orthosis.

Similarly, code **L4210** (repair of orthotic device, repair or replace minor parts) must not be used for casting supplies or other materials used in the fitting or fabrication of an orthosis.

The Health Plan requires precertification for code **L4210**. Provider is to submit manufacturer's invoice and description of the item, as well as reason for repair.

Diagnoses and ICD-10 codes that either support or do not support medical necessity are indicated above.

REASONABLE USEFUL LIFETIME GUIDELINE

The following chart reflects the reasonable useful lifetime of **prefabricated** knee orthoses:

L1810	1 year
L1812	1 year
L1820	1 year
L1830	1 year
L1831	2 years
L1832	2 years
L1833	2 years
L1836	3 years
L1843	3 years
L1845	3 years
L1850	2 years

L1851	3 years
L1852	3 years

The reasonable useful lifetime of **custom** fabricated orthoses generally is three years. May be reviewed on a case by case basis for repair versus replacement. Replacement being requested for general wear and tear is not covered prior to the end of the reasonable useful lifetime.

CODING INFORMATION

CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS

EY	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE
GA	WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYER POLICY, INDIVIDUAL CASE
GZ	ITEM OR SERVICE EXPECTED TO BE DENIED AS NOT REASONABLE AND NECESSARY
KX	REQUIREMENTS SPECIFIED IN THE MEDICAL POLICY HAVE BEEN MET
LT	LEFT SIDE (USED TO IDENTIFY PROCEDURES PERFORMED ON THE LEFT SIDE OF THE BODY)
RT	RIGHT SIDE (USED TO IDENTIFY PROCEDURES PERFORMED ON THE RIGHT SIDE OF THE BODY)

HCPCS CODES

A4467	BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE
A9270	NON-COVERED ITEM OR SERVICE
K0672	ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS, REPLACEMENT ONLY, EACH
L1810	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L1812	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, OFF-THE-SHELF
L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L1830	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, OFF-THE-SHELF

L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L1833	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, OFF-THE SHELF
L1834	KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM FABRICATED
L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF
L1840	KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED
L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED
L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED.
L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L1848	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED, OFF-THE-SHELF
L1850	KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, OFF-THE-SHELF
L1851	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT(UNICENTRIC OR POLYCENTRIC), MEDICAL-LATERAL AND

	ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF- THE SHELF
L1852	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT 9UNICENTRIC OR POLYCENTRIC), MEDIAL –LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT,PREFABRICATED, OFF- THE-SHELF
L1860	KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM-FABRICATED (SK)
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT
L2397	ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH
L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT.
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FABRICATED ORTHOSIS ONLY
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY

L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION
L2999	LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED
L4002	REPLACEMENT STRAP ANY ORTHOSIS INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES
L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS
L9900	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS "L" CODE

DOCUMENTATION REQUIREMENTS

For the purposes of this policy, it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other health care professionals and test reports.

This documentation must be available with precertification.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

1. Physician detailed written order. Order must include the following:
    a. Member’s name
    b. Date of order
    c. Order must include any specific feature of the base code and every addition requested. The medical record must contain the information that supports the request for each item, and must be submitted with the precertification, if the item requires precertification, or with the claim, if no precertification was required
    d. Order must include diagnosis code, as some knee orthotics are diagnosis driven.
    e. Physician signature with date. Date stamps are not appropriate

2. For custom fabricated orthoses, there must be documentation in the supplier's records to support the medical necessity of that type of device rather than a prefabricated orthoses. For custom fabricated orthoses (**L1834, L1840, L1844, L1846**), there must be detailed documentation in the treating physician’s records to support the medical necessity of custom fabricated rather than a prefabricated orthoses. The information from the medical record can then be corroborated by the functional evaluation from the orthotist or prosthetist’s records.

This information must be submitted with precertification and or claim.

3. Proof of delivery to be kept on file by the provider of the item.

4. If templates or forms are submitted, (e.g., a Medicare Certificate of Medical Necessity, and /or a provider created form), The Health Plan reserves the right to request the medical record, that may include, but not limited to, the physician office notes, hospital and nursing facility records, and home health records.

   Note: Template provider forms, prescriptions, and attestation letters are not considered part of the medical record, even if signed by the ordering physician.

Items listed in this policy that are provided without first obtaining authorization required per The Health Plan DME POS Authorization and Compensation Guide may be denied for no precertification.

ORTHOSIS PROVIDED WHILE MEMBER IN PART A FACILITY

Reimbursement for orthotics provided to a member while the member is covered in a Part A facility (hospital, rehabilitation unit, skilled nursing unit) is based on specific contract information with the individual facility, and whether or not the device is intended for use while the member is in the facility.

Payment for the orthosis is included in the payment to a hospital if:

1. The orthosis is provided to a patient during an inpatient hospital stay prior to the day of discharge; and
2. The patient uses the orthosis is for medically necessary inpatient treatment or rehabilitation.

A claim must not be submitted in this situation.

Reimbursement for an orthosis provided while a member is in a SNF receiving Part A services, will be reimbursed according to individual facility contracts.

BILLING GUIDELINES

Either a non -removable soft interface (**L2820 and L2830**) or two removable soft interfaces (K0672) are included in the allowance for a knee orthoses. Soft interfaces billed separately at the time of initial issue will be denied as not separately payable.

Codes **L2320** and **L2330** (non-molded and molded lacers, respectively) may only be billed as replacement items.

Heavy-duty knee joint codes (**L2385 and L2395**) are covered only for patients who weigh more than 300 lbs.

Medicare has grouped base orthoses with additions into 4 categories.

1. Eligible for separate payment
2. Not reasonable and necessary
3. Not separately payable
4. Incompatible

The following tables lists addition codes, for **prefabricated** base orthoses that are considered appropriate and may be separately payable if:

- They are provided with the related base code orthoses; and
- The base orthoses is reasonable and necessary; and
- The addition is reasonable and necessary.

Base Code	Addition Codes - Eligible for Separate Payment
L1810	NONE
L1812	NONE
L1820	NONE
L1830	NONE
L1831	NONE
L1832	L2397, L2795, L2810
L1833	L2397, L2795, L2810
L1836	NONE
L1843	L2385, L2395, L2397
L1845	L2385, L2395, L2397, L2795
L1847	NONE
L1848	NONE
L1850	L2397
L1851	L2385,L2395, L2397
L1852	L2385, L2395, L2397, L2795

The following table lists addition codes which describe components or features that can be incorporated into a **prefabricated** base knee orthoses but not considered reasonable and necessary. These addition codes, if they are billed with the related base code, will be denied

Base Code	Addition Codes - Not Reasonable and Necessary
L1810	L2397
L1812	L2397
L1820	L2397
L1830	L2397
L1831	L2397, L2795
L1832	L2405, L2415, L2492, L2785

L1833	L2405, L2415, L2492, L2785
L1836	L2397
L1843	L2405, L2492, L2785
L1845	L2405, L2415, L2492, L2785
L1847	L2397, L2795
L1848	L2397, L2795
L1850	L2275
L1851	L2405, L2492, L2785
L1852	L2405, L2415, L2492, L2785

The following table lists addition codes for **prefabricated** knee orthoses that are appropriate, but are considered to be included in the allowance for the base code, therefore no separate payment will be made for those addition codes apart from the base code.

Base Code	Addition Codes - Not Separately Payable
L1810	L2390, L2750, L2780, L4002
L1812	L2390, L2750, L2780, L4002
L1820	L2390, L2750, L2780, L2810, L4002
L1830	K0672, L4002
L1831	K0672, L2390, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002
L1832	K0672, L2390, L2425, L2430, L2750, L2780, L2820, L2830, L4002
L1833	K0672, L2390, L2425, L2430, L2750, L2780, L2820, L2830, L4002
L1836	K0672, L2750, L2780, L2810, L2820, L2830, L4002
L1843	K0672, L2275, L2390, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002
L1845	K0672, L2275, L2390, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002
L1847	K0672, L2390, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002
L1848	K0672, L2390, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002
L1850	K0672, L2750, L2780, L2810, L2820, L2830, L4002

The following table lists addition codes for **custom** knee orthoses that are appropriate, but are considered to be included in the allowance for the base code, therefore no separate payment will be made for those addition codes apart from the base code.

Base Code	Addition Codes - Not Separately Payable

L1834	K0672, L2820, L2830, L4002
L1840	K0672, L2320, L2330, L2750, L2780, L2810, L2820, L2830, L4002
L1844	K0672, L2275, L2320, L2330, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002
L1846	K0672, L2275, L2320, L2330, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002
L1860	K0672, L2820, L2830, L4002

The following tables lists addition codes, for **custom** base knee orthoses that are considered appropriate and may be separately payable if:

- They are provided with the related base code orthoses; and
- The base orthoses is reasonable and necessary; and
- The addition is reasonable and necessary.

Base Code	Addition Codes - Eligible for Separate Payment
L1834	L2795
L1840	L2385, L2390, L2395, L2397, L2405, L2415, L2425, L2430, L2492, L2755, L2785, L2795
L1844	L2385, L2390, L2395, L2397, L2405, L2492, L2755, L2785
L1846	L2385, L2390, L2395, L2397, L2405, L2415, L2492, L2755, L2785, L2795, L2800
L1860	NONE

The following table lists addition codes which describe components or features that can be incorporated into a **custom** base knee orthoses but are considered not reasonable and necessary. These addition codes, if they are billed with the related base code, will be denied.

Base Code	Addition Codes - Not Reasonable and Necessary
L1834	L2397, L2800
L1840	L2275, L2800
L1844	NONE
L1846	NONE
L1860	L2397

KX, GA, and GZ MODIFIERS

Suppliers may submit a claim with a KX modifier only if all the criteria for that item are met.

If the coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a

properly executed Advance Beneficiary Notice (ABN) or the GZ modifier, if they have not obtained a valid ABN.

ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

NOTE: Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or ABN to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

PRICING, DATA ANALYSIS, AND CODING (PDAC)

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Suppliers should contact the PDAC contractor for guidance on the correct coding of these items. dmepdac.com/

MEDICARE DEFINITIONS AND DESCRIPTION

A knee flexion contracture is a condition in which there is shortening of the muscles and/or tendons with the resulting inability to bring the knee to 0° extension or greater (i.e., hyperextension) by passive range of motion. (0° knee extension is when the femur and tibia are in alignment in a horizontal plane.)

A knee extension contracture is a condition in which there is shortening of the muscles and/or tendons with the resulting inability to bring the knee to 80° flexion or greater by passive range of motion. A contracture is distinguished from the temporary loss of range of motion of a joint following injury, surgery, casting, or other immobilization.

An orthosis (brace) is a rigid or semirigid device, which is used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body. . Items that are not sufficiently rigid to be capable of providing the necessary immobilization or support to the body part for which it is designed do not meet the statutory definition of the Braces Benefit. Items that do not meet the definition of a brace are statutorily noncovered, no benefit. An orthoses can be either prefabricated or custom fabricated.

A **prefabricated orthoses** is one, which is manufactured in quantity without a specific patient in mind. A prefabricated orthoses may be trimmed, bent, molded (with or without heat), or otherwise modified for use by a specific patient (i.e., custom fitted). An orthoses that is assembled from prefabricated components is considered prefabricated. Any orthoses that does not meet the definition of a custom fabricated orthoses is considered prefabricated. May or not be part of a kit. They may be over the counter (OTS) or be otherwise customized by an individual with specialized training.

Off the shelf orthotics are prefabricated, may or may not require some assembly with minimal self-adjustment, but do not require any "expert" involvement with fitting the orthosis to the member.

Custom fitted: are customized prefabricated items and require substantial modification by a certified othotist or an individual of equivalent training for fitting of the item at the time of delivery. For example, the item must be trimmed, bent or molded, or otherwise modified beyond minimal self -adjustment.

A **custom-fabricated orthoses** is one which is individually made for a specific patient (no other patient would be able to use this orthoses) starting with basic materials including, but not limited to, plastic, metal, leather, or cloth in the form of sheets, bars, etc. It involves substantial work such as vacuum forming, cutting, bending, molding, sewing, etc. It may involve the incorporation of some prefabricated components. It involves more than trimming, bending, or making other modifications to a substantially prefabricated item.

A **molded-to-patient-model** orthoses is a particular type of custom fabricated orthoses in which either:

a. An impression of the specific body part is made (usually by means of a plaster or fiberglass cast) and this impression is then used to make a positive model (usually of plaster) of the body part; or
b. Detailed measurements are taken of the patient's extremity and are used to modify a positive model (Which has been selected from a large library of models) to make it conform to the patient's body shape and dimensions; or
c. A digital image of the patient's extremity is made using computer (CAD-CAM) software which then directs the carving of a positive model.

The orthoses is then individually fabricated and molded over the positive model of the patient.

An adjustable flexion and extension joint is one which enables the practitioner to set limits on flexion and extension but allows the patient free motion of the knee within those limits. The increments of adjustability must be, at a minimum, 15°. The joint may be either unicentric or polycentric.

K0901 and **K0902** describe prefabricated knee orthoses that require minimal self-adjustment by the patient. **Codes have been deleted as of 01/01/2017**

Code **L1810, L1812** describes a prefabricated knee orthoses constructed of latex, neoprene, spandex, or other elastic material. There are no condylar pads. There are hinges or joints.

Code **L1820** describes a prefabricated knee orthoses with hinges or joints, constructed of latex, neoprene, spandex, or other elastic material. There are medial and lateral condylar pads.

Code **L1830** describes a prefabricated knee orthoses immobilizer, with rigid metal or plastic stays placed laterally and posteriorly. The interface material is constructed of canvas, closed cell foam, or equal. The thigh and calf cuffs are one-piece construction held in place by velcro straps or equal. The orthoses immobilizes the knee joint and prevents flexion or extension. There are no hinges or joints.

Codes **L1831** and **L1847, L1848** describe prefabricated knee orthoses with joint(s) which lock the knee into a particular position. Code **L1847, L1848** is distinguished from **L1831** by the addition of an air bladder in the space behind the knee. These orthoses are designed for patients who are nonambulatory. They are typically used to treat flexion/extension contractures of the knee.

Code **L1832, L1833** describes a prefabricated knee orthoses that has double uprights and adjustable flexion and extension joints. Medial-lateral control of the knee is accomplished by the solid metal (or similar material) structure of the double uprights. It may have condylar pads. This orthoses is designed

for a patient who can bear weight on the knee and is capable of ambulation. It is typically used for early rehabilitation following knee surgery.

Codes **L1834** and **L1836** describe rigid knee orthoses without a knee joint. Both are designed to prevent knee motion. These orthoses are designed for patients who can bear weight on the knee, are capable of ambulating, and need additional support provided through immobilization of the knee joint. Code **L1834** refers to a custom fabricated knee orthotic while **L1836** refers to one that is pre-fabricated.

Code **L1840** describes a custom fabricated knee orthoses with knee joints designed to protect the ligaments of the knee through medial-lateral torsion, providing stability and preventing rotation.

Codes **K0901 (deleted)**, **L1843** and **L1844** describe prefabricated and custom fabricated (respectively) knee orthoses which are constructed of rigid thigh and calf cuffs and a single upright with an adjustable flexion and extension knee joint. It must have condylar pads. Through a series of straps/supports that cross over and around the knee joint, rotational control and varus or valgus force is exerted on the knee joint. These orthoses are designed to open the medial or lateral compartment of the knee to provide pain relief due to osteoarthritis. These orthoses are designed for patients who are fully ambulatory.

Codes **K0902(deleted)**, **L1845** and **L1846** describe prefabricated and custom fabricated (respectively) knee orthoses that have double uprights, condylar pads, and an adjustable flexion and extension joint and provide both medial-lateral and rotation control. Medial-lateral control of the knee is accomplished by the solid metal (or similar material) structure of the double uprights. Rotation control is accomplished by the combination of (1) solid metal (or similar material) in the anterior portion of the thigh and calf cuffs and (2) the condylar pads. These orthoses are designed for patients who are fully ambulatory.

NOTE: The only products which may be billed using code **K0902**, **L1845** are those for which a written coding verification has been made by the PDAC contractor. A product classification list with products which have received a coding verification can be found on the PDAC web site.

L1850 describes a prefabricated orthoses with double uprights and thigh and calf pads. It may or may not have joints. These orthoses are used to prevent hyperextension of the knee joint in ambulatory patients.

L1860 describes a custom fabricated orthoses without joints, constructed of plastic or other similar material. These orthoses are used to prevent hyperextension of the knee joint in ambulatory patients.

Code **L2999** (lower extremity orthoses, not otherwise specified) should be used only when billing for item(s) that do not meet the definition of an existing code(s).

L2755 describes an addition to a lower extremity orthosis composed of high strength and/or lightweight material such as Kevlar, carbon fiber or other laminated or impregnated composite material.

AMA CPT COPYRIGHT STATEMENT

INTERNET LINKS AND SOURCES

National Government Services Local Coverage Determination Policy. Knee Orthosis. LCD L27262 and Article A47174. Last accessed 10/30/18. Retrieved from http://www.ngsmedicare.com/ngs/portal/ngsmedicare/newngs/home-lob/!ut/p/a1/04_Sj9CPykssy0xPLMnMz0vMAfGjzOJNHD1dDQ2dDbz9nV0dDRxNXPzM_BzdDP0NTIEKIlEUGPtbABW4Obm4BAYYuzsZEaffAAdwNCCkP1w_Ck0JpgvACvBYUZAbGmGQ6agIAL1i1Es!/dl5/d5/L2dBISEvZ0FBIS9nQSEh/?LOB=DME&LOC=Ohio&ngsLOC=Ohio&ngsLOB=DME&jurisdiction=Jurisdiction%20B#

CMS.gov. Centers for Medicare & Medicaid Services website. Knee Orthosis LCD (L33318) and Article (A52465). Last accesses 10/30/18. Retrieved from https://www.cms.gov/medicare-coverage-database/indexes/lcd-list.aspx?Cntrctr=140&name=CGS%20Administrators,%20LLC%20(18003,%20DME%20MAC)&DocType=Active&ContrVer=2&CntrctrSelected=140*2&LCntrctr=140*2&bc=AgACAAIAAAAAAA%3d%3d&#ResultsAnchor

West Virginia Medicaid Internet Provider Manual. Chapter 516, Covered Services, Limitations, and Exclusions for Orthotic/Prosthetic Services. Last accessed 10/30/18. Retrieved from http://www.dhhr.wv.gov/bms/Pages/Chapter-506-Durable-Medical-Equipment,-Prosthetics,-Orthotics-and-Supplies-(DMEPOS).aspx and http://www.dhhr.wv.gov/bms/Provider/Documents/Manuals/Appendixes/Appendix_506B_Covered_O_and_P_Supplies.pdf

The Pricing, Data Analysis, and Coding Contractor. Noridian. Internet website. Last accessed 10/30/18. Retrieved from https://www.dmepdac.com/dmecsapp/

Department of Health & Human Services. Centers for Medicare & Medicaid Services. Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Quality Standards. Posted 2/2013. Last accessed 10/30/18. Retrieved from https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/DMEPOSQuality/DMEPOSQualBooklet-905709.html.

Patellofemoral Orthosis Reduced Pain, Bone Marrow Lesions in Patients with Osteoarthritis

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