

LCD for Knee Orthoses (L27263)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

LCD Information

LCD ID Number

L27263

LCD Title

Knee Orthoses

Contractor's Determination Number

KO

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CMS National Coverage Policy

None

Primary Geographic Jurisdiction

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

LCD Information

Oversight Region

Region I

DME Region LCD Covers

Jurisdiction A

Original Determination Effective Date

For services performed on or after 07/01/2008

Original Determination Ending Date

Revision Effective Date

For services performed on or after 01/01/2010

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

For any item to be covered by Medicare, it must: 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare 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.

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

PREFABRICATED KNEE ORTHOSES (L1810, L1820, L1830-L1832, L1836, L1843, L1845, L1847, L1850):

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 degrees extension or greater (i.e., hyperextension) by passive range of motion. (0 degrees 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 degrees 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.

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

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If an L1810 or L1820 is provided but the criteria above are not met, the orthosis will be denied as not medically necessary.

A knee orthosis with a locking knee joint (L1831, L1847) or a rigid knee orthosis (L1836) is covered for patients with flexion or extension contractures of the knee (ICD-9 diagnosis code 718.46) with movement on passive range of motion testing of at least 10 degrees (i.e., a nonfixed contracture).

If an L1831, L1836, or L1847 orthosis is provided but the criterion above is not met, the orthosis will be denied as not medically necessary.

There is no proven clinical benefit to the inflatable air bladder incorporated into the design of code L1847; therefore, if the criterion above is met, payment will be based on the allowance for the least costly medically appropriate alternative, code L1831.

A knee immobilizer without joints (L1830) or a knee orthosis with adjustable knee joints (L1832) is covered if the patient has had recent injury to or a surgical procedure on the knee(s) and has one of the following diagnoses:

- Rheumatoid arthritis (ICD-9 code 714.0 – 714.4)
- Osteoarthritis (715.16, 715.26, 715.36, 715.96)
- Meniscal cartilage derangement (717.0 – 717.5)
- Chondromalacia of patella (717.7)
- Knee ligamentous disruption (717.81 – 717.9)
- Rupture of tendon, nontraumatic - quadriceps tendon (727.65)
- Pathologic fracture of femur (733.15)
- Pathologic fracture of tibia or fibula (733.16)
- Aseptic necrosis of tibia or fibula (733.49)
- Stress fracture of tibia or fibula (733.93)
- Congenital deformity of knee (755.64)
- Fracture of femur - lower end (821.20 – 821.39)
- Fracture of patella (822.0, 822.1)
- Fracture of tibia and/or fibula - upper end (823.00 – 823.42)
- Dislocation of knee (836.0 – 836.69)
- Sprains and strains of knee (844.0 – 844.2)
- Failed total knee arthroplasty (996.40-996.49, 996.66, 996.77, V43.65)

An L1832 knee orthosis is also covered for a patient who is ambulatory and has knee instability due to a condition specified in one of the following diagnoses:

Any diagnosis listed above; or:

- Multiple sclerosis (ICD-9 code 340)
- Hemiplegia, unspecified (342.90)
- Infantile cerebral palsy, unspecified (343.9)
- Paraplegia of both lower limbs (344.1)
- Mononeuritis of lower limb, unspecified (355.0, 355.2)

A knee orthosis, with an adjustable flexion and extension joint that provides both medial-lateral and rotation control (L1843, L1845) is covered for a patient who is ambulatory and has knee instability due to a condition specified by one of the diagnoses for L1832 listed above.

A knee orthosis, Swedish type, prefabricated (L1850) is covered for a patient who is ambulatory and has knee instability due to genu recurvatum - hyperextended knee (736.5).

For codes L1832, L1843, L1845 and L1850, knee instability must be documented by examination of the beneficiary and objective description of joint laxity (e.g., varus/valgus instability,

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anterior/posterior Drawer test).

Claims for L1832, L1843, L1845, or L1850 will be denied as not medically necessary when the patient does not meet the above criteria for coverage. For example, they will be denied if only pain or a subjective description of joint instability is documented.

“Addition” codes are grouped into four (4) categories in relation to knee orthosis base codes.

- Eligible for separate payment
- Not medically necessary
- Not separately payable
- Incompatible

Addition codes in the first two categories are addressed in the following tables of the LCD. Addition codes in the latter two categories are addressed in the Coding Guidelines section of the related Policy Article.

The following table lists addition codes which describe components or features that can be and frequently are physically incorporated in the specified prefabricated base orthosis. Addition codes may be separately payable if:

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

Addition codes will be denied as not medically necessary if the base orthosis is not medically necessary or the addition is not medically necessary.

Base Code	Addition Codes - Eligible for Separate Payment
L1810	None
L1820	None
L1830	None
L1831	None
L1832	L2397, L2795, L2810
L1836	None
L1843	L2385, L2395, L2397
L1845	L2385, L2395, L2397, L2795
L1847	None
L1850	L2397

The following table lists addition codes which describe components or features that can be physically incorporated in the specified prefabricated base orthosis but are considered not medically necessary. These addition codes, if they are billed with the related base code, will be denied as not medically necessary.

Base Code	Addition Codes - Not Medically Necessary
L1810	L2397
L1820	L2397
L1830	L2397
L1831	L2397, L2795

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L1832	L2405, L2415, L2492, L2785
L1836	L2397
L1843	L2405, L2492, L2785
L1845	L2405, L2415, L2492, L2785
L1847	L2397, L2795
L1850	L2275

Refer to the related Policy Article for information on addition codes that are considered not separately payable or incompatible with prefabricated knee orthosis base codes.

CUSTOM FABRICATED KNEE ORTHOSES (L1834, L1840, L1844, L1846, 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 criterion 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.

Although these are examples of potential situations where a custom fabricated orthosis may be appropriate, suppliers must consider prefabricated alternatives such as pediatric knee orthoses in patients with small limbs, straps with additional length for large limbs, etc.

If the medical necessity for a custom fabricated orthosis is not met, but the criteria for a prefabricated orthosis is met, payment will be based on the allowance for the least costly medically appropriate alternative, a prefabricated orthosis.

If a claim for a custom fabricated orthosis is not supported by a written order specifying custom fabricated, payment will be based on the allowance for the least costly medically appropriate alternative, a prefabricated orthosis.

Custom fabricated orthoses (L1834, L1840, L1844, L1846, L1860) are not medically necessary in the treatment of knee contractures in cases where the patient is nonambulatory. If a custom fabricated knee orthosis is used in the treatment of a contracture in a nonambulatory patient and criterion for a prefabricated knee orthosis with a locking joint (L1831) is met, payment will be based on the allowance for the least costly medically appropriate alternative, L1831.

A custom fabricated knee immobilizer without joints (L1834) is covered if criteria 1 and 2 are met:

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

If an L1834 orthosis is provided and both criteria 1 and 2 are not met, the orthosis will be denied as not medically necessary.

If an L1834 orthosis is provided and criterion 1 is met but criterion 2 is not met, payment will be based on the allowance for the least costly medically appropriate alternative, L1830.

A custom fabricated derotation knee orthosis (L1840) is covered for instability due to internal ligamentous disruption of the knee (717.81 – 717.9).

A custom fabricated knee orthosis with an adjustable flexion and extension joint (L1844, L1846) is covered if criteria 1 and 2 are met:

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1. The coverage criteria for the prefabricated orthosis codes L1843 and L1845 are met; and
2. The general criterion for a custom fabricated orthosis is met.

If an L1844 or L1846 orthosis is provided and both criteria 1 and 2 are not met, the orthosis will be denied as not medically necessary.

If an L1844 or L1846 orthosis is provided and criterion 1 is met but criterion 2 is not met, payment will be based on the allowance for the least costly medically appropriate alternative, L1843 or L1845, respectively.

A custom fabricated knee orthosis with a modified supracondylar prosthetic socket (L1860) is covered for a patient who is ambulatory and has knee instability due to genu recurvatum - hyperextended knee (736.5).

The following table lists addition codes which describe components or features that can be and frequently are physically incorporated in the specified custom fabricated base orthosis. Addition codes may be separately payable if:

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

Addition codes will be denied as not medically necessary if the base orthosis is not medically necessary or the addition is not medically necessary.

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

The following table lists addition codes which describe components or features that can be physically incorporated in the specified custom fabricated base orthosis but are considered not medically necessary. These addition codes, if they are billed with the related base code, will be denied as not medically necessary.

Base Code	Addition Codes - Not Medically Necessary
L1834	L2397, L2800
L1840	L2275, L2800
L1844	None
L1846	None
L1860	L2397

Refer to the related Policy Article for information on addition codes that are considered not separately payable or incompatible with custom fabricated knee orthosis base codes.

MISCELLANEOUS:

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Heavy duty knee joint codes (L2385, L2395) are covered only for patients who weigh more than 300 pounds.

Coverage of a removable soft interface (K0672) is limited to a maximum of two (2) per year beginning one (1) year after the date of service for initial issuance of the orthosis. Additional replacement interfaces will be denied as not medically necessary. Refer to the Coding Guidelines section of the related Policy Article for information on denial of removable soft interfaces that are billed separately at the time of initial issue of the orthosis.

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 on file

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

RT - Right side

HCPCS CODES:

A4466 GARMENT, BELT, SLEEVE OR OTHER COVERING, ELASTIC OR SIMILAR STRETCHABLE MATERIAL, ANY TYPE, EACH

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, INCLUDES FITTING AND ADJUSTMENT

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, INCLUDES FITTING AND ADJUSTMENT

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, INCLUDES FITTING AND ADJUSTMENT

L1834 KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM-FABRICATED

L1836 KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL,

Coding Information

PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

- 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, INCLUDES FITTING AND ADJUSTMENT
- 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, INCLUDES FITTING AND ADJUSTMENT
- 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, INCLUDES FITTING AND ADJUSTMENT
- L1850 KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
- 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

Coding Information

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
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

ICD-9 Codes that Support Medical Necessity

The presence of an ICD-9 code listed in this section is not sufficient by itself to assure coverage. Refer to the section on "Indications and Limitations of Coverage and/or Medical Necessity" for other coverage criteria and payment information.

For HCPCS codes L1831, L1836 and L1847:

718.46 CONTRACTURE OF LOWER LEG JOINT

For HCPCS codes L1830, L1834:

714.0 - 714.4	RHEUMATOID ARTHRITIS - CHRONIC POSTRHEUMATIC ARTHROPATHY
715.16	OSTEOARTHRITIS LOCALIZED PRIMARY INVOLVING LOWER LEG
715.26	OSTEOARTHRITIS LOCALIZED SECONDARY INVOLVING LOWER LEG
715.36	OSTEOARTHRITIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING LOWER LEG
715.96	OSTEOARTHRITIS UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED INVOLVING LOWER LEG
717.0 - 717.5	OLD BUCKET HANDLE TEAR OF MEDIAL MENISCUS - DERANGEMENT OF MENISCUS NOT ELSEWHERE CLASSIFIED
717.7	CHONDROMALACIA OF PATELLA
717.81 - 717.9	OLD DISRUPTION OF LATERAL COLLATERAL LIGAMENT - UNSPECIFIED INTERNAL DERANGEMENT OF KNEE
727.65	NONTRAUMATIC RUPTURE OF QUADRICEPS TENDON
733.15	PATHOLOGICAL FRACTURE OF OTHER SPECIFIED PART OF FEMUR

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733.16	PATHOLOGICAL FRACTURE OF TIBIA OR FIBULA
733.49	ASEPTIC NECROSIS OF OTHER BONE SITES
733.93	STRESS FRACTURE OF TIBIA OR FIBULA
755.64	CONGENITAL DEFORMITY OF KNEE (JOINT)
821.20 - 821.39	FRACTURE OF LOWER END OF FEMUR UNSPECIFIED PART CLOSED - OTHER FRACTURE OF LOWER END OF FEMUR OPEN
822.0 - 822.1	CLOSED FRACTURE OF PATELLA - OPEN FRACTURE OF PATELLA
823.00 - 823.42	CLOSED FRACTURE OF UPPER END OF TIBIA - TORUS FRACTURE OF FIBULA WITH TIBIA
836.0 - 836.69	TEAR OF MEDIAL CARTILAGE OR MENISCUS OF KNEE CURRENT - OTHER DISLOCATION OF KNEE OPEN
844.0 - 844.2	SPRAIN OF LATERAL COLLATERAL LIGAMENT OF KNEE - SPRAIN OF CRUCIATE LIGAMENT OF KNEE
996.40 - 996.49	UNSPECIFIED MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT, AND GRAFT - OTHER MECHANICAL COMPLICATION OF OTHER INTERNAL ORTHOPEDIC DEVICE, IMPLANT, AND GRAFT
996.66	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL JOINT PROSTHESIS
996.77	OTHER COMPLICATIONS DUE TO INTERNAL JOINT PROSTHESIS
V43.65	KNEE JOINT REPLACEMENT

For HCPCS Code L1840:

717.81 - 717.9	OLD DISRUPTION OF LATERAL COLLATERAL LIGAMENT - UNSPECIFIED INTERNAL DERANGEMENT OF KNEE
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For HCPCS codes L1832, L1843, L1844, L1845, and L1846:

340	MULTIPLE SCLEROSIS
342.90	UNSPECIFIED HEMIPLEGIA AND HEMIPARESIS AFFECTING UNSPECIFIED SIDE
343.9	INFANTILE CEREBRAL PALSY UNSPECIFIED
344.1	PARAPLEGIA
355.0	LESION OF SCIATIC NERVE
355.2	OTHER LESION OF FEMORAL NERVE
714.0 - 714.4	RHEUMATOID ARTHRITIS - CHRONIC POSTRHEUMATIC ARTHROPATHY
715.16	OSTEOARTHRITIS LOCALIZED PRIMARY INVOLVING LOWER LEG
715.26	OSTEOARTHRITIS LOCALIZED SECONDARY INVOLVING LOWER LEG
715.36	OSTEOARTHRITIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING LOWER LEG
715.96	OSTEOARTHRITIS UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED INVOLVING LOWER LEG
717.0 - 717.5	OLD BUCKET HANDLE TEAR OF MEDIAL MENISCUS - DERANGEMENT OF MENISCUS NOT ELSEWHERE CLASSIFIED

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717.7	CHONDROMALACIA OF PATELLA
717.81 - 717.9	OLD DISRUPTION OF LATERAL COLLATERAL LIGAMENT - UNSPECIFIED INTERNAL DERANGEMENT OF KNEE
727.65	NONTRAUMATIC RUPTURE OF QUADRICEPS TENDON
733.15	PATHOLOGICAL FRACTURE OF OTHER SPECIFIED PART OF FEMUR
733.16	PATHOLOGICAL FRACTURE OF TIBIA OR FIBULA
733.49	ASEPTIC NECROSIS OF OTHER BONE SITES
733.93	STRESS FRACTURE OF TIBIA OR FIBULA
755.64	CONGENITAL DEFORMITY OF KNEE (JOINT)
821.20 - 821.39	FRACTURE OF LOWER END OF FEMUR UNSPECIFIED PART CLOSED - OTHER FRACTURE OF LOWER END OF FEMUR OPEN
822.0 - 822.1	CLOSED FRACTURE OF PATELLA - OPEN FRACTURE OF PATELLA
823.00 - 823.42	CLOSED FRACTURE OF UPPER END OF TIBIA - TORUS FRACTURE OF FIBULA WITH TIBIA
836.0 - 836.69	TEAR OF MEDIAL CARTILAGE OR MENISCUS OF KNEE CURRENT - OTHER DISLOCATION OF KNEE OPEN
844.0 - 844.2	SPRAIN OF LATERAL COLLATERAL LIGAMENT OF KNEE - SPRAIN OF CRUCIATE LIGAMENT OF KNEE
996.40 - 996.49	UNSPECIFIED MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT, AND GRAFT - OTHER MECHANICAL COMPLICATION OF OTHER INTERNAL ORTHOPEDIC DEVICE, IMPLANT, AND GRAFT
996.66	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL JOINT PROSTHESIS
996.77	OTHER COMPLICATIONS DUE TO INTERNAL JOINT PROSTHESIS
V43.65	KNEE JOINT REPLACEMENT

For HCPCS Codes L1850, L1860:

736.5 GENU RECURVATUM (ACQUIRED)

Diagnoses that Support Medical Necessity

For the specific HCPCS codes indicated above, refer to the previous section. For all other HCPCS codes, diagnoses are not specified.

ICD-9 Codes that DO NOT Support Medical Necessity

For the specific HCPCS codes indicated above, all ICD-9 codes that are not specified in the previous section.

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

For the specific HCPCS codes indicated above, all diagnoses that are not specified in the previous section. For all other HCPCS codes, diagnoses are not specified.

General Information

General Information

Documentation Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider". It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

An order for all items must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

Orders must be sufficiently detailed including all options or additional features that will be separately billed. Written orders for custom fabricated orthoses must specifically state "custom fabricated" or specify a brand name and model that is only available as a custom fabricated product.

The ICD-9 code that justifies the need for the item must be included on the claim.

KX, GA, GZ MODIFIERS

Suppliers must add a KX modifier to the knee orthosis base and addition codes only if all of the coverage criteria in the "Indications and Limitations of Coverage and or Medical Necessity" section of this policy have been met and evidence of such is retained in the supplier's files and available to the DME MAC upon request.

If all of the criteria in the Indications and Limitations of Coverage and/or Medical Necessity section have not been met, the GA or GZ modifier must be added to the code. When there is an expectation of a medical necessity 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.

Claims lines billed with codes without a KX, GA or GZ modifier will be rejected as missing information.

MISCELLANEOUS

For custom fabricated orthoses (L1834, L1840, L1844, L1846, L1855-L1880), there must be detailed documentation in the orthotist's records to support the medical necessity of custom fabricated rather than a prefabricated orthosis. This information must be available upon request.

When billing L2999, the following information should accompany the claim: manufacturer's name; product name; justification of patient's medical necessity for the item. In addition, 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 claim.

An order is not necessary for the repair of an orthosis; however, claims for code L4210 must be accompanied by a description of the part that is being repaired or replaced. This information should be entered into the narrative field on an electronic claim.

Refer to the Supplier Manual for more information on documentation requirements.

Appendices

General Information

Utilization Guidelines

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

Sources of Information and Basis for Decision

Advisory Committee Meeting Notes

Start Date of Comment Period

09/10/2004

End Date of Comment Period

10/25/2004

Start Date of Notice Period

03/20/2008

Revision History Number

KNE001

Revision History Explanation

Revision Effective Date: 01/01/2010

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added: Coverage criteria for L1810, L1820.

Added: Definition for knee instability.

Revised: Coverage criteria for L1832.

HCPCS CODES AND MODIFIERS:

Deleted: L1800, L1815, L1825

Added: A4466

ICD-9 CODES THAT SUPPORT MEDICAL NECESSITY:

Revised: Covered diagnoses for L1832.

Revision Effective Date: 12/01/2009

HCPCS CODES AND MODIFIERS:

Added: GA/GZ modifiers.

Revised: RT/LT descriptors.

DOCUMENTATION REQUIREMENTS:

Added: Instructions for GA/GZ modifier use.

Revision Effective Date: 04/01/2009

INDICATIONS AND LIMITATIONS OF COVERAGE:

General Information

Added: ICD-9 diagnosis codes 844.0 – 844.2 and 996.40 – 996.49 to range of codes for L1830, L1832, L1834, L1843, L1844, L1845 and L1846 in response to request for reconsideration.

Deleted: Codes L1800, L1815, L1825 from prefabricated knee orthoses.

Deleted: Codes L1800, L1815, L1825 from Base code & Addition Codes - Eligible for Separate Payment.

Deleted: Codes L1800, L1815, L1825 from Base code & Addition Codes - Not Medically Necessary.

ICD-9 CODES THAT SUPPORT MEDICAL NECESSITY:

Added: ICD-9 diagnosis codes 844.0 – 844.2 and 996.40 – 996.49 to range of codes for L1830, L1832, L1834, L1843, L1844, L1845 and L1846.

DOCUMENTATION:

Added: Clarified that use of KX modifier is applicable to both the base and addition codes.

Revised: Changed DMERC to DME MAC.

Revision Effective Date: 07/01/2008

HCPCS CODES:

Added: K0672

Reason for Change

Last Reviewed On Date

04/16/2008

Related Documents

Article(s)

[A46762 - Knee Orthoses - Policy Article Effective January 2010](#)

LCD Attachments

[Knee Orthoses March 2008](#) - Comment and Response (54,637 bytes)

Article for Knee Orthoses - Policy Article Effective January 2010 (A46762)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

Article Information

Article ID Number

A46762

Article Type

Article

Key Article

Yes

Article Title

Knee Orthoses - Policy Article Effective January 2010

Primary Geographic Jurisdiction

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

DME Region Article Covers

Jurisdiction A

Original Article Effective Date

07/01/2008

Article Information

Article Revision Effective Date

01/01/2010

Article Text

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

For an item to be considered for coverage under the Brace benefit category, it must be a rigid or semi-rigid 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. It must provide support and counterforce (i.e., a force in a defined direction of a magnitude at least as great as a rigid or semi-rigid support) on the limb or body part that it is being used to brace. Items that do not meet the definition of a brace are noncovered.

Elastic support garments do not meet the statutory definition of a brace because they are not rigid or semi-rigid devices. Devices that are not rigid or semi-rigid must be coded A4466. Code A4466 will be denied as noncovered (no benefit category).

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

L1810 – 1 year
L1820 – 1 year
L1830 – 1 year
L1831 – 2 years
L1832 – 2 years
L1836 – 3 years
L1843 – 3 years
L1845 – 3 years
L1847 – 2 years
L1850 – 2 years

The reasonable useful lifetime of custom fabricated orthoses is 3 years.

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, K0672) will be denied as noncovered when the base orthosis is noncovered.

Brace sleeves (A9270) used in conjunction with orthoses are noncovered because 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 (i.e., it does not meet the definition of a brace).

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

CODING GUIDELINES:

An orthosis (brace) is a rigid or semi-rigid 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. It must provide support and counterforce (i.e., a force in a defined direction of a magnitude at least as great as a rigid or semi-rigid support) on the limb or body part that it is being used to brace. An orthosis can be either prefabricated or custom-fabricated.

A prefabricated orthosis is one which is manufactured in quantity without a specific patient in mind.

Article Information

A prefabricated orthosis may be trimmed, bent, molded (with or without heat), or otherwise modified for use by a specific patient (i.e., custom fitted). An orthosis that is assembled from prefabricated components is considered prefabricated. Any orthosis that does not meet the definition of a custom-fabricated orthosis is considered prefabricated.

A custom-fabricated orthosis is one which is individually made for a specific patient (no other patient would be able to use this orthosis) 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 orthosis is a particular type of custom fabricated orthosis 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 orthosis is then individually fabricated and molded over the positive model of the patient.

Code L1810 describes a prefabricated knee orthosis 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 orthosis 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 orthosis 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 orthosis immobilizes the knee joint and prevents flexion or extension. There are no hinges or joints.

Codes L1831 and L1847 describe prefabricated knee orthoses with joint(s) which lock the knee into a particular position. Code L1847 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.

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 degrees. The joint may be either unicentric or polycentric.

Code L1832 describes a prefabricated knee orthosis 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 orthosis 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.

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Codes L1834 and L1836 describe rigid knee orthosis 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 orthosis with knee joints designed to protect the ligaments of the knee through medial-lateral torsion, providing stability and preventing rotation.

Codes 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 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.

The only products which may be billed using code L1845 are those for which a written coding verification has been made by the Pricing, Data Analysis, and Coding (PDAC) contractor. Information concerning the documentation that must be submitted to the PDAC for a Coding Verification Request can be found on the PDAC web site or by contacting the PDAC. A Product Classification List with products which have received a coding verification can be found on the PDAC web site.

L1850 describes a prefabricated orthosis 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 orthosis without joints, constructed of plastic or other similar material. These orthoses are used to prevent hyperextension of the knee joint in ambulatory patients.

"Addition" codes are grouped into four (4) categories in relation to knee orthosis base codes.

- Eligible for separate payment
- Not medically necessary
- Not separately payable
- Incompatible

Addition codes in the first two categories are addressed in the related LCD. Addition codes that are not separately payable are addressed in the tables below.

The following table lists addition codes which describe components or features that can be physically incorporated in the **specified prefabricated bases orthosis** but are considered to be included in the allowance for the orthosis. The addition codes will be denied as not separately payable if they are billed with the related base code.

Article Information

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

The following table lists addition codes which describe components or features that can be physically incorporated in the **specified custom fabricated bases orthosis** but that are considered to be included in the allowance for the orthosis. The addition codes will be denied as not separately payable if they are billed with the related base code.

Base Code	Addition Codes - Not Separately Payable
L1834	K0672, L2820, L2830
L1840	K0672, L2320, L2330, L2750, L2780, L2810, L2820, L2830
L1844	K0672, L2275, L2320, L2330, L2425, L2430, L2750, L2780, L2810, L2820, L2830
L1846	K0672, L2275, L2320, L2330, L2425, L2430, L2750, L2780, L2810, L2820, L2830
L1860	K0672, L2820, L2830

All addition codes that are not listed as either separately payable or not medically necessary in the tables in the LCD or as not separately payable in the tables above describe components or features that either cannot be physically incorporated in the specified base orthosis or whose narrative description is incompatible with base orthosis code (e.g., billing a prefabricated base code with an addition code which specifies that it is only used with custom fabricated orthoses). These incompatible addition codes will be rejected as incorrect coding.

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.

Either a nonremovable soft interface (L2820, L2830) or two (2) removable soft interfaces (K0672) are included in the allowance for a knee orthosis. 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.

Claims 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

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extension/flexion device, includes soft interface material). All lines on claims billed with L-codes for devices incorporating a concentric adjustable torsion style mechanism in the knee joint will be rejected as incorrect coding.

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.

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 RTLTL modifiers and 2 units of service. Claims billed without modifiers RT and/or LT will be rejected as incorrect coding.

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

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.

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.

Suppliers should contact the Pricing, Data Analysis, and Coding (PDAC) contractor for guidance on the correct coding of these items.

Coding Information

Other Information

Revision History Explanation

Revision Effective Date: 01/01/2010

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES;

Added: Reference to code A4466.

CODING GUIDELINES:

Deleted: Definitions for L1800, L1815, and L1825.

Deleted: Reference to code L2770.

Other Information

Revision Effective Date: 12/01/2009

CODING GUIDELINES:

Revised: Instructions for L2770.

Revised: Instructions for coding concentric adjustable torsion joints.

Revised: Instructions for RT/LT modifiers.

Revision Effective Date: 04/01/2009

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Deleted: Codes L1800, L1815, L1825 from the reasonable useful lifetime chart.

Added: Noncoverage language for elastic support garments.

CODING GUIDELINES:

Deleted: Codes L1800, L1815, L1825 from Base code & Addition Codes - Not Separately Payable.

Deleted: Code L2860.

Revised: SADMERC to PDAC.

Related Documents

LCD(s)

[L27263 - Knee Orthoses](#)