

## LCD for Knee Orthoses (L27263)

### Revision Effective Date

**For services performed on or after 02/04/2011**

### 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 local coverage determination, the criteria for "reasonable and necessary", based on Social Security Act § 1862(a)(1)(A) provisions, 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. 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.

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.

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

**A knee orthosis with a locking knee joint (L1831) (Soft Pro Static Gel Knee Orthosis from Orthotic Solutions, Inc.) 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 or L1836 orthosis is provided but the criterion above is not met, the orthosis will be denied as not reasonable and necessary.

There is no proven clinical benefit to the inflatable air bladder incorporated into the design of code L1847; therefore, claims for code L1847 will be denied as not reasonable and necessary.

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:

<b>Diagnosis</b>	<b>ICD-9</b>
Rheumatoid arthritis	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, 844.8
Failed total knee arthroplasty	996.40 - 996.49, 996.66, 996.77, V43.65
Multiple sclerosis	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) (L1845 is the code OSI uses for the Ortho Pro OA-LP, P.O.P-LP and Hemi Knee) 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) (Ortho Pro HyperEx Knee from OSI) is covered for a patient who is ambulatory and has knee instability due to genu recurvatum - hyperextended knee (ICD-9 736.5).**

**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, anterior/posterior Drawer test).**