


MEDICAL POLICY	Knee Braces (Functional) (Medicare Only)
Effective Date: 6/1/2022	Medical Policy: 297
 6/1/2022	Medical Policy Committee Approved Date: 4/2021; 4/2022
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayn Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare Only

DOCUMENTATION REQUIREMENTS

If needed, the Noridian Durable Medical Equipment Medicare Administrative Contractor (DMEMAC) [Documentation Checklist For Knee Orthoses](#) can be used to determine if all applicable documentation to support medical necessity are available, in support of the relevant local coverage determination (LCD) and local coverage article (LCA) found below.

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines	HCPCS Code(s)
<i>Non-Covered Knee Braces/Orthoses, Components, or Accessories</i>	<ul style="list-style-type: none"> HCPCS code A9270: Any service reported with this code is non-covered by definition of the code itself. HCPCS codes L1847 and L1848: Local Coverage Determination (LCD): Knee Orthoses (L33318) 	A4467, A9270, L1847, L1848

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	<ul style="list-style-type: none"> • HCPCS codes A4467: Local Coverage Article (LCA): Knee Orthoses - Policy Article (A52465) 	
<i>Knee Orthoses - General</i>	<ul style="list-style-type: none"> • LCD: Knee Orthoses (L33318) • LCA: Knee Orthoses - Policy Article (A52465) <p>NOTES:</p> <ol style="list-style-type: none"> 1. The LCA also addresses the use of Computer-Aided Design-Computer-Aided Manufacturing (CAD-CAM) technology to obtain a digital image of the patient’s body part. 2. See the “Billing Guidelines” section for information regarding <i>prefabricated (off-the-shelf or custom-fitted items) vs. custom-fabricated (custom made) items.</i> 	Multiple – See CPT/HCPCS table below.
<i>Replacement and Repair</i>	<p>LCA: Knee Orthoses - Policy Article (A52465)</p> <p>NOTE: This LCA provides the reasonable useful lifetime (RUL) for both prefabricated and custom fabricated orthoses and addresses replacement of knee orthoses during the RUL.</p>	<p>Varies – See CPT/HCPCS table below.</p> <p>NOTE: Some items can only be billed individually when provided as a replacement and some components have specific replacement HCPCS codes.</p>

POLICY GUIDELINES

Prefabricated vs. Custom Fabricated

Knee orthoses are rigid or semi-rigid devices used to support a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body. These items may be:

- Off the shelf (prefabricated)
 - This includes custom *fitted*
- Custom fabricated (custom *made*)

Items that require measuring, assembling, fitting, or adapting due to a patient’s body size, weight, disability, period of need, or intended use **OR** been assembled using available customized features, modifications or components are considered to be “custom-*fitted*” items. These are **not** considered to be “custom *made*” items under Medicare.

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In order to be considered a true “customized” or “custom made” knee orthosis, the item must meet **both** of the following requirements:¹⁻³

1. Must be uniquely constructed or substantially modified for a specific beneficiary according to the description and orders of a physician (aka, one of a kind, no other individual would be able to use the item) **and**
2. Must be so different from another item used for the same purpose that the two items cannot be grouped together for pricing purposes.

BILLING GUIDELINES

See associated local coverage article (LCA) for additional billing and coding guidance:

- LCA: Knee Orthoses - Policy Article ([A52465](#))

Coding Prefabricated and Custom Fabricated Orthotics and Additions

The Table 1 below includes coding for different types of knee orthotics:

Table 1: HCPCS Codes for Knee Orthoses

Knee Orthosis	HCPCS Code(s)
Prefabricated Knee Orthoses (includes custom <i>fitted</i> orthoses)	L1810, L1812, L1820, L1830, L1831, L1832, L1833, L1836, L1843, L1845, L1847, L1848, L1850, L1851, L1852
Custom <i>Fabricated</i> Knee Orthoses	L1834, L1840, L1844, L1846, L1860
Knee Orthosis Additions	K0672, L2275, L2320, L2330, L2385, L2390, L2395, L2397, L2405, L2415, L2425, L2430, L2492, L2750, L2755, L2780, L2785, L2795, L2800, L2810, L2820, L2830

CPT/HCPCS CODES

Medicare Only	
<p>No Prior Authorization Required</p> <p>Note: Inclusion of a code in this section does not guarantee reimbursement or coverage. The following codes do not require routine review for medical necessity, but they may be subject to audit or benefit denial.</p>	
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

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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
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), medial-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 (unicentric 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

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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
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 <i>(Not separately payable)</i>

Not Covered

A4467	Belt, strap, sleeve, garment, or covering, any type
A9270	Non-covered item or service
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

Unlisted Codes

All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then **prior-authorization is required.**

L2999	Lower extremity orthoses, not otherwise specified
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INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

REFERENCES

1. 42 CFR §414.224 - Customized items; Available at: <https://www.law.cornell.edu/cfr/text/42/414.224>
2. Medicare Claims Processing Manual, Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), §30.3 – Certain Customized Items; Last Updated: 07/19/2013; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c20.pdf>
3. Medicare Claims Processing Manual, Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), §130.4 - Billing for Certain Customized Items; Last Updated: 10/01/2003; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c20.pdf>