Knee Orthotics (Functional Knee Braces)

MEDICAL POLICY NUMBER: 91

Effective Date: 1/1/2025

Last Review Date: 12/2024

Next Annual Review: 4/2025

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 Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. 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. 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.

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

PLAN PRODUCT AND BENEFIT APPLICATION

☒ **Commercial** ☒ **Medicaid/OHP*** ☐ **Medicare****

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

**Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered **"not medically necessary"** for Medicare members.

COVERAGE CRITERIA

Prefabricated Knee Orthoses

I. One knee orthosis with joints (L1810, L1812) or knee orthosis with condylar pads and joints with or without patellar control (L1820) per knee may be considered **medically necessary** for ambulatory patients who have weakness or deformity of the knee and require stabilization.

II. One knee orthosis with a locking knee joint (L1831) or a rigid knee orthosis (L1836) per knee may be **medically necessary** for patients with flexion or extension contractures of the knee with movement on passive range of motion testing of at least 10 degrees (i.e., a nonfixed contracture). (See Policy Guidelines for definitions of flexion and extension contractures).

III. One knee immobilizer without joints (L1830), or a knee orthosis with adjustable knee joints (L1832, L1833), or a knee orthosis, with an adjustable flexion and extension joint that provides both medial-lateral and rotation control (L1843, L1845, L1851, L1852), per knee may be considered **medically necessary** if the patient has had recent injury to or a surgical procedure on the knee(s). (Please refer to the LCA A52465 for ICD-10 codes that support medical necessity [Groups 2 or 4 Code Sections]).

IV. One knee orthosis L1832, L1833, L1843, L1845, L1851 and L1852 per knee may be considered **medically necessary** for a patient who is ambulatory and has knee instability due to a condition specified in Group 4 ICD-10 codes in the LCA A52465.

V. One knee orthosis, Swedish type, prefabricated (L1850) per knee may be considered **medically necessary** for a patient who is ambulatory and has knee instability due to genu recurvatum - hyperextended knee, congenital or acquired. (Please refer to the LCA A52465 for ICD-10 codes that support medical necessity [Groups 5 Code Sections]).

VI. If the criteria (I. – V.) above are not met, a knee orthosis is considered **not medically necessary**.

VII. An inflatable air bladder (also known as an inflatable air support chamber) incorporated into the design of a knee orthoses (L1847 or L1848) is considered **not medically necessary.**

Additional Components and Features for Prefabricated Knee Orthoses

VIII. Components or features that can be and frequently are physically incorporated in the specified prefabricated base orthosis, designated as "addition codes", may be considered **medically necessary** when all of the following criteria (A. – C.) are met:

A. They are provided with the related base code orthosis; **and**
B. The base orthosis is reasonable and necessary (meets applicable criteria from I.-V. above); **and**
C. The addition is reasonable and necessary.

IX. Addition components and features are considered **not medically necessary** if the base orthosis criteria I. – VII. are not met.

X. Components or features that cannot be physically incorporated in the specified prefabricated base orthosis are considered **not medically necessary** (See Billing Guidelines for complete code list).

Custom Fabricated Knee Orthoses (L1834, L1840, L1844, L1846, L1860)

XI. One custom fabricated orthosis may be considered **medically necessary** per knee 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:

A. Deformity of the leg or knee
B. Size of thigh and calf
C. Minimal muscle mass upon which to suspend an orthosis.

Note: If a custom fabricated orthosis is provided but the medical record does not document why that item is medically necessary instead of a prefabricated orthosis, the custom fabricated orthosis will be denied as **not medically necessary**.

XII. Custom fabricated orthoses (L1834, L1840, L1844, L1846, L1860) are considered **not medically necessary** in the treatment of knee contractures in cases where the patient is nonambulatory.

XIII. One custom fabricated knee immobilizer without joints (L1834) per knee may be considered **medically necessary** when the following criteria (A-B) are met:

A. The coverage criteria for the prefabricated orthosis code L1830 (Criterion III) are met; **and**
B. Criterion X is met.

XIV. If an L1834 orthosis is provided and criterion XIII. above is not met, the orthosis is considered **not medically necessary**.

XV. One custom fabricated derotation knee orthosis (L1840) per knee may be considered **medically necessary** for instability due to internal ligamentous disruption of the knee. (Please refer to the LCA A52465 for ICD-10 codes that support medical necessity [Group 3 Code Section]).

XVI. A custom fabricated knee orthosis with an adjustable flexion and extension joint (L1844, L1846) may be considered **medically necessary** if the following criteria (A. - B.) are met:

A. The coverage criteria for the prefabricated orthosis codes L1843, L1845, L1851 and L1852 are met; **and**
B. Criterion X is met.

XVII. If an L1844 or L1846 orthosis is provided and criterion XVI. above is not met, the orthosis is considered **not medically necessary**.

XVIII. A custom fabricated knee orthosis with a modified supracondylar prosthetic socket (L1860) may be considered **medically necessary** for a patient who is ambulatory and has knee instability due to genu recurvatum - hyperextended knee. (Please refer to the LCA A52465 for ICD-10 codes that support medical necessity [Group 5 Code Section]).

Additional Components and Features for Custom Knee Orthoses

XIX. Components or features that can be and frequently are physically incorporated in the specified custom fabricated base orthosis, designated as “addition codes”, may be considered **medically necessary** when all of the following criteria (A. –C.) are met:

A. They are provided with the related base code orthosis; **and**
B. The base orthosis is reasonable and necessary; **and**
C. The addition is reasonable and necessary.

XX. Additional components and features are considered **not medically necessary** if the relevant custom fabricated knee orthoses criteria above are not met.

XXI. Components or features that cannot be physically incorporated in the specified custom fabricated base orthosis are considered **not medically necessary.** These additional codes, if they are billed with the related base code, will be denied as not reasonable and necessary. (See Billing Guidelines for complete code list).

Miscellaneous

XXII. Heavy duty knee joint addition codes (L2385, L2395) may be considered **medically necessary** for patients who weigh more than 300 pounds and when the base orthotic criteria are met.

XXIII. Concentric adjustable torsion style mechanisms used to assist knee joint extension (L2999) may be considered **medically necessary** for patients who require knee extension assist **in the absence of any co-existing joint contracture**.

XXIV. Knee orthoses requested solely to allow the patient to engage in leisure, recreational, hobby, sport or social activities are considered **not medically necessary**.

XXV. More than one knee orthotic for the same knee at one time will be considered a duplicate item and as such is considered **not medically necessary**.

Replacements

XXVI. Replacement of a knee orthotic may be considered **medically necessary** when any of the following are met (A.-D.):

A. There is a change in the physical condition of the patient and the current orthotic no longer meets the member's medical needs; or
B. Replacement is needed due to irreparable *damage* (e.g., fire, flood, etc.) or if the existing orthotic is lost or stolen; or
C. When replacement is needed due to irreparable *wear* and when the reasonable useful lifetime (RUL) of the equipment has been reached (see Policy Guidelines for specific RUL timeframes) and the equipment has been in continuous use by the patient.

XXVIII. Replacement of a knee orthotic is considered **not medically necessary** when Criterion XXVII above is not met.

Link to Evidence Summary

POLICY CROSS REFERENCES

None

The full Company portfolio of current Medical Policies is available online and can be accessed here.

POLICY GUIDELINES

This policy may be based on the following Centers for Medicare & Medicaid Services guidance:

- Local Coverage Determination (LCD): Knee Orthoses (L33318)
- Local Coverage Article (LCA): Knee Orthoses – Policy Article (A52465).[1,2]

DOCUMENTATION REQUIREMENTS

In order to determine the medical necessity of the request, the following documentation must be provided at the time of the request. Medical records to include documentation of all of the following:

- All medical records and chart notes pertinent to the request. This includes:
  - Documentation of knee instability by examination of the patient and objective description of joint laxity (e.g., varus/valgus instability, anterior/posterior Drawer test).
- For custom fabricated orthoses (L1834, L1840, L1844, L1846, L1860), there must be detailed documentation in the treating practitioner's records to support the medical necessity of custom fabricated rather than a prefabricated orthosis.
- When providing knee orthoses, suppliers must:
  - Provide the product that is specified by the prescribing practitioner
  - Be sure that the prescribing practitioner's medical record justifies the need for the type of product (i.e., Prefabricated versus Custom Fabricated)
  - Only bill for the HCPCS code that accurately reflects both the type of orthosis and the appropriate level of fitting
  - Have detailed documentation in supplier's records that justifies the code selected
- The member's condition (diagnosis code) that necessitates the need for the knee orthosis must be included on the claim.

DEFINITIONS

Note: A contracture is distinguished from the temporary loss of range of motion of a joint following injury, surgery, casting, or other immobilization.

Knee flexion contracture: 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).

Knee extension contracture: 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.

Knee Orthoses: rigid or semi-rigid devices, which are 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.

Custom Fabricated item: an item that is individually made for a specific patient. No other patient would be able to use this item. A custom fabricated item is a device which is fabricated based on clinically derived and rectified castings, tracings, measurements, and/or other images (such as X-rays) of the body part. The fabrication may involve using calculations, templates, and components. This process requires the use of basic materials including, but not limited to, plastic, metal, leather, or cloth in the form of uncut or unshaped sheets, bars, or other basic forms and involves substantial work such as vacuum forming, cutting, bending, molding, sewing, drilling, and finishing prior to fitting on the patient.

Custom fitted orthotics are:

- Devices that are prefabricated.
- They may or may not be supplied as a kit that requires some assembly. Assembly of the item and/or installation of add-on components and/or the use of some basic materials in preparation of the item does not change classification from OTS to custom fitted.
- Classification as custom fitted requires substantial modification for fitting at the time of delivery in order to provide an individualized fit, i.e., the item must be trimmed, bent, molded (with or without heat), or otherwise modified resulting in alterations beyond minimal self-adjustment.
- This fitting at delivery does require expertise of a certified orthotist or an individual who has equivalent specialized training in the provision of orthosis to fit the item to the individual.

Molded-to-Patient-Model

A particular type of custom fabricated device in which either:

- An impression (usually by means of a plaster or fiberglass cast) of the specific body part is made directly on the patient, and this impression is then used to make a positive model of the body part from which the final product is crafted; or
- A digital image of the patient's body part is made using Computer-Aided Design-Computer-Aided Manufacturing (CAD-CAM) systems software. This technology includes specialized probes/digitizers and scanners that create a computerized positive model, and then direct milling equipment to carve a positive model. The device is then individually fabricated and molded over the positive model of the patient.

Positive Model of the Patient

A positive model is an exact replica of the actual body part for which the custom fabricated is being constructed. A positive model can be produced by any of these methods:

- Molded-to-patient-model is a negative impression taken of the patient's body member and a positive model rectification is constructed;
- CAD-CAM system, by use of digitizers, transmits surface contour data to software that the practitioner uses to rectify or modify the model on the computer screen. The data depicting the modified shape is electronically transmitted to a commercial milling machine that carves the rectified model; or
- Direct formed model is one in which the patient serves as the positive model. The device is constructed over the model of the patient and is then fabricated to the patient. The completed custom fabrication is checked and all necessary adjustments are made.

Fabrication of an orthosis using molding, CAD/CAM, or similar technology without the creation of a positive model is considered to be a prefabricated orthosis.

Specialized Training

Specialized training is defined as training that provides the knowledge, skills, and experience in the provision of orthotics in compliance with all applicable Federal and State licensure and regulatory requirements.

Off-the-shelf (OTS) orthotics are:

- Items that are prefabricated.
- They may or may not be supplied as a kit that requires some assembly. Assembly of the item and/or installation of add-on components and/or the use of some basic materials in preparation of the item does not change classification from OTS to custom fitted.
- OTS items require minimal self-adjustment for fitting at the time of delivery for appropriate use and do not require expertise in trimming, bending, molding, assembling, or customizing to fit an individual.
- This fitting does not require expertise of a certified orthotist or an individual who has specialized training in the provision of orthoses to fit the item to the individual member.
  The term "minimal self-adjustment" is defined at 42 CFR §414.402 as an adjustment the member, caretaker for the member, or supplier of the device can perform and that does not require the services of a certified orthotist (that is, an individual who is certified by the American Board for Certification in Orthotics and Prosthetics, Inc., or by the Board for Orthotist/Prosthetist Certification) or an individual who has specialized training. For example, adjustment of straps and closures, bending or trimming for final fit or comfort (not all-inclusive) fall into this category.

Use of CAD/CAM or similar technology to create an orthosis without a positive model of the patient may be considered as OTS if the final fitting upon delivery to the patient requires minimal self-adjustment as described in this section.

Replacements

"Replacement" is defined as "the provision of an entirely identical or nearly identical item when the original item is lost, stolen, or irreparably damaged."

Replacement of knee orthotic (knee brace) may be allowed:

- When the replacement is due to loss, theft, or irreparable *damage*; or
- When there has been a change in the member's medical condition which requires a different knee orthotic to provide clinical or therapeutic benefit; or
- When replacement is needed due to irreparable *wear* and the reasonable useful lifetime (RUL) of the current orthosis is met (RUL for DMEPOS items is five years unless a specific LCD/PA specifies otherwise).

The Noridian LCD for knee orthotics **does** provide RUL limits less than 5 years for some products. See the RUL chart below for RUL limits. If a code is not listed, then the standard 5-year RUL limit will apply.

Table 1: Reasonable Useful Lifetime Chart

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

Knee Orthosis Code	RUL
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
Custom fabricated knee orthosis	3 years

L-coded additions to knee orthoses (L2275, L2320, L2330, L2385, L2390, L2395, L2397, L2405, L2415, L2425, L2430, L2492, L2750, L2755, L2780, L2785, L2795, L2800, L2810, L2820, L2830, K0672) will be denied as noncovered when the base orthosis is noncovered.

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.

REGULATORY STATUS

U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Approval or clearance by the Food and Drug Administration (FDA) does not in itself establish medical necessity or serve as a basis for coverage. Therefore, this section is provided for informational purposes only.

BILLING GUIDELINES AND CODING

Table 2: Additional Components and Features for Prefabricated Knee Orthoses

Base Code	Addition Codes – Eligible for Separate Reimbursement

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

Table 3: Components or features that can be physically incorporated in the specified prefabricated base orthosis but are considered not medically necessary:

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

Table 4: Additional Components and Features for Custom Fabricated Knee Orthoses

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

Table 5: Components or features that can be physically incorporated in the specified custom fabricated base orthosis but are considered not medically necessary:

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

- There is no separate payment if CAD-CAM technology is used to fabricate an Orthosis. Reimbursement is included in the allowance of the codes for custom fabricated orthoses.

- Evaluation of the member, measurement and/or casting, and fitting/adjustments of the orthosis are included in the allowance for the orthosis. There is no separate payment for these services.

- HCPCS code L9900 is never allowed separate reimbursement because is considered a bundled item or service, even if billed alone.

Please see Local Coverage Article: Knee Orthoses - Policy Article (A52465) for additional coding guidelines.[2]

CODES*		
CPT	None	
HCPCS	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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
	L1821	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, off the shelf
	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), 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

	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

***Coding Notes:**

- The above code list is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as "medically unlikely edits" (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

1. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Knee Orthoses (L33318). Effective 1/1/2020. https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33318. Accessed 9/3/2024.
2. Centers for Medicare & Medicaid Services. Local Coverage Article: Knee Orthoses - Policy Article (A52465). Effective date 2/1/2021. https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52465. Accessed 9/3/2024.

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Converted to new policy template.
4/2023	Annual update; no changes
7/2024	Annual review. Add replacement and duplicate item criteria
10/2024	Q4 2024 code set update.
1/2025	Interim update. Removal of language for mechanisms for treatment of contractures.