

L 1832 (Ossur DLX or DonJoy TROM) is an Off the Shelf Brace that restricts range of motion (ROM) and is covered if either of the following criteria is met:

- 1) The patient has to have one of the following ICD-9/diagnosis as PRIMARY diagnosis: 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, non-traumatic - 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
- 2) The patient had a recent injury or surgery on the knee; or
- 3) The patient is ambulatory and has knee instability due to one of the following conditions: Multiple sclerosis 340 Paraplegia of both lower limbs 344.1 Hemiplegia, unspecified 342.90 Mononeuritis of lower limb, unspecified 355.0, 355.2 Infantile cerebral palsy, unspecified 343.9
- 4) Knee instability must be documented by examination and objective description of joint laxity (e.g., varus/valgus instability, anterior/posterior Drawer test).
- 5) The patient must have written orders.
- 6) Suppliers must add a KX modifier to ALL knee orthoses; if the coverage criteria met.

L1834 - Knee orthosis, without knee joint, rigid; Custom

- 1) A custom fabricated orthosis is covered when there is a documented physical characteristic which requires the use of a custom orthosis over a prefabricated orthosis including, but 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.
- 2) The patient has to have one of the following ICD-9/diagnosis as PRIMARY diagnosis: 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, non-traumatic - 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
- 3) The patient had a recent injury or surgery on the knee; and
- 4) The patient is ambulatory; and
- 5) The patient must have written orders specifying custom fabricated.
- 6) Suppliers must add a KX modifier to ALL knee orthoses; if the coverage criteria met.

L1810 - Knee orthosis, elastic with joints; L1820 - Knee orthosis, elastic with condylar pads

- 1) Covered for Ambulatory patients
- 2) Covered for weakness or deformity in knee
- 3) Patient requires stabilization of knee.
- 4) The patient must have written orders.
- 5) Suppliers must add a KX modifier to ALL knee orthoses; if the coverage criteria met.