

Clinical Policy: Knee Braces



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CPT Codes: K0672, L1810, L1812, L1820, L1830, L1832, L1833, L1834, L1836, L1840, L1843, L1844, L1845, L1846, L1847, L1848, L1850, L1851, L1852, L1860, L1950, L2385, L2390, L2395, L2397, L2405, L2415, L2425, L2430, L2492, L2750, L2755, L2760, L2780, L2785, L2795, L2800, L2810, L2820, L2830, L2840, L2850

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Public Statement

Effective Date:

- a) This policy will apply to all services performed on or after the above revision date which will become the new effective date.
 - b) For all services referred to in this policy that were performed before the revision date, contact customer service for the rules that would apply.
- 1) "Orthotic devices" and "orthotic services" are covered for QualChoice's fully-insured plans in compliance with Arkansas law (Arkansas Code Annotated § 23-99-403 et seq. Please see Background for details of the Law) and as reflected in your Evidence of Coverage and Benefits Summary. Per Arkansas law "off-the-shelf" products (carried in stock and sold without therapeutic modification) do not meet the criteria for orthotics and are therefore not covered.
 - 2) **All codes listed in the policy are not necessarily covered. Please see Medical Policy Statement for coverage of specific orthotics. Codes for customized orthotics that are NOT listed in any medical policy require prior authorization.**
 - 3) QualChoice does not cover replacement of an orthotic device or associated orthotic services more frequently than one (1) time every three (3) years unless medically necessary or indicated by other coverage criteria under the QualChoice fully-insured plan. However, QualChoice will replace or repair an orthotic device, if necessary, due to anatomical changes or normal use. The replacement or repair will be subject to co-payments, deductibles, and co-insurance, as set out in your Benefits Summary.
 - 4) Only specific types of knee braces are covered by QualChoice.
 - 5) Requests for custom fabricated knee orthotics require prior authorization and as outlined below:
 - a) Must be submitted by the ordering provider's office (not by the vendor), along with the member's medical records, such as clinic progress notes. Information submitted on a vendor request form will not be accepted.

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Medical Statement

The following knee braces are covered by QualChoice as outlined below:

- 1) Knee orthosis with joints (L1810, L1812) or knee orthosis with condylar pads and joints with or without patellar control (L1820) is considered medically necessary for:
 - Members who are ambulatory AND
 - Have weakness or deformity of the knee AND
 - Require stabilization.
- 2) Knee orthosis with a locking knee joint (L1831) or a rigid knee orthosis (L1836) is considered medically necessary for:
 - Flexion or extension contractures of the knee with movement on passive range of motion testing of at least 10 degrees (i.e., a non-fixed contracture).
- 3) Knee immobilizer without joints (L1830), 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), is considered medically necessary for:
 - A recent (within 3 weeks) injury OR
 - Post-operative surgical procedure on the knee(s).
- 4) (L1850) Knee orthosis, Swedish type, prefabricated is covered for:
 - A member who is ambulatory and has knee instability due to genu recurvatum - hyperextended knee.
- 5) The following knee orthoses require documentation of knee instability and joint laxity on physical examination (e.g., varus/valgus instability, anterior/posterior Drawer test):
 - (L-1832) Knee orthosis with adjustable knee joints, positional orthosis, rigid support, prefabricated item that has been customized to fit the patient by an individual with expertise;
 - (L1833) Knee orthosis with adjustable knee joints, positional orthosis, rigid support, prefabricated, off-the-shelf;
 - (L1843) Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with/without varus/valgus adjustment, prefabricated item that has been customized to fit the patient by an individual with expertise;
 - (L 18450) Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with/without varus/valgus adjustment, prefabricated item that has been customized to fit the patient by an individual with expertise;

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- (L1850) Knee orthosis, Swedish type, prefabricated off-the-shelf;
 - Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with/without varus/valgus adjustment, prefabricated, off-the-shelf;
 - L1852) Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with/without varus/valgus adjustment, prefabricated, off-the-shelf.
- 6) Custom-fabricated knee braces (L1834, L1840, L1844, L1846, L1860) require prior authorization and are covered as outlined below:
- Member is ambulatory AND
 - There is deformity of the leg or knee such that a prefabricated brace cannot be used, AND
 - Member's exact measurements of thigh and calf are submitted.
- 7) Additions to the knee braces-(L2385) straight knee joint, heavy-duty, each joint is considered medically necessary when:
- The coverage criteria for the base orthosis code is met AND
 - The member weighs more than 300lbs.
- 8) Additions to the custom fabricated knee braces and are considered medically necessary when:
- The member meets the criteria for a custom-fabricated knee brace AND
 - Either daily activity level requires a brace designed for high impact/high stress activities, OR
 - The member weighs greater than 250 pounds.
- 9) The following are examples of non-covered knee orthotics:
- (I1847) Knee orthosis, double upright with adjustable joint, with inflatable air support chamber, 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;
- 10) The following additions to knee braces are considered part of base orthotic and therefore are not separately payable (K0672, L2780, L2820, L2830) :
- (K0672) Addition to lower extremity orthotic, removable soft interface, all components, replacement only, each;
 - (L2780) Addition to lower extremity orthotic, noncorrosive finish, per bar;
 - (L2820) Addition to lower extremity orthotic, soft interface for molded plastic, below knee section;

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- (L2830) Addition to lower extremity orthotic, soft interface for molded plastic, above knee section.
- (L2840) Addtn to lower extremity orthotic, tibial length sock, fracture or equal, ea
- (L2850) Addtn to lower extremity orthotic, femoral length sock, fracture or equal, ea

Codes Used In This BI:

K0672	Addtn to lower extremity orthotic, removable soft interface, all components, rplcmt only, ea
L1810	Knee orthosis, elastic w/joints, prefabricated item that has been customized to fit a specific patient by an indiv w/expertise
L1812	Knee orthosis, elastic w/joints, prefabricated, off-the-shelf
L1820	Knee orthotic, elastic w/condylar pads & joints, w/or w/out control, prefabricated, incl fitting & adjust
L1830	Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf
L1831	Knee orthotic, locking knee joint(s), positional orthotic, prefabricated, incl fitting & adjust
L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been customized to fit a specific patient by an indiv w/expertise
L1833	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, and rigid support, prefabricated, off-the-shelf
L1834	Knee orthotic (KO), w/out knee joint, rigid, and custom fabricated
L1836	Knee orthosis, rigid, w/out joint(s), includes soft interface material, prefabricated, off-the-shelf
L1840	Knee orthotic (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated
L1843	Knee orthosis, single upright, thigh, & calf, w/adjust flexion & extension joint (unicentric or polycentric), medial-lateral & rotation control, w/ or w/out varus/valgus adjust, prefabricated item that has been customized to fit a specific patient by an indiv w/expertise
L1844	Knee orthotic (KO), single upright, thigh & calf, w/adjust flexion & extension joint (unicentric or polycentric), medial-lateral & rotation control, w/ or w/out varus/valgus adjust, custom fabricated
L1845	Knee orthosis, double upright, thigh & calf, w/adjust flexion & extension joint (unicentric or polycentric), medial-lateral & rotation control, w/ or w/out varus/valgus adjust, prefabricated item that has been customized to fit a specific patient by an indiv w/expertise

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L1846	Knee orthotic, double upright, thigh & calf, w/adjust flexion & extension joint (unicentric or polycentric), medial-lateral & rotation control, w/ or w/out varus/valgus adjust, custom fabricated
L1847	Knee orthosis, double upright w/adjust joint, w/inflatable air support chamber(s), prefabricated item that has been customized to fit a specific patient by an indiv w/ expertise
L1848	Knee orthosis, double upright w/adjust joint, w/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 & calf, w/adjust flexion & extension joint (unicentric or polycentric), medial-lateral & rotation control, w/ or w/out varus/valgus adjust, prefabricated, off-the-shelf
L1852	Knee orthosis (KO), double upright, thigh & calf, w/adjust flexion & extension joint (unicentric or polycentric), medial-lateral & rotation control, w/ or w/out varus/valgus adjust, prefabricated, off-the-shelf
L1860	Knee orthotic (KO), modification of supracondylar prosthetic socket, custom fabricated
L1950	Ankle-foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated
L2385	Addtn to lower extremity, straight knee joint, heavy-duty, ea joint
L2390	Addtn to lower extremity, offset knee joint, each joint
L2395	Addtn to lower extremity, offset knee joint, heavy-duty, ea joint
L2397	Addtn to lower extremity orthotic, suspension sleeve
L2405	Addtn to knee joint, drop lock, each
L2415	Addtn to knee lock with integrated release mechanism
L2425	Addtn to knee joint, disc or dial lock for adjustable knee flexion
L2430	Addtn to knee joint, ratchet lock for active and progressive knee extension, each
L2492	Addtn to knee joint, lift loop for drop lock ring
L2750	Addtn to lower extremity orthotic, plating chrome or nickel, per bar
L2755	Addtn to lower extremity orthotic, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthotic only
L2760	Addtn to orthotics extension per bar for Lineal adjustment for growth
L2780	Addition to lower extremity orthosis, noncorrosive finish, per bar
L2785	Addition to lower extremity orthosis, drop lock retainer, each

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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	Addtn to lower extremity orthotic, soft interface for molded plastic, below knee section
L2830	Addtn to lower extremity orthotic, soft interface for molded plastic, above knee section
L2840	Addtn to lower extremity orthotic, tibial length sock, fracture or equal, ea
L2850	Addtn to lower extremity orthotic, femoral length sock, fracture or equal, ea

Limits

QualChoice does not cover ANY knee brace not listed above. The following examples of knee braces and associated accessories are considered not medically necessary and are not covered. This list may not be all-inclusive.

- 1) Prophylactic knee braces;
- 2) Functional knee braces utilized solely for participation in sports or to improve athletic performance;
- 3) Patellofemoral knee braces/sleeves for the treatment of postoperative knee effusion or patellofemoral syndrome without subluxation or dislocation;
- 4) Functional knee braces after successful reconstructive ligament surgery;
- 5) Socks and brace sleeves used in conjunction with the orthotic device;
- 6) Additional removable or non-removable interface dispensed with the initial device are not separately reimbursable;
- 7) Inflatable air bladder incorporated into the design, as it has no proven clinical benefit.

Background

In order for a device to be an “orthotic device” as defined by Arkansas law and covered under QualChoice’s fully-insured plans, the device must meet all of the following three (3) requirements:

- 1) The external device is:
 - a) Intended to restore physiological function or cosmesis to a patient; and
 - b) Custom-designed, fabricated, assembled, fitted, or adjusted for the patient using the device prior to or concurrent with the delivery of the device to the patient
- 2) The device must be prescribed by one of the following:
 - i. A licensed doctor of medicine,
 - ii. A licensed doctor of osteopathy, or
 - iii. A licensed doctor of podiatric medicine.

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- 3) The device must be provided by one of:
 - i. A licensed doctor of medicine,
 - ii. A licensed doctor of osteopathy,
 - iii. A licensed doctor of podiatric medicine,
 - iv. A licensed orthodontist, or
 - v. A licensed prosthetist

Reference

- 1) American Academy of Orthopedic Surgeons (AAOS). The use of knee braces [position statement]. Rosemont, IL: AAOS; 1997 Oct. Revised 2003 Dec. Retired December 2008. Accessed April 9, 2008. Available at URL address: <http://www.aaos.org/about/papers/position/1124.asp>
- 2) American Academy of Orthopedic Surgeons (AAOS). Treatment of Osteoarthritis of the Knee. Evidence-based Guideline 2nd Edition. Adopted May 2013. Accessed April 10, 2014. Available at URL address: <http://www.aaos.org>
- 3) American Academy of Pediatrics Committee on Sports Medicine. Knees brace use in the young athlete. Pediatrics. 2001 Aug; 108(2):503-7.
- 4) Beaudreuil J, Bendaya S, Faucher M, Coudeyre E, Ribinik P, Revel M, Rannou F. Clinical practice guidelines for rest orthosis, knee sleeves, and unloading knee braces in knee osteoarthritis. Joint Bone Spine. 2009 Dec; 76(6):629-36.

Addendum:

Effective 02/01/2018: Codes updated. L2390, L2405, L2415, L2425, L2430, L2492, L2750, L2755, L2768, L2780, L2785, L2800 are not covered. L2760 (additions to orthotics for Lineal adjustment for growth) is covered.

Application to Products

This policy applies to all health plans administered by QualChoice, both those insured by QualChoice and those that are self-funded by the sponsoring employer, unless there is indication in this policy otherwise or a stated exclusion in your medical plan booklet. Consult the individual plan sponsor Summary Plan Description (SPD) for self-insured plans or the specific Evidence of Coverage (EOC) for those plans insured by QualChoice. In the event of a discrepancy between this policy and a self-insured customer's SPD or the specific QualChoice EOC, the SPD or EOC, as applicable, will prevail. State and federal mandates will be followed as they apply.

Changes: QualChoice reserves the right to alter, amend, change or supplement benefit interpretations as needed.