noridian
Healthcare Solutions

Documentation Checklist
Knee Orthoses

References: L33318, A52465

All Knee Orthoses and Accessories

- ☐ Dispensing Order, if applicable
- ☐ Detailed Written Order (DWO)
- ☐ Beneficiary Authorization
- ☐ Proof of Delivery (POD)
  - ☐ Method 1 - Direct Delivery to the Beneficiary by the Supplier
    The date the beneficiary/designee signs for the orthosis is to be the date of service of the claim.
  - ☐ Method 2 - Delivery via Shipping or Delivery Service
    The shipping date is to be the date of service of the claim.
  - ☐ Method 3 - Delivery to Nursing Facility on Behalf of a Beneficiary
- ☐ Continued Need
- ☐ Continued Use

Medical Records

Prefabricated Knee orthoses (K0901, K0902, L1810, L1812, L1820, L1830 - L1833, L1836, L1843, L1845, L1847, L1848, L1850)

- ☐ L1810, L1812, or L1820 is covered when medical records support:
  - ☐ Beneficiary is ambulatory; **and**
  - ☐ Has weakness or deformity of the knee; **and**
  - ☐ Requires stabilization
- ☐ L1831 or L1836 is covered when medical records support:
  - ☐ Beneficiary has flexion or extension contractures of the knee with movement on passive range of motion (ROM) testing of at least 10 degrees (see Group 1 Codes section of the LCD)
- ☐ L1830, L1832, or L1833 is covered when medical records support:
  - ☐ Beneficiary had a recent injury to or a surgical procedure on the knee(s) (for L1830 see Group 2 Codes section of the LCD)
- ☐ K0901, K0902, L1832, L1833, L1843, or L1845 is covered when medical records support:
  - ☐ Beneficiary had a recent injury to or a surgical procedure on the knee(s); **or**

- ☐ Beneficiary is ambulatory; **and**
- ☐ Has knee instability due to a condition specified in the Group 4 Codes section of the LCD
- ☐ 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).

☐ L1850 is covered when medical records support:

- ☐ Beneficiary is ambulatory; **and**
- ☐ Has knee instability due to genu recurvatum –hyperextended knee (see Group 5 Codes section of the LCD)
- ☐ 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).

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

☐ Custom fabricated orthoses are covered when there is a documented physical characteristic which requires the use of a custom fabricated orthosis instead of a prefabricated orthosis. For example

- ☐ Deformity of the knee or leg
- ☐ Size of thigh or calf
- ☐ Minimal muscle mass upon which to suspend an orthosis

☐ L1834 is covered if the following criteria are met:

- ☐ Beneficiary meets the coverage criteria for the prefabricated orthosis code L1830 (see Group 2 Codes section of the LCD); and
- ☐ The general criterion for a custom fabricated orthosis is met

☐ L1840 is covered when medical records support:

- ☐ Beneficiary has instability due to internal ligamentous disruption of the knee (see Group 3 Codes section of the LCD)

☐ L1844 or L1846 is covered when medical records support:

- ☐ Beneficiary meets the coverage criteria for prefabricated orthosis code K0901, K0902, L1843, or L1845 (see Group 4 Codes section of the LCD); **and**
- ☐ The general criterion for a custom fabricated orthosis is met

☐ L1860 is covered when medical records support

- ☐ Beneficiary is ambulatory; **and**
- ☐ Has knee instability due to genu recurvatum – hyperextended knee (see Group 5 Codes section of the LCD); **and**
- ☐ The general criterion for a custom fabricated orthosis is met

Miscellaneous

- ☐ Heavy duty knee joints (L2385, L2395) are covered for:
  - ☐ Beneficiaries who weigh more than 300 pounds
- ☐ L2999 is covered when:
  - ☐ Beneficiary requires knee extension assist in the absence of any co-existing joint contracture

Billing Reminders

- The KX modifier must be added to the base code and all addition codes if all the coverage criteria noted above have been met.
- When there is an expectation of a medical necessity denial, the GA modifier must be added to the code if a valid Advance Beneficiary Notice of Noncoverage (ABN) has been obtained or a GZ modifier if a valid ABN has not been obtained.
- Refer to LCD for Reasonable Useful Lifetime (RUL) chart for prefabricated knee orthoses.
- RUL for custom fabricated knee orthoses is three years.
- Claims for L1847 or L1848 will be denied as not reasonable and necessary.
- Claims for devices incorporating concentric adjustable torsion style mechanisms used for the treatment of any joint contracture and coded as L2999 will be denied as incorrect coding.
- When billing L2999, the following must accompany the claim:
  - Manufacturer's name; **and**
  - Product name, model name and model number; **and**
  - Narrative description of the item (for custom fabricated items); **and**
  - Justification of patient's medical necessity for the item; **and**
  - If the item is custom fabricated, a complete and clear description of the item should be entered in the narrative field of an electronic claim.
- When billing L2999 for a replacement component, enter the HCPCS code or manufacturer name and model name/number of the base orthosis on which the component is being placed in the narrative field of the electronic claim.
- Items requiring minimal self-adjustment are coded as off-the-shelf orthoses.
- Items requiring substantial modification are coded as custom fitted (L1810, L1832, L1843, L1845, L1847).
- All codes for orthoses or repairs of orthoses billed with the same date of service must be submitted on the same claim.
- Devices that are not rigid or semi-rigid must be coded A4466 and will be denied as non-covered.
- The only products which may be billed using codes K0902 and L1845 are those for which a written coding verification review has been made by the PDAC contractor.
- L2320 and L2330 may only be billed as replacement items.
- All claims for devices that contain a concentric adjustable torsion style mechanism in the knee joint for any condition other than an assistive function to joint extension motion must be coded as E1810.
- RT and/or LT modifiers must be used when billing for orthosis base codes, additions and replacement parts.
- L4205 may only be billed for time involved with the actual repair of an orthosis or for medically necessary adjustments made more than 90 days after delivery.

- L4205 must not be used to bill for time involved with other professional services including:
  - Evaluating the beneficiary
  - Taking measurements, making a cast, making a model, use of CAD/CAM
  - Making modifications to a prefabricated item to fit it to the individual beneficiary
  - Follow-up visits
  - Making adjustments at the time of or within 90 days after delivery
- L4210 must not be used for casting supplies or other materials used in the fitting or fabrication of an orthosis.
- Payment for a knee orthosis delivered to a beneficiary in a hospital or Part A covered SNF stay and billed with the discharge date is eligible for coverage by the DME MAC if the orthosis is:
  - Medically necessary for a beneficiary after discharge from a hospital or Part A covered SNF; **and**
  - Provided to the beneficiary within two days prior to discharge to home; **and**
  - Not needed for inpatient treatment or rehabilitation, but is left in the room to take home.

Print Form

Go Back to Front Page