



NHS MEDICAL POLICY

Knee Orthoses DME 2014-010

A knee orthosis may be indicated when **ALL** of the following are present:

1	The ordering provider has documented a specific process causing weakness or deformity of the knee or an injury of the knee and documented the deficit on physical examination.
2	The ordering provider has documented that stabilization is required for medical reasons or is required as part of rehabilitative care peri-operatively.
3	The ordering provider has documented that the member is ambulatory and has the potential to benefit functionally.
4	The ordering provider has documented that the most cost effective orthosis (prefabricated or off the shelf) was first considered and if that product cannot accommodate the needs of the member, a statement of why a custom orthosis is required has been provided. <i>(Examples of situations in which a person may meet criteria for a custom-made knee brace include, but are not limited to: a deformity of the knee or leg that interferes with fitting; disproportionate size of thigh and calf; minimal muscle mass upon which to suspend an orthosis; exceptionally tall or short stature or obesity that exceeds the limits of prefabricated orthoses using adult or pediatric models or extensions.)</i>
5	If the knee orthosis has been ordered with valgus or varus adjustment to alleviate pressure on the medial or lateral compartment of the knee, the provider has also documented one of the following diagnoses or processes: <ul style="list-style-type: none"> • Moderate to severe unicompartmental osteoarthritis • Failed total knee arthroplasty • Knee ligamentous disruption • Meniscal cartilage derangement • Tibial plateau fracture • Aseptic necrosis of the tibia/fibula

SOURCES

1. American Academy of Orthopedic Surgeons. The use of knee braces. Position Statement. Chicago, IL: American Academy of Orthopedic Surgeons; 1987.
2. Chew KT, Lew HL, Date E, Fredericson M. Current evidence and clinical applications of therapeutic knee braces. Am J Phys Med Rehabil. 2007;86(8):678-686.
3. Kramer JF, Dubowitz T, Fowler P, et al. Functional knee braces and dynamic performance: A review. Clin J Sport Med. 1997;7(1):32-39.
4. Liu SH, Mirzayan R. Current review. Functional knee bracing. Clin Orthop. 1995;317:273-281.
5. Zuelzer WA. Knee bracing. In: Physical Rehabilitation of the Injured Athlete. JR Andrews, GL Harrelson, eds. Philadelphia, PA: W.B. Saunders Co.; 1991; Ch. 14:211-220.

CODE REFERENCE (This may not be a comprehensive list of codes to apply to this policy.)

HCPC: L1830, 1832, 1834, 1840, 1843, 1844, 1845, 1846, 1860

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
09/25/2015	Annual review and approval by UM Committee
09/14/2016	Annual review and approval by UM Committee
09/12/2017	Annual review and approval by UM Committee
09/12/2018	Annual review and approval by UM Committee
09/12/2019	Annual review and approval by UM Committee
09/10/2020	Annual review and approval by UM Committee
09/10/2021	Annual review and approval by UM Committee
09/19/2022	Annual review and approval by UM Committee
08/23/2023	Annual review and approval by UM/QM Committee
08/23/2024	Annual review and approval by UM/QM Committee