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## Local Coverage Determination (LCD): Knee Orthoses (L33318)

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### Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
<a href="#">CGS Administrators, LLC</a>	DME MAC	17013 - DME MAC	J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin
<a href="#">CGS Administrators, LLC</a>	DME MAC	18003 - DME MAC	J-C	Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi North Carolina New Mexico Oklahoma Puerto Rico South Carolina Tennessee Texas Virginia Virgin Islands West Virginia
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	16013 - DME MAC	J-A	Connecticut District of Columbia Delaware Massachusetts Maryland Maine New Hampshire New Jersey New York - Entire State Pennsylvania Rhode Island Vermont
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	19003 - DME MAC	J-D	Alaska American Samoa Arizona California - Entire State Guam Hawaii Iowa

				Idaho Kansas Missouri - Entire State Montana North Dakota Nebraska Nevada Oregon South Dakota Utah Washington Wyoming Northern Mariana Islands
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## - LCD Information

### Document Information

**LCD ID**  
L33318

**Original Effective Date**  
For services performed on or after  
10/01/2015

**Original ICD-9 LCD ID**  
[L22664](#)  
[L27262](#)  
[L27263](#)  
[L27058](#)

**Revision Effective Date**  
For services performed on or after  
01/01/2017

**LCD Title**  
Knee Orthoses

**Revision Ending Date**  
N/A

**Proposed LCD in Comment Period**  
N/A

**Retirement Date**  
N/A

**Source Proposed LCD**  
N/A

**Notice Period Start Date**  
N/A

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**Notice Period End Date**  
N/A

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### CMS National Coverage Policy

None

## Coverage Guidance

### Coverage Indications, Limitations, and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements.

The purpose of a Local Coverage Determination (LCD) is to provide information regarding "reasonable and necessary" criteria based on Social Security Act § 1862(a)(1)(A) provisions.

In addition to the "reasonable and necessary" criteria contained in this LCD there are other payment rules, which are discussed in the following documents, that must also be met prior to Medicare reimbursement:

- The LCD-related Standard Documentation Requirements Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- The LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- Refer to the Supplier Manual for additional information on documentation requirements.
- Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

For the items addressed in this LCD, the "reasonable and necessary" criteria, based on Social Security Act § 1862(a)(1)(A) provisions, are defined by the following coverage indications, limitations and/or medical necessity.

For knee orthoses definitions of off-the-shelf and custom fitted, refer to the CODING GUIDELINES section in the LCD-related Policy Article.

#### PREFABRICATED KNEE ORTHOSES (L1810, L1812, L1820, L1830 - L1833, L1836, L1843, L1845, L1847, L1848, L1850, L1851, L1852):

A knee flexion contracture is 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). A knee extension contracture is 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. A contracture is distinguished from the temporary loss of range of motion of a joint following injury, surgery, casting, or other immobilization.

A **KNEE ORTHOSIS** with joints (L1810, L1812) or **KNEE ORTHOSIS** with condylar pads and joints with or without patellar control (L1820) are covered for ambulatory beneficiaries who have weakness or deformity of the knee and require stabilization.

If an L1810, L1812 or L1820 is provided but the criteria above are not met, the orthosis will be denied as not reasonable and necessary.

A **KNEE ORTHOSIS** with a locking knee joint (L1831) or a rigid **KNEE ORTHOSIS** (L1836) is covered for beneficiaries 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 Diagnosis Codes That Support Medical Necessity Group 1 Codes section).

If an L1831 or L1836 orthosis is provided but the criterion above is not met, the orthosis will be denied as not reasonable and necessary.

There is no proven clinical benefit to the inflatable air bladder incorporated into the design of code L1847 or L1848; therefore, claims for code L1847 or L1848 will be denied as not reasonable and necessary.

A 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), are covered if the beneficiary has had recent injury to or a surgical procedure on the knee(s). Refer to the diagnoses listed in the Diagnosis Codes That Support Medical Necessity Groups 2 or 4 Code sections.

Knee orthoses L1832, L1833, L1843, L1845, L1851 and L1852 are also covered for a beneficiary who is ambulatory and has knee instability due to a condition specified in the Diagnosis Codes That Support Medical Necessity Group 4 Codes section.

A **KNEE ORTHOSIS**, Swedish type, prefabricated (L1850) is covered for a beneficiary who is ambulatory and has knee instability due to genu recurvatum - hyperextended knee, congenital or acquired (see Diagnosis Codes That Support Medical Necessity Group 5 section).

For codes L1832, L1833, L1843, L1845, L1850, L1851 and L1852, 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).

Claims for L1832, L1833, L1843, L1845, L1850, L1851 or L1852 will be denied as not reasonable and necessary when the beneficiary does not meet the above criteria for coverage. For example, they will be denied if only pain or a subjective description of joint instability is documented.

"Addition" codes are grouped into four (4) categories in relation to **KNEE ORTHOSIS** base codes.

- Eligible for separate payment
- Not reasonable and necessary
- Not separately payable
- Incompatible

The following table lists addition codes which describe components or features that can be and frequently are physically incorporated in the specified prefabricated base orthosis. Addition codes may be separately payable if:

- They are provided with the related base code orthosis; and
- The base orthosis is reasonable and necessary; and
- The addition is reasonable and necessary.

Addition codes will be denied as not reasonable and necessary if the base orthosis is not reasonable and necessary or the addition is not reasonable and necessary.

Base Code	Addition Codes – Eligible for Separate Payment
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

The following table lists addition codes which describe components or features that can be physically incorporated in the specified prefabricated base orthosis but are considered not reasonable and necessary. These addition codes, if they are billed with the related base code, will be denied as not reasonable and 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

Refer to the related Policy Article for information on addition codes that are considered not separately payable or incompatible with prefabricated **KNEE ORTHOSIS** base codes.

#### CUSTOM FABRICATED KNEE ORTHOSES (L1834, L1840, L1844, L1846, L1860):

A custom fabricated orthosis is covered 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:

1. Deformity of the leg or knee;
2. Size of thigh and calf;
3. Minimal muscle mass upon which to suspend an orthosis.

Although these are examples of potential situations where a custom fabricated orthosis may be appropriate, suppliers must consider prefabricated alternatives such as pediatric knee orthoses in beneficiaries with small limbs, straps with additional length for large limbs, etc.

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 reasonable and necessary.

Custom fabricated orthoses (L1834, L1840, L1844, L1846, L1860) are not reasonable and necessary in the treatment of knee contractures in cases where the beneficiary is nonambulatory.

A custom fabricated knee immobilizer without joints (L1834) is covered if criteria 1 and 2 are met:

1. The coverage criteria for the prefabricated orthosis code L1830 are met; and
2. The general criterion defined above for a custom fabricated orthosis is met.

If an L1834 orthosis is provided and both criteria 1 and 2 are not met, the orthosis will be denied as not reasonable and necessary.

A custom fabricated derotation **KNEE ORTHOSIS** (L1840) is covered for instability due to internal ligamentous disruption of the knee (see Diagnosis Codes That Support Medical Necessity Group 3 Codes section).

A custom fabricated **KNEE ORTHOSIS** with an adjustable flexion and extension joint (L1844, L1846) is covered if criteria 1 and 2 are met:

1. The coverage criteria for the prefabricated orthosis codes L1843, L1845, L1851 and L1852 are met; and
2. The general criterion defined above for a custom fabricated orthosis is met.

If an L1844 or L1846 orthosis is provided and both criteria 1 and 2 are not met the orthosis will be denied as not reasonable and necessary.

A custom fabricated **KNEE ORTHOSIS** with a modified supracondylar prosthetic socket (L1860) is covered for a beneficiary who is ambulatory and has knee instability due to genu recurvatum - hyperextended knee (see Diagnosis Codes That Support Medical Necessity Group 5 Codes section).

The following table lists addition codes which describe components or features that can be and frequently are physically incorporated in the specified custom fabricated base orthosis. Addition codes may be separately payable if:

- They are provided with the related base code orthosis; and
- The base orthosis is reasonable and necessary; and
- The addition is reasonable and necessary.

Addition codes will be denied as not reasonable and necessary if the base orthosis is not reasonable and necessary or the addition is not reasonable and necessary.

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

The following table lists addition codes which describe components or features that can be physically incorporated in the specified custom fabricated base orthosis but are considered not reasonable and necessary. These addition codes, if they are billed with the related base code, will be denied as not reasonable and necessary.

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

Refer to the related Policy Article for information on addition codes that are considered not separately payable or incompatible with custom fabricated **KNEE ORTHOSIS** base codes.

#### MISCELLANEOUS:

Heavy duty knee joint codes (L2385, L2395) are covered only for beneficiaries who weigh more than 300 pounds.

Coverage of a removable soft interface (K0672) is limited to a maximum of two (2) per year beginning one (1) year after the date of service for initial issuance of the orthosis. Additional replacement interfaces will be denied as not reasonable and necessary. Refer to the Coding Guidelines section in the LCD related Policy Article for information on denial of removable soft interfaces that are billed separately at the time of initial issue of the orthosis.

Concentric adjustable torsion style mechanisms used to assist knee joint extension are coded as L2999 and are covered for beneficiaries who require knee extension assist in the absence of any co-existing joint contracture.

Concentric adjustable torsion style mechanisms used for the treatment of contractures are coded as E1810 and covered under the Durable Medical Equipment benefit (see related Policy Article Coding Guidelines for additional information).

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.

#### GENERAL

A Detailed Written Order (DWO) (if applicable) must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving a completed DWO, the claim shall be denied as not reasonable and necessary.

An item/service is correctly coded when it meets all the coding guidelines listed in CMS HCPCS guidelines, LCDs, LCD-related Policy Articles, or DME MAC articles. Claims that do not meet coding guidelines shall be denied as not reasonable and necessary/incorrectly coded.

Proof of delivery (POD) is a Supplier Standard and DMEPOS suppliers are required to maintain POD documentation in their files. Proof of delivery documentation must be made available to the Medicare contractor upon request. All services that do not have appropriate proof of delivery from the supplier shall be denied as not reasonable and necessary.

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#### Coding Information

##### Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types

indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

#### **Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

#### **CPT/HCPCS Codes**

##### **Group 1 Paragraph:**

The appearance of a code in this section does not necessarily indicate coverage.

#### **HCPCS MODIFIER**

EY – No physician or other licensed health care provider order for this item or service

GA – Waiver of liability statement issued as required by payer policy, individual case

GZ – Item or service expected to be denied as not reasonable and necessary

KX - Requirements specified in the medical policy have been met

LT - Left side

RT - Right side

#### **HCPCS CODES**

##### **Group 1 Codes:**

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
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

#### ICD-10 Codes that Support Medical Necessity

#### Group 1 Paragraph:

The presence of an ICD-10 code listed in this section is not sufficient by itself to assure coverage. Refer to the section on "Coverage Indications, Limitations, and/or Medical Necessity" for other coverage criteria and payment information.

#### For HCPCS codes L1831, and L1836:

**Group 1 Codes:****Show entries****:for Group 1 ICD-10 Codes that Support Medical Necessity****Search****:Group 1 ICD-10 Codes that Support Medical Necessity textbox****Search By:** **Group 1 ICD-10 Codes that Support Medical Necessity radio button** **Description ICD-10 Codes that Support Medical Necessity radio button****Search Group 1 ICD-10 Codes that Support Medical Necessity Submit button****SEARCH GROUP Search Group 1****ICD-10 Codes that Support Medical Necessity Clear button****CLEAR SEARCH**

ICD-10 CODE	DESCRIPTION
M24.561	Contracture, right knee
M24.562	Contracture, left knee

**Showing 1 to 2 of 2 entries in Group 1****First****Prev****Currently Selected****Group 2 Paragraph:****For HCPCS Codes L1830, L1832, L1833, and L1834:****Group 2 Codes:****Show entries****:for Group 2 ICD-10 Codes that Support Medical Necessity****Search****:Group 2 ICD-10 Codes that Support Medical Necessity textbox****Search By:** **Group 2 ICD-10 Codes that Support Medical Necessity radio button** **Description ICD-10 Codes that Support Medical Necessity radio button****Search Group 2 ICD-10 Codes that Support Medical Necessity Submit button****SEARCH GROUP Search Group 2****ICD-10 Codes that Support Medical Necessity Clear button****CLEAR SEARCH**

ICD-10 CODE	DESCRIPTION
M05.061	Felty's syndrome, right knee
M05.062	Felty's syndrome, left knee
M05.261	Rheumatoid vasculitis with rheumatoid arthritis of right knee
M05.262	Rheumatoid vasculitis with rheumatoid arthritis of left knee
M05.361	Rheumatoid heart disease with rheumatoid arthritis of right knee
M05.362	Rheumatoid heart disease with rheumatoid arthritis of left knee
M05.461	Rheumatoid myopathy with rheumatoid arthritis of right knee
M05.462	Rheumatoid myopathy with rheumatoid arthritis of left knee
M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee
M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee
M05.661	Rheumatoid arthritis of right knee with involvement of other organs and systems

M05.662	Rheumatoid arthritis of left knee with involvement of other organs and systems
M05.761	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement
M05.762	Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement
M05.861	Other rheumatoid arthritis with rheumatoid factor of right knee
M05.862	Other rheumatoid arthritis with rheumatoid factor of left knee
M06.061	Rheumatoid arthritis without rheumatoid factor, right knee
M06.062	Rheumatoid arthritis without rheumatoid factor, left knee
M06.1	Adult-onset Still's disease
M06.261	Rheumatoid bursitis, right knee
M06.262	Rheumatoid bursitis, left knee
M06.361	Rheumatoid nodule, right knee
M06.362	Rheumatoid nodule, left knee
M06.861	Other specified rheumatoid arthritis, right knee
M06.862	Other specified rheumatoid arthritis, left knee
M08.061	Unspecified juvenile rheumatoid arthritis, right knee
M08.062	Unspecified juvenile rheumatoid arthritis, left knee
M08.261	Juvenile rheumatoid arthritis with systemic onset, right knee
M08.262	Juvenile rheumatoid arthritis with systemic onset, left knee
M08.3	Juvenile rheumatoid polyarthritis (seronegative)
M08.461	Pauciarticular juvenile rheumatoid arthritis, right knee
M08.462	Pauciarticular juvenile rheumatoid arthritis, left knee
M08.861	Other juvenile arthritis, right knee
M08.862	Other juvenile arthritis, left knee
M08.961	Juvenile arthritis, unspecified, right knee
M08.962	Juvenile arthritis, unspecified, left knee
M12.061	Chronic postrheumatic arthropathy [Jaccoud], right knee
M12.062	Chronic postrheumatic arthropathy [Jaccoud], left knee
M17.0	Bilateral primary osteoarthritis of knee
M17.11	Unilateral primary osteoarthritis, right knee
M17.12	Unilateral primary osteoarthritis, left knee
M17.2	Bilateral post-traumatic osteoarthritis of knee
M17.31	Unilateral post-traumatic osteoarthritis, right knee
M17.32	Unilateral post-traumatic osteoarthritis, left knee
M17.4	Other bilateral secondary osteoarthritis of knee

M17.5	Other unilateral secondary osteoarthritis of knee
M17.9	Osteoarthritis of knee, unspecified
M22.2X1	Patellofemoral disorders, right knee
M22.2X2	Patellofemoral disorders, left knee
M22.3X1	Other derangements of patella, right knee
M22.3X2	Other derangements of patella, left knee
M22.41	Chondromalacia patellae, right knee
M22.42	Chondromalacia patellae, left knee
M22.8X1	Other disorders of patella, right knee
M22.8X2	Other disorders of patella, left knee
M22.91	Unspecified disorder of patella, right knee
M22.92	Unspecified disorder of patella, left knee
M23.000	Cystic meniscus, unspecified lateral meniscus, right knee
M23.001	Cystic meniscus, unspecified lateral meniscus, left knee
M23.003	Cystic meniscus, unspecified medial meniscus, right knee
M23.004	Cystic meniscus, unspecified medial meniscus, left knee
M23.006	Cystic meniscus, unspecified meniscus, right knee
M23.007	Cystic meniscus, unspecified meniscus, left knee
M23.011	Cystic meniscus, anterior horn of medial meniscus, right knee
M23.012	Cystic meniscus, anterior horn of medial meniscus, left knee
M23.021	Cystic meniscus, posterior horn of medial meniscus, right knee
M23.022	Cystic meniscus, posterior horn of medial meniscus, left knee
M23.031	Cystic meniscus, other medial meniscus, right knee
M23.032	Cystic meniscus, other medial meniscus, left knee
M23.041	Cystic meniscus, anterior horn of lateral meniscus, right knee
M23.042	Cystic meniscus, anterior horn of lateral meniscus, left knee
M23.051	Cystic meniscus, posterior horn of lateral meniscus, right knee
M23.052	Cystic meniscus, posterior horn of lateral meniscus, left knee
M23.061	Cystic meniscus, other lateral meniscus, right knee
M23.062	Cystic meniscus, other lateral meniscus, left knee
M23.200	Derangement of unspecified lateral meniscus due to old tear or injury, right knee
M23.201	Derangement of unspecified lateral meniscus due to old tear or injury, left knee
M23.203	Derangement of unspecified medial meniscus due to old tear or injury, right knee
M23.204	Derangement of unspecified medial meniscus due to old tear or injury, left knee

M23.206	Derangement of unspecified meniscus due to old tear or injury, right knee
M23.207	Derangement of unspecified meniscus due to old tear or injury, left knee
M23.211	Derangement of anterior horn of medial meniscus due to old tear or injury, right knee
M23.212	Derangement of anterior horn of medial meniscus due to old tear or injury, left knee
M23.221	Derangement of posterior horn of medial meniscus due to old tear or injury, right knee
M23.222	Derangement of posterior horn of medial meniscus due to old tear or injury, left knee
M23.231	Derangement of other medial meniscus due to old tear or injury, right knee
M23.232	Derangement of other medial meniscus due to old tear or injury, left knee
M23.241	Derangement of anterior horn of lateral meniscus due to old tear or injury, right knee
M23.242	Derangement of anterior horn of lateral meniscus due to old tear or injury, left knee
M23.251	Derangement of posterior horn of lateral meniscus due to old tear or injury, right knee
M23.252	Derangement of posterior horn of lateral meniscus due to old tear or injury, left knee
M23.261	Derangement of other lateral meniscus due to old tear or injury, right knee
M23.262	Derangement of other lateral meniscus due to old tear or injury, left knee
M23.300	Other meniscus derangements, unspecified lateral meniscus, right knee
M23.301	Other meniscus derangements, unspecified lateral meniscus, left knee
M23.303	Other meniscus derangements, unspecified medial meniscus, right knee
M23.304	Other meniscus derangements, unspecified medial meniscus, left knee
M23.306	Other meniscus derangements, unspecified meniscus, right knee
M23.307	Other meniscus derangements, unspecified meniscus, left knee
M23.311	Other meniscus derangements, anterior horn of medial meniscus, right knee

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**Group 3 Paragraph:**

For HCPCS Codes L1840:

**Group 3 Codes:**

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ICD-10 CODE	DESCRIPTION
M22.2X1	Patellofemoral disorders, right knee
M22.2X2	Patellofemoral disorders, left knee
M22.3X1	Other derangements of patella, right knee
M22.3X2	Other derangements of patella, left knee
M22.8X1	Other disorders of patella, right knee
M22.8X2	Other disorders of patella, left knee
M22.91	Unspecified disorder of patella, right knee
M22.92	Unspecified disorder of patella, left knee
M23.51	Chronic instability of knee, right knee
M23.52	Chronic instability of knee, left knee
M23.601	Other spontaneous disruption of unspecified ligament of right knee
M23.602	Other spontaneous disruption of unspecified ligament of left knee
M23.611	Other spontaneous disruption of anterior cruciate ligament of right knee
M23.612	Other spontaneous disruption of anterior cruciate ligament of left knee
M23.621	Other spontaneous disruption of posterior cruciate ligament of right knee
M23.622	Other spontaneous disruption of posterior cruciate ligament of left knee
M23.631	Other spontaneous disruption of medial collateral ligament of right knee
M23.632	Other spontaneous disruption of medial collateral ligament of left knee
M23.641	Other spontaneous disruption of lateral collateral ligament of right knee
M23.642	Other spontaneous disruption of lateral collateral ligament of left knee
M23.671	Other spontaneous disruption of capsular ligament of right knee
M23.672	Other spontaneous disruption of capsular ligament of left knee
M23.8X1	Other internal derangements of right knee
M23.8X2	Other internal derangements of left knee
M23.91	Unspecified internal derangement of right knee
M23.92	Unspecified internal derangement of left knee

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**Group 4 Paragraph:**

**For HCPCS Codes L1832, L1833, L1843, L1844, L1845, L1846, L1851 and L1852:**

**Group 4 Codes:**

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ICD-10 CODE	DESCRIPTION
G04.1	Tropical spastic paraplegia
G35	Multiple sclerosis
G57.01	Lesion of sciatic nerve, right lower limb
G57.02	Lesion of sciatic nerve, left lower limb
G57.03	Lesion of sciatic nerve, bilateral lower limbs
G57.21	Lesion of femoral nerve, right lower limb
G57.22	Lesion of femoral nerve, left lower limb
G57.23	Lesion of femoral nerve, bilateral lower limbs
G80.9	Cerebral palsy, unspecified
<a href="#">G81.91 – G81.94 - Opens in a new window</a>	Hemiplegia, unspecified affecting right dominant side - Hemiplegia, unspecified affecting left nondominant side
<a href="#">G82.20 – G82.22 - Opens in a new window</a>	Paraplegia, unspecified - Paraplegia, incomplete
M00.001	Felty's syndrome, right knee
M05.062	Felty's syndrome, left knee
M05.261	Rheumatoid vasculitis with rheumatoid arthritis of right knee
M05.262	Rheumatoid vasculitis with rheumatoid arthritis of left knee
M05.361	Rheumatoid heart disease with rheumatoid arthritis of right knee
M05.362	Rheumatoid heart disease with rheumatoid arthritis of left knee
M05.461	Rheumatoid myopathy with rheumatoid arthritis of right knee
M05.462	Rheumatoid myopathy with rheumatoid arthritis of left knee
M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee
M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee
M05.661	Rheumatoid arthritis of right knee with involvement of other organs and systems
M05.662	Rheumatoid arthritis of left knee with involvement of other organs and systems
M05.761	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement
M05.762	Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement

M05.861	Other rheumatoid arthritis with rheumatoid factor of right knee
M05.862	Other rheumatoid arthritis with rheumatoid factor of left knee
M06.061	Rheumatoid arthritis without rheumatoid factor, right knee
M06.062	Rheumatoid arthritis without rheumatoid factor, left knee
M06.1	Adult-onset Still's disease
M06.261	Rheumatoid bursitis, right knee
M06.262	Rheumatoid bursitis, left knee
M06.361	Rheumatoid nodule, right knee
M06.362	Rheumatoid nodule, left knee
M06.861	Other specified rheumatoid arthritis, right knee
M06.862	Other specified rheumatoid arthritis, left knee
M08.061	Unspecified juvenile rheumatoid arthritis, right knee
M08.062	Unspecified juvenile rheumatoid arthritis, left knee
M08.261	Juvenile rheumatoid arthritis with systemic onset, right knee
M08.262	Juvenile rheumatoid arthritis with systemic onset, left knee
M08.3	Juvenile rheumatoid polyarthritis (seronegative)
M08.461	Pauciarticular juvenile rheumatoid arthritis, right knee
M08.462	Pauciarticular juvenile rheumatoid arthritis, left knee
M08.861	Other juvenile arthritis, right knee
M08.862	Other juvenile arthritis, left knee
M08.961	Juvenile arthritis, unspecified, right knee
M08.962	Juvenile arthritis, unspecified, left knee
M12.061	Chronic postrheumatic arthropathy [Jaccoud], right knee
M12.062	Chronic postrheumatic arthropathy [Jaccoud], left knee
M17.0	Bilateral primary osteoarthritis of knee
M17.11	Unilateral primary osteoarthritis, right knee
M17.12	Unilateral primary osteoarthritis, left knee
M17.2	Bilateral post-traumatic osteoarthritis of knee
M17.31	Unilateral post-traumatic osteoarthritis, right knee
M17.32	Unilateral post-traumatic osteoarthritis, left knee
M17.4	Other bilateral secondary osteoarthritis of knee
M17.5	Other unilateral secondary osteoarthritis of knee
M17.9	Osteoarthritis of knee, unspecified
M22.2X1	Patellofemoral disorders, right knee

M22.2X2	Patellofemoral disorders, left knee
M22.3X1	Other derangements of patella, right knee
M22.3X2	Other derangements of patella, left knee
M22.41	Chondromalacia patellae, right knee
M22.42	Chondromalacia patellae, left knee
M22.8X1	Other disorders of patella, right knee
M22.8X2	Other disorders of patella, left knee
M22.91	Unspecified disorder of patella, right knee
M22.92	Unspecified disorder of patella, left knee
M23.000	Cystic meniscus, unspecified lateral meniscus, right knee
M23.001	Cystic meniscus, unspecified lateral meniscus, left knee
M23.003	Cystic meniscus, unspecified medial meniscus, right knee
M23.004	Cystic meniscus, unspecified medial meniscus, left knee
M23.006	Cystic meniscus, unspecified meniscus, right knee
M23.007	Cystic meniscus, unspecified meniscus, left knee
M23.011	Cystic meniscus, anterior horn of medial meniscus, right knee
M23.012	Cystic meniscus, anterior horn of medial meniscus, left knee
M23.021	Cystic meniscus, posterior horn of medial meniscus, right knee
M23.022	Cystic meniscus, posterior horn of medial meniscus, left knee
M23.031	Cystic meniscus, other medial meniscus, right knee
M23.032	Cystic meniscus, other medial meniscus, left knee
M23.041	Cystic meniscus, anterior horn of lateral meniscus, right knee
M23.042	Cystic meniscus, anterior horn of lateral meniscus, left knee
M23.051	Cystic meniscus, posterior horn of lateral meniscus, right knee
M23.052	Cystic meniscus, posterior horn of lateral meniscus, left knee
M23.061	Cystic meniscus, other lateral meniscus, right knee
M23.062	Cystic meniscus, other lateral meniscus, left knee
M23.200	Derangement of unspecified lateral meniscus due to old tear or injury, right knee
M23.201	Derangement of unspecified lateral meniscus due to old tear or injury, left knee
M23.203	Derangement of unspecified medial meniscus due to old tear or injury, right knee
M23.204	Derangement of unspecified medial meniscus due to old tear or injury, left knee
M23.206	Derangement of unspecified meniscus due to old tear or injury, right knee
M23.207	Derangement of unspecified meniscus due to old tear or injury, left knee

M23.211	Derangement of anterior horn of medial meniscus due to old tear or injury, right knee
M23.212	Derangement of anterior horn of medial meniscus due to old tear or injury, left knee
M23.221	Derangement of posterior horn of medial meniscus due to old tear or injury, right knee
M23.222	Derangement of posterior horn of medial meniscus due to old tear or injury, left knee
M23.231	Derangement of other medial meniscus due to old tear or injury, right knee
M23.232	Derangement of other medial meniscus due to old tear or injury, left knee
M23.241	Derangement of anterior horn of lateral meniscus due to old tear or injury, right knee
M23.242	Derangement of anterior horn of lateral meniscus due to old tear or injury, left knee

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#### Group 5 Paragraph:

For HCPCS Codes L1850, L1860:

#### Group 5 Codes:

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ICD-10 CODE	DESCRIPTION
M21.861	Other specified acquired deformities of right lower leg
M21.862	Other specified acquired deformities of left lower leg
Q68.2	Congenital deformity of knee

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#### ICD-10 Codes that DO NOT Support Medical Necessity

#### Group 1 Paragraph:

For the specific HCPCS codes indicated above, all ICD-10 codes that are not specified in the previous section.

**Group 1 Codes:**  
N/A

**Additional ICD-10 Information**

N/A

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**- General Information**

**Associated Information**

**DOCUMENTATION REQUIREMENTS**

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the beneficiary's medical records will reflect the need for the care provided. The beneficiary's medical records include the treating practitioner's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

**GENERAL DOCUMENTATION REQUIREMENTS**

In order to justify payment for DMEPOS items, suppliers must meet the following requirements:

- Prescription (orders)
- Medical Record Information (including continued need/use if applicable)
- Correct Coding
- Proof of Delivery

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information regarding these requirements.

Refer to the Supplier Manual for additional information on documentation requirements.

Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

**POLICY SPECIFIC DOCUMENTATION REQUIREMENTS**

Items covered in this LCD have additional policy-specific requirements that must be met prior to Medicare reimbursement.

Refer to the LCD-related Policy article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information.

**Miscellaneous**

**Appendices**

**Utilization Guidelines**

Refer to Coverage Indications, Limitations and/or Medical Necessity

**Sources of Information and Basis for Decision**

N/A

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**- Revision History Information**

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
01/01/2017	R10	Revision Effective Date:	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>

		<p>01/01/2017  <b>COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:</b>          Removed: Standard Documentation Language          Added: New reference language and directions to Standard Documentation Requirements          Deleted: K0901 and K0902          Added: L1851 and L1852          Added: General Requirements  <b>HCPCS CODES:</b>          Deleted: A4466, K0901 and K0902          Added: A4467, L1851 and L1852  <b>ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:</b>          Deleted: K0901 and K0902 from Group 4 Paragraph          Added: L1851 and L1852 to Group 4 Paragraph          Added: ICD-10 Codes M21.861 and M21.862 to Group 5 – Effective 10/01/2015  <b>DOCUMENTATION REQUIREMENTS:</b>          Removed: Standard Documentation Language          Added: General Documentation Requirements          Added: New reference language and directions to Standard Documentation Requirements  <b>POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:</b>          Removed: Standard Documentation Language          Added: Directions to Standard Documentation Requirements          Removed: Information under Miscellaneous and Appendices  <b>RELATED LOCAL COVERAGE DOCUMENTS:</b>          Added: LCD-related Standard Documentation Requirements article</p>	<ul style="list-style-type: none"> <li>• Revisions Due To ICD-10-CM Code Changes</li> <li>• Revisions Due To CPT/HCPCS Code Changes</li> <li>• Reconsideration Request</li> </ul>
10/01/2016	R9	<p>Revision Effective Date: 10/01/2016  <b>ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:</b>          Added: ICD-10 Codes G57.03 &amp; G57.23 to Group 4 per ICD-10 annual update          Deleted: ICD-10 Codes T84.042A, T84.043S from Groups 2 and 4 per ICD-10 annual update</p>	<ul style="list-style-type: none"> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>
07/01/2016	R8	<p>Revision Effective Date: 07/01/2016  <b>ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:</b>          Replaced: ICD-10 Code M21.869 with Q68.2 in Group 5 - Effective 10/01/2015  <b>DOCUMENTATION REQUIREMENTS:</b>          Revised: Standard documentation language - Start date instructions - Effective 04/28/2016</p>	<ul style="list-style-type: none"> <li>• Reconsideration Request</li> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>
07/01/2016	R7	Effective July 1, 2016 oversight	<ul style="list-style-type: none"> <li>• Change in Assigned States</li> </ul>

		for DME MAC LCDs is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the LCDs.	or Affiliated Contract Numbers
06/02/2016	R6	<p>Revision Effective Date: 06/02/2016</p> <p><b>ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:</b></p> <p>Added: HCPCS Codes L1832 and L1833 to Group 2 Diagnoses</p> <p>Added: Initial, Subsequent, and Sequela ICD-10s to Group 2 and Group 4</p> <p>Removed: ICD-10 Non-specific femur codes S72.426B &amp; S72.426C – entered in error</p> <p><b>DOCUMENTATION REQUIREMENTS:</b></p> <p>Revised: Standard Documentation language (Effective 04/28/2016)</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Typographical Error</li> <li>• Reconsideration Request</li> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>
10/01/2015	R5	<p>Revision Effective Date: 05/01/2015</p> <p><b>COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:</b></p> <p>Added: HCPCS L1833 to Prefabricated Knee Orthoses denial statement, clerical error</p>	<ul style="list-style-type: none"> <li>• Typographical Error</li> </ul>
10/01/2015	R4	<p>Revision Effective Date: 05/01/2015</p> <p><b>COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:</b></p> <p>Revised: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility</p> <p><b>DOCUMENTATION REQUIREMENTS:</b></p> <p>Added: Continued Need and Continued Use</p> <p>Revised: Standard language to add who can enter date of delivery date on the POD</p> <p>Added: Instructions for Equipment Retained from a Prior Payer</p> <p><b>POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:</b></p> <p>Updated: Documentation responsibilities for prefabricated vs. custom fabricated devices to reflect revision of April 2015 bulletin article</p> <p>Revised: Repair to beneficiary-owned DMEPOS</p> <p>Revised: Instructions for HCPCS L2999</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>
10/01/2015	R3	<p>Revision Effective Date: 10/01/2015</p> <p><b>COVERAGE INDICATIONS, LIMITATIONS, and/or MEDICAL NECESSITY:</b></p> <p>Added: Codes K0901 and K0902 to Prefabricated Knee Orthoses section</p> <p>Added: Base Codes K0901 and</p>	<ul style="list-style-type: none"> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>

		<p>K0902 to Addition Codes tables Added: Codes K0901 and K0902 to the requirement (1) for custom fabricated knee orthosis with an adjustable flexion and extension joint HCPCS CODES: Added: Codes K0901 and K0902 ICD-9 CODES THAT SUPPORT MEDICAL NECESSITY: Added: Codes K0901 and K0902 to Group 4 Codes</p>	
10/01/2015	R2	<p>Revision Effective Date: 10/01/2014 COVERAGE INDICATIONS, LIMITATIONS, and/or MEDICAL NECESSITY: Added: Reference to Group 4 diagnosis for coverage of recent injury or surgical procedure on knees</p>	<ul style="list-style-type: none"> <li>• Typographical Error</li> </ul>
10/01/2015	R1	<p>Revision Effective Date: 10/01/2014 COVERAGE INDICATIONS, LIMITATIONS, and/or MEDICAL NECESSITY: Restored: HCPCS to appropriate Diagnoses Group that Support Medical Necessity DOCUMENTATION REQUIREMENTS: Removed: Continued Need and Continued Use, not relevant to this policy</p>	<ul style="list-style-type: none"> <li>• Typographical Error</li> </ul>

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## - Associated Documents

### Attachments

N/A

### Related Local Coverage Documents

#### Article(s)

[A52465 - Knee Orthoses - Policy Article](#)[A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs](#)

### Related National Coverage Documents

N/A

### Public Version(s)

Updated on 03/09/2017 with effective dates 01/01/2017 - N/A

Updated on 09/30/2016 with effective dates 10/01/2016 - 12/31/2016

Updated on 07/28/2016 with effective dates 07/01/2016 - 09/30/2016

Updated on 06/07/2016 with effective dates 07/01/2016 - N/A

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## - Keywords

N/A

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