

	<i>Knee Orthotics</i>	
	Policy Number: POL-PP-222	Original Creation Date: 10/1/2019
	Version Number: 006	Version Effective Date: 10/1/2025
	Policy Status: Active	Next Review Date: 10/1/2026

NOTICE

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Kansas City (Blue KC).

Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input checked="" type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input type="checkbox"/> LAB	<input checked="" type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Knee Orthotics, or knee brace is a supportive brace that extends above and below the knee joint and is utilized to correct and/or maintain alignment

Policy

A custom fabricated knee brace may be indicated when there is a documented physical characteristic which requires the use of a custom fabricated orthosis instead of a prefabricated orthosis.

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

Examples are:

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

The reasonable useful lifetime of custom fabricated orthosis is 3 years.

Prefabricated or off-the-shelf knee orthotics may be indicated for a variety of causes.

Examples are:

- Flexion or extension contractures
- Weakness or deformity of the knee
- Knee instability
- Recent injury or surgery to the knee

Prefabricated Knee Braces

(L1810, L1812, L1820, L1830, L1831, L1832, L1833, L1836, L1843, L1845, L1847, L1848, L1850, L1851, L1852)

Reasonable Useful Lifetime (RUL)

The following chart reflects the reasonable useful lifetime of prefabricated and custom fabricated knee orthoses.

HCPC Code	Definition	Reasonable Useful Lifetime
L1810	Knee orthosis (KO), 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	1 year
L1812	Knee orthosis (KO), elastic with joints, prefabricated, off-the-shelf	1 year
L1820	Knee orthosis (KO), elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment.	1 year
L1830	Knee orthosis (KO), immobilizer, canvas longitudinal, prefabricated, off-the-shelf.	1 year
L1831	Knee orthosis (KO), locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	2 years
L1832	Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional	2 years

	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 (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	2 years
L1836	Knee orthosis (KO), rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf	3 years
L1843	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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	3 years
L1845	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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	3 years
L1850	Knee orthosis (KO), Swedish type, prefabricated, off-the-shelf	2 years
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	3 years
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	3 years

KX, GA, GZ, LT and RT MODIFIERS

For Medicare Advantage claims, suppliers must add a KX modifier to knee orthoses base and addition codes only if all of the coverage criteria in the "Coverage Indications, Limitations, and/or Medical Necessity" section of the related LCD have been met and evidence of such is retained in the supplier's files.

If all of the criteria in the Coverage Indications, Limitations, and/or Medical Necessity section of the related LCD **have not** been met, the GA or GZ modifier must be added to the code. When there is an expectation of a medical necessity denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

The right (RT) and/or left (LT) modifiers must be used when billing for orthosis base codes, additions, and replacement parts.

Claim lines billed with codes without a KX, GA or GZ modifier will be rejected as missing information.

Documentation Requirements

Standard Written Order Requirements

- Order -The standard written order for knee orthotics requires:

- Beneficiary's name
 - General description of the items – this can be the type of item, a HCPCS (Health Care Procedural Codes System) code, a HCPCS code narrative, or a brand name/model number
 - For equipment, in addition to the description of the base item, the order may include all concurrently ordered options, accessories, or additional features that are separately billed or require an upgraded code (List each separately)
 - Quantity to be dispensed (if applicable)
 - Treating practitioner's name. or national provider identifier
 - Treating practitioner's signature
- Why orthotic is needed (diagnosis)
 - Length of time orthotic is needed

Proof of delivery documentation

- Beneficiary's name
- Delivery address
- Include a description of the item(s) being delivered, the description can be either a narrative description (e.g., knee orthotic, custom fitted), a HCPCS code, the long description of a HCPCS code, or a brand name/model number
- Quantity delivered
- Date delivered (date that the item was received by the beneficiary or designee)
- Beneficiary (or designee) signature

Replacement/Repair

Replacement of a previously covered knee brace is limited to the following conditions:

- Reasonable and useful lifetime has been exceeded, OR
- When still within a reasonable and useful lifetime:
 - Irreparable damage
 - Wear
 - A change in the member's condition OR
 - When necessitated due to growth

Suppliers must distinguish between repair and replacement of an orthosis. When an orthotic is replaced, there is no separate billing for the above services because reimbursement for these services is included in the allowance for the replacement item.

Repairs to a covered orthosis due to wear or to accidental damage are covered when they are necessary to make the orthosis functional. The reason for the repair must be documented in the supplier's record. If the expense for repairs.

Coding

CPT Code	Description
L1810	Knee orthosis (KO), 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 (KO), elastic with joints, prefabricated, off-the-shelf.
L1820	Knee orthosis (KO), elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment.
L1830	Knee orthosis (KO), immobilizer, canvas longitudinal, prefabricated, off-the-shelf.
L1831	Knee orthosis (KO), locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment.
L1832	Knee orthosis (KO), 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 (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf.
L1836	Knee orthosis (KO), rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf.
L1843	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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise.
L1845	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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise.
L1850	Knee orthosis (KO), 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.

References and Resources

Center for Medicare and Medicaid Services
NCCI Policy Manual

Related Documents

N/A

Revision History		
Version	Date	Summary of Revisions
001	10/1/2019	Original
002	11/16/2021	Added information on KX, GA, and GZ modifiers.
003	10/01/2022	Annual review, there were no updates or changes made to the policy
004	10/01/2023	Policy updated to match CMS updated Knee Orthoses LCD.
005	10/01/2024	Annual review, there were no updates or changes made to the policy
006	10/1/2025	Annual review, there were no updates or changes made to the policy