

Knee Orthoses Documentation Requirements

PREFABRICATED KNEE ORTHOSES:

- SHORT HINGED KNEE ORTHOSES & PATELLAR STABILIZERS

PATIENT MUST BE AMBULATORY AND HAVE WEAKNESS OR DEFORMITY OF THE KNEE THAT REQUIRES STABILIZATION (WHAT IS PATIENT'S CONDITION AND WHY IS STABILIZATION REQUIRED)

- KNEE IMMOBILIZER

PATIENT MUST HAVE HAD A RECENT DOCUMENTED INJURY OR SURGICAL PROCEDURE TO THE KNEE(DOCUMENT SURGICAL PROCEDURE OR INJURY PATIENT SUFFERED)

- LONG HINGED KNEE ORTHOSIS WITH ADJUSTABLE KNEE JOINTS (POST OP BRACES)

PATIENT MUST HAVE HAD A RECENT DOCUMENTED INJURY OR SURGICAL PROCEDURE TO THE KNEE (DOCUMENT SURGICAL PROCEDURE OR INJURY PATIENT SUFFERED)

(OR)

***PATIENT IS AMBULATORY AND HAS KNEE INSTABILITY (DOCUMENT INSTABILITY AND DIAGNOSIS CODE, INCLUDE OBJECTIVE DESCRIPTION OF JOINT LAXITY – EX. VARUS/VALGUS INSTABILITY)

- UNLOADER ORTHOSIS, ACL/PCL/MCL KNEE ORTHOSES

PATIENT MUST HAVE HAD A RECENT DOCUMENTED INJURY OR SURGICAL PROCEDURE TO THE KNEE (DOCUMENT SURGICAL PROCEDURE OR INJURY PATIENT SUFFERED)

(OR)

***PATIENT IS AMBULATORY AND HAS KNEE INSTABILITY (DOCUMENT INSTABILITY AND DIAGNOSIS CODE, INCLUDE OBJECTIVE DESCRIPTION OF JOINT LAXITY – EX. VARUS/VALGUS INSTABILITY)

CUSTOM FABRICATED KNEE ORTHOSES:

- HAVE TO DOCUMENT THE PATIENT'S PHYSICAL CHARACTERISTICS WHICH REQUIRE THE USE OF A CUSTOM KNEE ORTHOSIS RATHER THAN A PREFABRICATED ORTHOSIS

**EX. DEFORMITY OF THE LEG OR KNEE, SIZE OF THIGH OR CALF, MINIMAL MUSCLE MASS TO SUSPEND THE ORTHOSIS, ETC.

(AND)

- PATIENT MUST MEET ALL OF THE ABOVE CRITERIA FOR PREFABRICATED ORTHOSES