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Cobranded Knee Orthosis

Presented by

Noridian DME Outreach and Education

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- Noridian Medicare Website (<https://med.noridianmedicare.com>)
- CGS Medicare Website (<https://www.cgsmedicare.com>)
- CMS Website (<https://www.cms.gov>)

Top DME Nov 2019 Denial Reasons

Table 3: Top Root Causes of Insufficient Documentation Errors in DMEPOS

Root Cause Description	Universal Error Name	Line Count
Documentation to support medical necessity or to support the services were provided or were provided as billed was not submitted.	Missing/Inadequate Records	2,587
A valid provider's order, or element of an order, has not been submitted.	Missing/Inadequate Orders	1,797
The proof of delivery, in entirety or an element, has not been submitted.	Missing/Inadequate Records	1,527
Documentation to support a face-to-face examination or order requirements prior to delivery for certain DME items has not been submitted.	Missing/Inadequate Records	725
Documentation to support medical necessity of diabetic supplies or medical necessity of high utilization of diabetic supplies has not been submitted.	Missing/Inadequate Records	315
Documentation of result of the oxygen saturation study has not been submitted or the certificate of medical necessity is not corroborated by the medical record documentation.	Missing/Inadequate Records	278

Definitions

■ **Orthosis (Brace):**

- Rigid or semi-rigid devices used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body.

■ **Prefabricated Orthosis:**

- Both “off-the-shelf” (OTS) and custom-fit items are considered prefabricated braces for Medicare coding purposes.
- Manufactured in quantity without a specific beneficiary in mind.

■ **Custom Fabricated Orthosis:**

- Individually-made for a specific beneficiary starting with basic material
- Involves more than trimming, bending, or making other modifications to a substantially prefabricated item.

Prefabricated Orthoses

- Key to correct coding: is there is a need for “minimal self-adjustment” during the final fitting at the time of delivery?
- Any orthosis that does not meet the definition of a custom-fabricated orthosis is considered prefabricated.
- Includes both “off-the-shelf” and custom-fit items
- There are parallel sets of HCPCS codes that describe identical types of items.
 - Which code to use depends on how the final fitting is performed upon delivery.

Definitions

Off-the-Shelf (OTS) Orthotics	Custom-Fitted Orthotics
Prefabricated	Prefabricated
May or may not be supplied as a kit that requires some assembly	May or may not be supplied as a kit that requires some assembly
Requires minimal self-adjustment for fitting (by beneficiary or supplier)	Requires more than minimal self-adjustment for individualized fit
Fitting does NOT require expertise of certified orthotist/specialized training	Fitting DOES require expertise of certified orthotist/specialized training

Minimal Self-adjustment vs. More than Minimal Modification

Minimal Self-adjustment (Off-the-Shelf)	More than Minimal Self-Adjustment (Custom-Fitted)
Beneficiary, caregiver or supplier can perform the adjustment	Changes made to achieve an individualized fit during the final fitting at the time of delivery
<p>DOES NOT REQUIRE certified orthotist or individual with specialized training</p>	<p>DOES REQUIRE certified orthotist or individual with specialized training</p>
<p><i>Examples:</i></p> <ul style="list-style-type: none"> • Adjustment of straps and closures • Bending or trimming for final fit or comfort 	Trimmed, bent, molded (with or without heat), or otherwise modified resulting in alterations beyond minimal self-adjustment

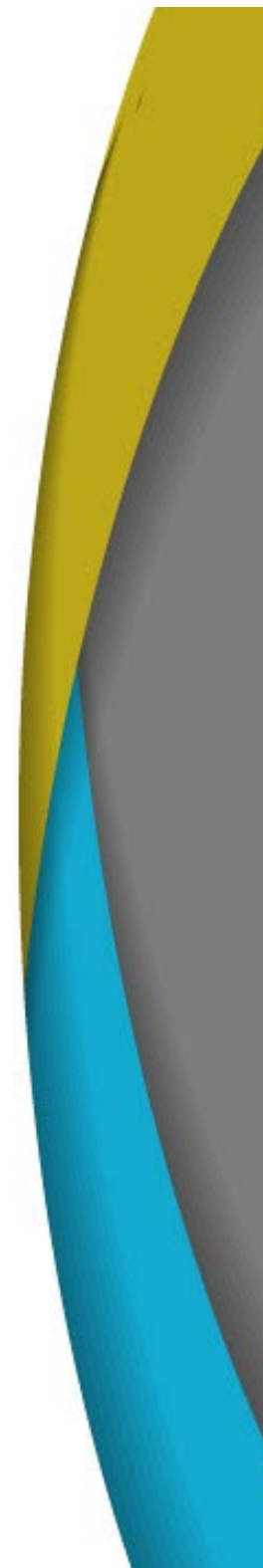
Individuals with Expertise to Perform Modifications

Certified Orthotist	Specialized Training
<p>Certified by:</p> <ul style="list-style-type: none">■ American Board for Certification in Orthotics and Prosthetics, Inc.<p style="text-align: center;"><i>or</i></p>■ Board for Orthotics/Prosthetist Certification	<p>Individuals with specialized training to provide custom-fitting services include:</p> <ul style="list-style-type: none">■ Physician■ Treating practitioner:<ul style="list-style-type: none">• Physician assistant• Nurse practitioner• Clinical nurse specialist■ Occupational therapist■ Physical therapist <p style="text-align: center;"><i>All must be in compliance with all applicable Federal and State licensure and regulatory requirements.</i></p>

Custom-Fabricated

- Individually-made for a specific beneficiary
- Fabricated based on clinically-derived and rectified castings, tracings, measurements, and/or other images (such as X-rays) of the body part.
- Requires the use of basic materials including, but not limited to: plastic, metal, leather, or cloth in the form of uncut or unshaped sheets, bars, or other basic forms.
- Involves substantial work such as vacuum forming, cutting, bending, molding, sewing, drilling, and finishing prior to fitting on the beneficiary.
- Requires a positive model of the beneficiary.

Coverage



Prefabricated Knee Orthoses

- 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 the following:
 - Weakness or deformity of the knee; and,
 - Require stabilization.
- 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).
 - Requires a covered Group 1 diagnosis code.

Prefabricated Knee Orthoses

- 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).
 - Requires a covered Group 2 or Group 4 diagnosis code.

Prefabricated Knee Orthoses

- 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.

Prefabricated Knee Orthoses

- 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
 - Requires a covered Group 5 diagnosis code.

Prefabricated Knee Orthoses

- 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).
- If a knee orthosis is provided but the beneficiary does not meet the criteria for coverage, the orthosis will be denied as not reasonable and necessary.

Custom Fabricated Knee Orthoses

(L1834, L1840, L1844, L1846, L1860)

- Coverage for custom fabricated requires
 - Documented physical characteristic which requires use of custom fabricated orthosis instead of prefabricated orthosis.
- Examples of situations which meet the criterion for a custom fabricated orthosis include, but are not limited to:
 - Deformity of the leg or knee;
 - Size of thigh and calf;
 - Minimal muscle mass upon which to suspend an orthosis.

Custom Fabricated Knee Orthoses

- 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 for a custom fabricated orthosis is met.

Custom Fabricated Knee Orthoses

- A custom fabricated derotation knee orthosis (L1840) is covered for instability due to internal ligamentous disruption of the knee.
 - Requires a covered Group 3 diagnosis code
- A custom fabricated knee orthosis with an adjustable flexion and extension joint (L1844, L1846) is covered if:
 - The coverage criteria for the prefabricated orthosis codes L1843, L1845, L1851 and L1852 are met; and,
 - The general criterion for a custom fabricated orthosis is met.
 - Requires a covered Group 4 diagnosis code.

Custom Fabricated Knee Orthoses

- 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.
 - Requires a covered Group 5 diagnosis code.