

## Knee Orthosis Physician Documentation.

### Focused history of the condition necessitating the orthosis

- Diagnosis and Diagnosis Code
- Affected Side, Symptoms
- Clinical course, therapeutic interventions, and results
- Prognosis

### Focused physical examination of affected body part

- Weight and height, weight loss/gain
- Presence of abnormality/deformity
- Swelling, tenderness, muscle spasm
- Objective assessment of joint laxity/stability, ROM (e.g., varus/valgus instability, anterior/posterior drawer test, not all inclusive)
- Neurological

### Status/Condition of current knee orthosis

*(This includes any knee orthosis that your patient has received, that has not exceeded its Useful Lifetime as stated above)*

- Describe the orthosis:** Does it need to be repaired or replaced?
- Damage:** If damaged beyond repair in accident/incident, please describe what happened.
- Repair:** If the device needs repair there needs to be a statement of continued medical need and use.
- Wear and tear:** If it is still within the useful lifetime, it will need to be repaired.
- Change in condition:** If patient's condition has changed, describe why device is no longer appropriate (e.g. weight gain/loss, decreased stability, change in diagnosis, etc.).

### Additionally, document that your patient meets specific criteria based on orthosis type:

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**Orthosis with Joints:** L1810 (custom fit), L1812 (OTS); and

**Orthosis with Condylar Pads and Joints:** L1820 (custom fit), L1821 (OTS)

#### Are covered for: **Weakness or deformity of the knee**

##### Document the following:

1. Patient is ambulatory
  2. Exam, including objective tests performed and description of the exam findings that support weakness or deformity
  3. Need for stabilization
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**Positional Orthosis with Locking knee Joint(s):** L1831 (prefabricated); and  
**Rigid Orthosis:** L1836 (OTS)

**Are covered for: Nonfixed Contracture**

**Required Test:** Passive ROM

**Document:**

1. Physical exam of affected knee, including:
  - a. Passive ROM test with movement of at least 10 degrees (i.e. a nonfixed contracture)
  - b. Description of exam findings that support nonfixed contracture

**Diagnosis Codes:** Group 1

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**Immobilizer without Joints:** L1830 (OTS), L1834 (custom fabricated)

**Covered for: Knee Injury or Surgical Procedure**

**Document:**

1. Medical records to support recent injury to knee or surgical procedure on knee
2. If ordering custom orthosis (L1834), describe why prefabricated brace will not work.

**Diagnosis Codes:** Group 2 or 4

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**Orthosis with Adjustable Knee Joints:** L1833 (OTS), L1832 (custom fit)

**When covered for: Knee Injury or surgical procedure**

**Document:**

1. Medical records to support recent injury to knee or recent surgical procedure on knee
2. If ordering an L1832 orthosis, the exam and written order must be dated within 6 months prior to delivery.

**Diagnosis Codes:** Group 2 or 4

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**When covered for: Ambulatory patient with knee instability**

**Required Test:** Joint Laxity Test

**Document:**

1. Physical exam of the affected knee, including:
  - a. Joint laxity test
  - b. Description of exam findings that support objective joint laxity
  - c. Need for stabilization

**Diagnosis Codes:** Group 4

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**Derotation Orthosis:** L1840 (custom fabricated)

**Covered for:** **Internal ligamentous disruption of knee**

**Required Test:** Objective testing and imaging

**Document:**

1. Physical exam on affected knee, including:
  - a. Ambulatory status
  - b. Exam findings to support internal ligamentous disruption of knee
  - c. Need for stabilization

**Diagnosis Codes:** Group 3

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**Hyperextension Orthosis (Swedish):** L1850 (OTS)

**Covered for:** **Genu recurvatum -hyperextended knee, congenital or acquired**

**Required Test:** Joint Laxity

**Document:**

1. Physical exam on affected knee, including:
  - a. Ambulatory status
  - b. Joint Laxity test
  - c. Exam findings that support objective joint laxity
  - d. Need for stabilization

**Diagnosis Codes:** Group 5

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**Single or Double Upright:** L1843 (custom fit), L1844 (custom fabricated), L1845 (custom fit), L1846 (custom fabricated), L1851 (OTS), L1852 (OTS)

**When covered for:** **Ambulatory with knee instability**

**Required Test:** Joint Laxity

**Document:**

1. Physical exam on affected knee, including:
  - a. Ambulatory status
  - b. Joint laxity tests performed
  - c. Description of the exam findings that support objective joint laxity
  - d. Need for stabilization
  - e. L1843, L1845, and L1851 (plus L1844, L1846 and L1852 effective 4/13/2026) require Prior Authorization and the exam and written order must be dated within 6 months prior to delivery.
  - f. If ordering a custom fabricated orthosis (L1844 or L1846), see page 4 for additional documentation.

**Diagnosis Codes:** Group 4

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**Or when covered for: Recent injury or surgical procedure**

**Document:**

1. Physical exam of the affected knee, including
  - a. Information related to recent injury or surgical procedure
2. L1843, L1845, and L1851 (plus L1844, L1846 and L1852 effective 4/13/2026) require Prior Authorization and the exam and written order must be dated within 6 months prior to delivery.
3. If ordering a custom fabricated orthosis (L1844 or L1846) see page 4 for additional documentation.

**Diagnosis Codes:** Group 2 or Group 4

**Or when covered for: Ambulatory, with pain affecting mobility and/or function, due to medial or lateral tibiofemoral osteoarthritis**

**Required Test:** Imaging (i.e., Xray, CT scan, MRI)

**Document:**

1. Physical exam of the affected knee, including:
  - a. Ambulatory status
  - b. The beneficiary's pain symptoms, or mobility and/or functional reduction due to medial or lateral tibiofemoral osteoarthritis
  - c. An imaging report (e.g., x-ray, CT scan, MRI) that describes arthritic changes (e.g., joint space narrowing, bone spurs, cysts) consistent with medial or lateral compartment tibiofemoral osteoarthritis
  - d. The beneficiary's willingness to use the knee orthosis
  - e. L1843, L1845, and L1851 (plus L1844, L1846 and L1852 effective 4/13/2026) require Prior Authorization and the exam and written order must be dated within 6 months prior to delivery.
  - f. If ordering a custom fabricated orthosis (L1844 or L1846) see page 4 for additional documentation.

**Diagnosis Codes:** Group 4

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**Additional documentation for custom knee orthoses (L1834, L1840, L1844 and L1846)**

1. One of the following conditions must be documented:
  - a. Deformity of the leg or knee; or
  - b. Size of thigh and calf; or
  - c. Minimal muscle mass upon which to suspend an orthosis.
2. Include prefabricated alternatives that have been considered that cannot be used (e.g. pediatric knee orthoses for small limbs, straps with additional length for large limbs, etc.)

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