OA KNEE BRACING
The step-by-step guide to a successful claim
## OA KNEE BRACE CHECKLIST

### DIAGNOSIS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>714.0 – 714.4</td>
<td>Rheumatoid arthritis – chronic postrheumatic arthropathy</td>
</tr>
<tr>
<td>715.16</td>
<td>Osteoarthritis localized primary involving lower leg</td>
</tr>
<tr>
<td>715.26</td>
<td>Osteoarthritis localized secondary involving lower leg</td>
</tr>
<tr>
<td>715.36</td>
<td>Osteoarthritis localized not specified whether primary or secondary, lower leg</td>
</tr>
<tr>
<td>715.96</td>
<td>Osteoarthritis unspecified whether generalized or localized involving lower leg</td>
</tr>
</tbody>
</table>

Previous Orthoses use *(Note: Custom KAFOs have a 3 year lifetime per Medicare. If the patient received another KAFO within this timeframe, the new Orthoses will be denied)*

Private payers may also request additional information such as:

- Previous treatment modalities such as NSAIDS, steroid injections.
- Radiographic documentation of single-compartment osteoarthritis with or without varus/valgus deformity.
- Documentation of restrictions of ADLs due to persistent knee pain

Check the payer specific medical coverage policy for more details.
CODING OA KNEE BRACE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>L1843</td>
<td>Trainer OA</td>
</tr>
<tr>
<td>L1845</td>
<td>OAsys</td>
</tr>
<tr>
<td>L1843</td>
<td>Unloader One</td>
</tr>
<tr>
<td>L1843</td>
<td>Unloader FIT</td>
</tr>
<tr>
<td>L1843</td>
<td>Unloader Spirit</td>
</tr>
<tr>
<td>L1844</td>
<td>Unloader One Custom</td>
</tr>
<tr>
<td>L1843</td>
<td>Unloader One Plus</td>
</tr>
<tr>
<td>L1844</td>
<td>Unloader Custom</td>
</tr>
<tr>
<td>L1846</td>
<td>CTi OA</td>
</tr>
</tbody>
</table>

MODIFIERS

Orthotic claims require a modifier to indicate which side of the body the brace will be supporting: “LT” for left side and “RT” for right side. For bilateral braces billed on the same date of service, use a double modifier of “LTRT” with the HCPCS code.

Suppliers must add a “KX” modifier to knee orthoses base and addition codes only if all of the coverage criteria in LCD have been met and appropriate documentation is retained in the supplier’s files.

UPGRADE CODE

Chapter 20, Transmittal 120 of the Medicare Claims Processing Manual lays out the appropriate way to deliver an upgraded device to a beneficiary in conjunction with an Advance Beneficiary Notice. If you follow these guidelines closely, Medicare will pay for the cost of the basic product and you can limit the patient’s financial responsibility to the difference between that and the upgraded device you deliver.

You must follow three steps:
1. Explain to the patient that you can provide her an upgraded item, but she will be responsible for the difference between that and the base item that Medicare will pay for.
2. Have her sign an ABN confirming that explanation.
3. When submitting the claim, put the code for the actual item provided (i.e., the upgraded item) on the first line of the claim using the “GA” modifier. List the code for the covered item on the second line using the “GK” modifier.

Bill Medicare as follows:

L1844 – GA Custom Unloader Brace – first line of claim
L1843 – GK OTS Unloader Brace – second line of claim

Medicare will deny the first line as “not medically necessary with patient responsibility.” It will then pay the second line according to its normal procedures so long as you adequately document medical necessity.)
It is important to compliantly document medical necessity for products and services provided to patients as part of their care.

As biomechanical or supportive interventions (knee braces and other supports) are prescribed and implemented as part of protocol (OARSI), specific criteria needs to be part of the medical record or claims may ultimately be denied as not reasonable and necessary when the beneficiary does not meet the criteria for coverage.

One recent area of identified documentation deficiency for biomechanical interventions is related to objective knee laxity (tissue/joint instability).

For codes L1832, L1833, L1843, L1845 and L1850 (see code definitions), knee joint laxity must be documented by examination of the beneficiary and objective description of level or degree of joint laxity and instability must be present. While signs of gross or high level laxity may not be present in conditions such as Osteoarthritis or Patellofemoral Syndrome, positive objective evaluation signs certainly are correlated with common patient symptoms of instability and functional limitation. While most clinicians document the chief complaints or symptoms of their patients, many records are deficient of corroborating objective criteria which is imperative to the record and for successful and appropriate claim submissions.

Research supports the correlation between Osteoarthritis and Tissue laxity of the MCL/LCL as the elastic fiber densities are lower when OA is present and these tissues will be more susceptible to laxity on physical exam even if grade 1.


The role of the elastic fiber system in the pathogenesis of osteoarthritis and knee joint laxity.
Ragusa PS1, Hill RV.

Author information
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Abstract
Osteoarthritis (OA) is a disease of synovial joints in which all articular structures are affected. Evidence suggests that a decreased density in the elastic fiber concentration of the knee capsule is associated with joint hypermobility, a condition associated with OA. However, there is no study that shows a direct relationship between the elastic fiber system and knee OA. The purpose of this study is to determine if there is a correlation between the elastic fiber density in medial (MCL) and lateral (LCL) collateral ligaments and the severity of OA. The elastic fiber concentration in MCL and LCL were examined in cadaver knees (n = 10; 4 M, 6 F). The elastic fiber density, measured as the concentration of elastic fibers per unit area, was correlated with the severity of OA, which was graded on a 0-16 scale using histologic and macroscopic markers. Among all subjects, elastic fiber concentrations between MCL (mean 15.49% ± 2.49) and LCL (mean 13.93 ± 3.63) showed a significant difference (P = 0.023). There were no inter-gender differences between the elastic fiber concentration in either MCL or LCL. Among all subjects, the severity of OA was found to be correlated negatively with the elastic fiber concentration in both MCL (r = -0.693, P ≤ 0.05) and LCL (r = -0.718, P ≤ 0.05). This is the first study to show a correlation between the elastic fiber system and knee OA.
OA KNEE BRACING: EXEMPLAR DETAILED WRITTEN ORDER (DWO)

SAMPLE DETAILED WRITTEN ORDER

<table>
<thead>
<tr>
<th>Detailed Written Order: Unloader One</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DATE:</strong> ____ / ____ / _____</td>
</tr>
<tr>
<td>Patient Name: ______________________</td>
</tr>
<tr>
<td>Medicare #: ________________________</td>
</tr>
<tr>
<td>Address: ___________________________</td>
</tr>
<tr>
<td>Code: ______________________________</td>
</tr>
<tr>
<td>Phone #: ___________________________</td>
</tr>
<tr>
<td>DOB: _______________________________</td>
</tr>
<tr>
<td>Email: _____________________________</td>
</tr>
<tr>
<td>O&amp;P Inc.</td>
</tr>
<tr>
<td>123 Green Street</td>
</tr>
<tr>
<td>Somewhere, USA 12345</td>
</tr>
<tr>
<td>(123) 456-7890</td>
</tr>
<tr>
<td>Federal Tax #: ____________________</td>
</tr>
<tr>
<td>NPI: _______________________________</td>
</tr>
</tbody>
</table>

| Patient Height: ____________________ |
| Patient Weight: ____________________ |
| Place of Service: 12                |
| Diagnosis (ICD-9): 715.16           |

<table>
<thead>
<tr>
<th>HCPCS Code: L1843</th>
<th>Narrative Equipment Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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</td>
</tr>
</tbody>
</table>

**PHYSICIAN ATTESTATION**

Physician’s Name, Address & Telephone

| UPIN #: __________________________ |
| NPI: ______________________________|

(_____) _____ – _______

I certify that I am the physician identified above. I have received this detailed written order, including a full narrative description with HCPCS code and pricing. I certify that the diagnosis information shown above is to the best of my knowledge true and accurate and justifies the medical necessity of the item(s) shown.

PHYSICIAN’S SIGNATURE ___________________________ DATE _________
OA KNEE BRACING:
SAMPLE LETTER OF MEDICAL NECESSITY

DATE: 
PATIENT: 
DATE OF BIRTH: 
PREScribing PHYSICIAN: 
MEDICAL DIAGNOSES & ICD-9 CODES:

NAME OF PATIENT is a AGE year old MALE/FEMALE who presents with SYMPTOMS. HE/SHE is experiencing increased pain in the knee due to osteoarthritis. The patient is ambulatory. HE/SHE reports experiencing SYMPTOMS for LENGTH OF TIME. In the past, NAME OF PATIENT has tried LIST OF OTHER TREATMENTS. HE/SHE is currently taking LIST OF MEDICATIONS.

Examination: 
NAME OF PATIENT is APPEARING patient. Patient ambulates with GAIT (antalgic/guarded/flexed knee/limited range of motion, varus or valgus thrust/unstable)

Upon examination, HE/SHE has SWELLING (erythema, swelling, bruising, and discoloration), PALPATION/ LOCATION OF PAIN, AROM/ PROM*, +/- CREPITUS, Laxity/Tissue instability Grade 1-3 Ant/Post Drawer, Grade 1-3 Lachmans, Grade 1-3 a varus/valgus stress test, Varus/Valgus malalignment, Patellofemoral ROM/+/-Apprehension Test, +/-McMurrays Test.

Diagnostics: 
Xray/MRI findings include:
Joint space narrowing in the MEDIAL/LATERAL Compartment
Subchondral cysts
Subchondral sclerosis
Periarticular osteophytes
Joint subluxation
Joint Space Narrowing

Diagnosis:
715.16 Osteoarthrosis localized primary involving lower leg

NAME OF PATIENT will benefit from the use of an Unloader brace, which maximizes stability and support for knee osteoarthritis.

IMPROVEMENT EXPECTED INCLUDES:

Significant improvement in pain, stiffness, and physical function; preventing or reducing degenerative changes in the knee; allowing the patient to return to reasonable activities which may help them maintain a healthy weight; preserving the long-term viability of the knee; and increased resistance to injury from valgus, varus, rotational or anterior-posterior translation forces.

This brace has been clinically proven to improve patient’s function and decrease pain medication usage and anti-inflammatory (NSAIDs) usage that can have negative Gi side effects.

I am prescribing a clinically appropriate orthotic appliance that adheres to accepted medical standards and practices in the treatment of this condition, and is a part of the medically necessary treatment for NAME OF PATIENT well-being. If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

PHYSICIAN

DATE
February 1, 2015

Justin Time is a 52 year old male who presents with right knee pain and swelling. He has been diagnosed with OA of the right knee and his physician, Dr. Elizabeth Blackwell, has prescribed an Össur Unloader custom-fit brace.

The custom fit brace requires several modifications to appropriately fit and treat Mr. Times. The thigh shell is heat molded to distribute pressure and adjust for Mr. Time’s valgus knee. The hinge arms are contoured to further reduce the valgus load. The Dynamic Force System is trimmed and custom fit to Mr. Time’s right leg for optimal dosing.

Mr. Time is instructed on the proper use and maintenance of the brace. He reports a comfortable fit.

Bea Good, CMA
Heat mold thigh shell component to distribute pressure accordingly to varus/valgus load applied

Bend and contour hinge arms to appropriate varus/valgus angle to reduce load

Dynamic Force System adjusted for optimal efficacy and dosing on patient

Heat mold calf shell component to distribute pressure accordingly to varus/valgus load applied

Modify and apply tibial shims to mold and customize anterior calf component to patient’s prominent tibialis anterior and/or rounded tibial member

Tools Needed:
Heat Gun • Bending Irons • Scissors
Tape Measure • Goniometer

* Patient was educated on donning and doffing of brace
**Tools Needed:**

Heat Gun • Bending Irons • Scissors
Tape Measure • Goniometer

1. Heat mold thigh shell component to distribute pressure accordingly to varus/valgus load applied
2. Bend and contour hinge arms to appropriate varus/valgus angle to reduce load
3. Dynamic Force System adjusted for optimal efficacy and dosing on patient
4. Heat mold calf shell component to distribute pressure accordingly to varus/valgus load applied
5. Modify and apply tibial shims to mold and customize anterior calf component to patient’s prominent tibialis anterior and/or rounded tibial member

* Patient was educated on donning and doffing of brace
Tools Needed:

Heat Gun • Bending Irons • Scissors
Tape Measure • Goniometer

1. Heat mold thigh shell component to distribute pressure accordingly to varus/valgus load applied

2. Dynamic Force System adjusted for optimal efficacy and dosing on patient

3. Contour and adjust hinge arms to appropriate varus/valgus angle to reduce load

4. Heat mold calf shell component to distribute pressure accordingly to varus/valgus load applied

* Patient was educated on donning and doffing of brace
Tools Needed:

Heat Gun • Scissors
Tape Measure • Goniometer

1. Adjust the Acculign Slide Bar to increase or decrease the amount of varus or valgus force on the leg.

2. Widen/narrow the fit at the knee joint with pads for ultimate comfort and alleviate pressure at the joint.

3. Heat mold thigh shell component to distribute pressure accordingly to varus/valgus load applied.

4. Heat mold calf shell component to distribute pressure accordingly to varus/valgus load applied.

* Patient was educated on donning and doffing of brace
Tools Needed:

- Heat Gun
- Bending Irons
- Scissors
- Tape Measure
- Goniometer

1. Heat mold thigh shell component to distribute pressure accordingly to varus/valgus load applied
2. Bend and contour hinge arms to appropriate varus/valgus angle to reduce load
3. Dynamic Force System adjusted for optimal efficacy and dosing on patient
4. Heat mold calf shell component to distribute pressure accordingly to varus/valgus load applied

* Patient was educated on donning and doffing of brace
INSTRUCTIONS TO PATIENTS:
WHAT TO DO IF INSURANCE DENIES YOUR OA KNEE BRACE

You can be the biggest advocate for your own health needs. Work with your clinician to appeal the denial by following these strategic steps.

Step 1 Determine the reason for denial
- Call the Customer Service Department. Have your ID card ready.
- Ask for written explanation of the reason for non-coverage.
- Ask for copies of the clinical policies/documents used to determine the denial.
- Ask who reviewed the request for services.
- Obtain information on the Appeal process and timeframes.
- Inform the insurance company you plan to appeal and will be notifying your employer.

Step 2 Prepare the appeal
- Write an appeal letter
- Obtain letter of medical necessity from your clinician
- Obtain supporting notes/letters from your physician and other healthcare providers involved in your care.
- Notify your employer’s HR dept (or HR dept of source of your insurance) that the insurance company has denied your knee brace and inform them how this impacts you and your ability to work.

Step 3 File the Appeal
- Make sure to meet all deadlines established by the insurance company.
- Request your appeal be reviewed by a bracing expert
- Keep copies of everything you send to the insurance company.

Step 4 Second Level of Appeal, if necessary
If your insurance company continues to deny services to you after the first appeal, you will be notified of the next step in the appeal process. After you gather the facts, set a strategy. You may want to start by seeking help from one of the array of nonprofit and for-profit entities that offer advice. Many states have health insurance consumer advocates. The advocacy group Families USA offers a list of state resources.

Another key resource is the nonprofit Patient Advocate Foundation, which handles health-insurance appeals for free.

The Office of the Medicare Ombudsman (OMO) helps you with complaints, grievances, and information requests. Call 1-800-MEDICARE (1-800-633-4227) to get help.