



Tear of meniscus of knee icd 10

Number: 0009 Note: Most Aetna traditional plans cover durable medical equipment (DME) as a standard benefit. Standard hetna HMO plans do not cover DME without a policy rider. Please check benefit plan descriptions for details. Certain orthopedic casts, braces and splints are covered under HMO plans without the DME rider because their use is integral to the treatment of certain orthopedic fractures and recovery after certain orthosis, lumbar-sacral orthosis, lumbar-sacral orthosis, and thoracic-lumbar-sacral orthosis medically necessary for the listed indications when they are used to treat disease or injury. necessary for any of the following indications: To facilitate healing following an injury to the spine or related soft tissue (see section on Post-operative Back Braces below); or To reduce pain by restricting mobility of the trunk; or To support weak spinal muscles and/or a deformed spine. Supportive lumbar orthosis, and thoracic-lumbar-sacral orthosis, and thoracic-lumbar-sacral orthosis, lumbar-sacral orthosis, sacral orthosis, and thoracic-lumbar-sacral orthosis (back supports, lumbo-sacral support vests) are used to render support to an injured muscle and reduce discomfort. The following additional criteria apply to custom-fitted back braces. A custom-fitted back brace (a prefabricated back brace modified to fit a specific member) is considered medically necessary where there is a failure, contraindication or intolerance to an unmodified, prefabricated (off-the-shelf) back brace. A custom-fitted back brace is considered medically necessary as the initial brace after surgical stabilization of the spine following traumatic injury. A custom-fabricated back brace (individually constructed to fit a specific member from component materials) is considered medically necessary if there is a failure, contraindication, or intolerance to a custom-fitted back brace. these criteria are not met. Note: Back braces are considered DME, except when used as a post-operative back brace (see section I, B). Aetna considers post-operative back braces medically necessary to facilitate healing when applied within 6 weeks following a surgical procedure on the spine or related soft tissue. A post-operative back brace is used to immobilize the spine following laminectomy with or without fusion and metal screw fixation is considered medically necessary. This brace promotes healing of the operative back braces are considered experimental and investigational for other indications because their effectiveness or indications other than the one listed above has not been established. Note: Post-operative back braces are considered part of the surgical protocol for certain back operations. Prophylactic lumbar supports, back rest supports, back rest supports (Tech Belts, air belts, tool belts, t investigational supplies because they have not been proven to be effective treatments for back injuries. Note: Prophylactic inflatable or elastic lumbar supports do not meet Aetna's definition of covered DME because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged use) and because they are not durable (not made to withstand prolonged u or to improve body function lost as the result of a disease or injury. Footnotes* Note: Protective body socks do not meet Aetna's definition of covered DME because they are not made to withstand prolonged use. is considered medically necessary for ambulatory members who have weakness or deformity of the knee and require stabilization. is considered medically necessary for members with flexion or extension contracture). is considered experimental and investigational because there is no proven clinical benefit to the inflatable air bladder incorporated into their design. are considered medically necessary if the member has had recent injury to or a surgical procedure on the knees (within 6 weeks prior to brace application) requiring range of motion limitations. These braces are considered experimental and investigational for other indications because their effectiveness for indications other than the one listed above has not been established. Note: When used for this indication, the knee brace is considered a rehabilitation brace (also known as a post-operative or post-injury brace) and is considered medically necessary for members who are ambulatory and have knee instability due to any of the following: neurologic disorders (e.g., multiple sclerosis, cerebral palsy, hemiplegia, paraplegia); immunologic condition (e.g., rheumatoid arthritis, juvenile idiopathic arthritis); knee arthritis (e.g., osteoarthritis, chondromalacia patellae); aseptic necrosis of the tibia/fibula; knee osteonecrosis; dislocations and subluxations affecting the knee; congenital disorders and malformations of the knee; disruptions of the knee; disruption and knee fractures (e.g., tibial plateau fracture). Knee instability must be documented by examination of the member and objective description of joint laxity (e.g., varus/valgus instability, anterior/posterior Drawer test). For persons with these indications, valgus or varus bracing alleviates pressure on the medial or lateral compartment of the knee. is considered medically necessary for a member who is ambulatory and has knee instability due to genu recurvatum - hyperextended knee. Knee instability must be documented by examination of the member and objective description of joint laxity (e.g., varus/valgus instability, anterior/posterior Drawer test). are considered experimental and investigational for other indications because their effectiveness for indications other than the ones listed above has not been established. are considered medically necessary if the member meets criteria for a prefabricated knee brace. Examples of situations in which a person may meet criteria for a custom-made knee brace include, but are not limited to: Exceptionally tall or short stature or obesity does not, by itself, establish the medical necessity for custom-made functional knee braces. with a pediatric prefabricated brace, and obese persons can usually be fitted with a prefabricated knee brace with extra large straps. Custom-fabricated orthoses are considered experimental and investigational when criteria are not met. is considered medically necessary if criteria a and b are met: is considered medically necessary for instability due to ligament deficiency/insufficiency or reconstruction). Note: When used for this indication, the knee brace is considered a functional (derotational) knee brace and is considered DME. Examples include: Lenox Hill Brace, Boston Knee Brace, DonJoy CI Brace. is considered medically necessary if criteria a and b are met: is considered medically necessary if criteria a member who is ambulatory and has knee instability due to genu recurvatum - hyperextended knee. are considered medically necessary if criteria a and b are met: necessary for persons who weigh more than 300 pounds. are considered medically necessary for members who require knee extension assist in the absence of any co-existing joint contracture. For the use of concentric adjustable torsion style mechanisms used for joint contracture, see CPB 405 - Mechanical Stretching Devices for Contracture and Joint Stiffness. are considered medically necessary for persons who meet criteria for a knee orthosis and whose weight is greater than 250 lbs. Knee braces composed of high-strength, lightweight material are considered experimental and investigational for other indications. Prophylactic knee braces are designed to reduce the likelihood or severity of knee ligament injuries in a relatively normal (stable) knee. Prophylactic knee braces are considered experimental and investigational. The American Academy of Orthopedic Surgeons has concluded that prophylactic bracing has not been proven to be effective and, in some cases, may actually contribute to knee injury. Aetna considers prefabricated unloader braces medically necessary DME as an alternative to surgery for members with severe symptomatic osteoarthritis of the knee who have pain that has failed to respond to medical therapy and knee bracing with a neoprene sleeve, who have progressive limitation in activities of daily living, and who do not have any of the following: Arthritis other than osteoarthritis; or a recent knee operation (within the previous 6 weeks); or Diseases that would preclude use of a brace (e.g., skin disease, peripheral vascular disease, or varicose veins); or Inability to apply the brace because of physical limitations such as arthritis of the hands or inability to bend over; or Paresis or other disease that would preclude ambulation; or Symptomatic disease of the hip, ankle or foot. A custom-fabricated unloader brace is considered medically necessary for members who meet criteria for a prefabricated unloader brace and meet medical necessity criteria for a custom-made brace noted in the section on functional and rehabilitation knee braces are considered experimental and investigational when criteria are not met. Examples: Generation II Unloader, Orthotech Performer, Vixie Enterprise MKSIII Aetna considers the Ottobock E-Mag electronically locking knee brace experimental and investigational because of insufficient evidence regarding its effectiveness. Aetna considers the Levitation 2 bionic knee brace experimental and investigational because of insufficient evidence regarding its effectiveness. material such as neoprene or spandex [elastane, Lycra]) do not meet Aetna's definition of covered DME because they are not durable (not made to withstand prolonged use). Note: Please see Appendix for guidelines on the reasonable usable lifetime of knee orthoses. These guidelines also provide the medically necessary DME after a fracture or surgery. Comfort, non-therapeutic cast-braces are considered experimental and investigational for other indications because their effectiveness for indications other than the ones listed above has not been established. These braces are often used after the patient has been in a walking cast. They are usually removable. Molded casts, which allow the user to remove the cast to bathe the affected extremity, can also be used when a fracture is slow to heal or nonhealing. The use of these removable casts replaces monthly cast changes. A removable cast of this type offers no therapeutic advantages over a non-removable cast. Example: Cam Walker Functional cast-braces are considered medically necessary after a fracture or surgery. tibial-femoral fractures. The functional cast-brace is used following a short period of standard fracture treatment using a non-weight bearing, and motion of the joints above and below the fracture. The joints are moved earlier, contractures are prevented, and early healing is effected due to the weight bearing. Functional cast-braces are considered experimental and investigational for other indications other than the one listed above has not been established. Examples: Patellar tendon bearing (PTB) cast brace, PTB fracture brace, MAFO (molded ankle-foot orthosis) fracture brace with pelvic band, Achilles tendon hinged brace Note: Functional cast-braces are considered integral to the treatment of the fracture. Cervical (neck) braces are considered medically necessary DME for members with neck injury and other appropriate indications (e.g., torticollis). Example: Philadelphia Cervical Collar Note: Cervical foam neck collars do not meet Aetna's definition of covered DME because they are not durable, and not made to withstand prolonged use. Footnotes* Specialized hip braces are considered medically necessary for children with hip disorders to stabilize the hip and/or to correct and maintain hip abduction. These hip braces are considered experimental and investigational for other indications because their effectiveness for indications other than the one listed above has not been established. Example: Pavlik Harness, Frejka Pillow Splint, Friedman Strap Note: Childhood hip braces are considered integral to the management of hip disorders in children. Aetna considers orthopedic braces medically necessary in the treatment of congenital defects. Aetna also considers replacement braces medically necessary when the member has outgrown the previous brace or because his/her condition has changed such as to make the previous brace or because his/her condition has changed such as to make the previous brace or because his/her condition has changed such as to make the previous brace or because his/her condition has changed such as to make the previous brace or because his/her condition has changed such as to make the previous brace or because his/her condition has changed such as to make the previous brace or because his/her condition has changed such as to make the previous brace or because his/her condition has changed such as to make the previous brace or because his/her condition has changed such as to make the previous brace or because his/her condition has changed such as to make the previous brace or because his/her condition has changed such as to make the previous brace or because his/her condition has changed such as to make the previous brace or because his/her condition has changed such as to make the previous brace or because his/her condition has changed such as to make the previous brace or because his/her condition has changed such as to make the previous brace or because his/her condition has changed such as to make the previous brace or because his/her condition has changed such as to make the previous brace or because his/her condition has changed such as to make the previous brace or because his/her condition has changed such as to make the previous brace or because his/her condition has changed such as to make the previous brace or because his/her condition has changed such as to make the previous brace or because his/her condition has changed such as to make the previous brace or because his/her condition has changed such as to make the previous brace or because his/her condition has changed such as to make the previous brace or because his/her condition has cha braces. These devices have various names and are often called molded ankle-foot orthoses (AFOs), or molded ankle-foot orthoses (AFOs). They may also be called orthotics, see CPB 0565 - Ankle Orthoses (AFOs), and Knee-Ankle-Foot Orthoses (KAFOs). Orthotics of this type should not be confused with simple, removable orthotic arch supports or shoe inserts. For information on foot orthotics, see CPB 0451 - Foot Orthotics. A Wheaton Brace is considered medically necessary DME to treat metatarsus adductus in infants replacing the need for serial casting. A Wheaton Brace is considered medically necessary DME to treat metatarsus adductus in infants replacing the need for serial casting. indications because its effectiveness for indications other than the one listed above has not been established. For Aetna's policy on scoliosis braces, see CPB 0398 - Idiopathic Scoliosis. Certain orthopedic problems are routinely treated with splints or splint-like devices. The following are considered medically necessary: Acromio-clavicular splint (also called a Zimmer splint) Carpal tunnel splints Clavicle splint (also called a figure-8 splint) Denis Browne Splint for children with clubfoot or metatarsus valgus to maintain and correct abduction Dynasplints under circumstances specified in CPB 0405 - Mechanical Stretching Devices for Contracture and Joint Stiffness) Finger splints Shoulder immobilizer. Unna boots are considered medically necessary only for non-fracture care. Unna boots have no proven value when used in conjunction with fracture treatment. They can be used to treat sprains and torn ligaments, provide protective cover to promote healing. Occasionally they are used in the first days after a fracture before a cast is put on. Their use in this regard is controversial. Air Casts are considered medically necessary for treatment of fractures or other injuries (i.e., sprains, torn ligaments). Air Casts (air splints) are used as an alternative to plaster casts to immobilize an elbow, ankle, or knee. Air Casts are considered medically necessary. Casting following surgical procedures is considered medically necessary. The casting material used in fracture care can be either fiberglass or plaster. The choice of material is dictated by the individual situation and is left to the discretion of the treating doctor. The Spine and Scapula Stabilizing brace (the S3 brace) is considered experimental and investigational because of insufficient evidence of its effectiveness. manufacturer, the vest-type Spine and Scapula Stabilizing brace (the S3 brace) (AlignMed, Inc., Santa Ana, CA) is designed to help restore normal shoulder kinematics. It consists of a Velcro strapping system with "propioceptive padding" and mesh vest "to allow biofeedback to patients". According to the manufacturer, "this neural feedback, along with the vest's innate postural support, could potentially emphasize proper shoulder muscular mechanics". Evidence for the S3 brace consists of unpublished abstracts examining the effect on shoulder kinematics in normal subjects as well as subjects with "scapular dyskinesis". considers adjustable click systems (e.g., Revo and Boa click systems) experimental and investigational because of insufficient published evidence of their effectiveness and safety. For Aetna's policy is based primarily on Medicare DME MAC criteria for spinal orthoses and knee orthoses. Prosthetics are devices (other than dental) that replace all or part of an internal body organ (including contiguous tissue), or replace all or part of the function of a permanently inoperative or malfunctioning internal body organ. This does not require a determination that there is no possibility that the patient's condition may improve sometime in the future. If the medical record, including the judgment of the attending practitioner, indicates that the condition is of long and indefinite duration, the test of permanence is considered met. An orthosis (brace) is a rigid or semi-rigid device which is 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. It must provide support and counterforce (i.e., a force in a defined direction of a magnitude at least as great as a rigid or semi-rigid support) on the limb or body part that it is being used to brace. An orthosis can be classified as either prefabricated (off-the-shelf or custom fitted) or custom fabricated item is a device which is fabri the body part. The fabrication may involve using calculations, templates, and components. This process 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 and involves substantial work such as vacuum forming, cutting, bending, molding, sewing, drilling, and finishing prior to fitting on the patient. A molded-to-patient-model is a particular type of custom fabricated device in which either: Positive model rectification is constructed. In positive models, a CAD-CAM system, by use of digitizers, transmits surface contour data to software that the practitioner uses to rectify or modify the model on the computer screen. The data depicting the modified shape is electronically transmitted to a commercial milling machine that carves the rectified model. Alternatively, a direct formed model is one in which the patient serves as the positive model. The device is constructed over the model of the patient and is then fabricated to the patient. The completed custom fabricate an orthosis. Custom fitted orthotics are defined as devices that are prefabricated. They may or may not be supplied as a kit that requires some assembly. They all requires fitting and adjustment (for example, the item must be trimmed, bent, molded [with or without heat], or otherwise modified by an individual with expertise in customizing the fit in order for it to be used by a specific patient). Custom fitted requires modification of the item in order to provide an individualized fit. Modifications must result in alterations in the item beyond simple adjustments made by bending, trimming, and/or molding of the item, installation of add-on components or assembly of the item. Custom fitted orthotics are: Devices that are prefabricated. They may or may not be supplied as a kit that requires some assembly. Assembly of the item and/or installation for delivery in order to provide an assistication as custom fitted. Classification for fitting at the time of delivery in order to provide an individualized fit, i.e., the item must be trimmed, bent, molded (with or without heat), or otherwise modified resulting in alterations beyond minimal self-adjustment. This fitting at delivery does require expertise of a certified orthotist or an individual member. Use of CAD/CAM or similar technology to create an orthosis without a positive model of the patient may be considered as custom fitted if the final fitting upon delivery to the patient may be considered as those prefabricated items which require minimal self-adjustment for appropriate use and do not require expertise in trimming, bending, assembling, or customizing to fit to the individual. Off-the-shelf (OTS) orthotics are: Items that are prefabricated. They may or may not be supplied as a kit that requires some assembly. Assembly of the item and/or installation of add-on components and/or the use of some basic materials in preparation of the item does not change classification from OTS to custom fitting at the time of delivery for appropriate use and do not require expertise in trimming, bending, assembling, or customizing to fit an individual. This fitting does not require expertise of a certified orthotist or an individual member. Fabrication of a positive model with minimal self-adjustment at delivery is considered as OTS. There is no separate payment if CAD-CAM technology is used to fabricate an orthosis. Reimbursement is included in the allowance of the codes for custom fabricated orthotist or an individual who has equivalent specialized training in the provision of orthotics such as a physician, treating practitioner, an occupational therapist, or physical therapist, or physical therapist in compliance with all applicable Federal and State licensure and regulatory requirements. A certified orthotist is defined as an individual who is certified by the American Board for Certification in Orthotics and Prosthetics, Inc., or by the Board for Orthotist/Prosthetist Certification. Minimal self-adjustment is defined as an adjustment the member, or supplier of the device can perform and that does not require the services of a certified orthotist (that is, an individual who is certified by the American Board for Certification in Orthotics and Prosthetics, Inc., or by the Board for Orthotics/Prosthetist Certification) or an individual who has specialized training. For example, adjustment of straps and closures, bending or trimming for final fit or comfort (not all-inclusive) fall into this category. fitting services for patients with a medical need for orthotics include: a physician, a treating practitioner, or clinical nurse specialist), an occupational therapist, or physical therapist, or physical therapist, or physical therapist, or physical therapist in compliance with all applicable Federal and State licensure and regulatory requirements. Kits are a collection of components, materials and parts that require further assembly before delivery of the final product. The elements of a kit may be packaged and complete from multiple sources by the supplier. Evaluation of the member, measurement and/or casting, and fitting/adjustments of the orthosis are included in the allowance for the orthosis. There is no separate payment for these services. For prefabricated orthoses, there is no physical difference between orthoses, there is no physical difference between orthoses, there is no physical difference between orthoses. caretaker for the member, or supplier. This minimal self-adjustment does not require the services of a certified orthotist or an individual who has specialized training. Items requiring minimal self-adjustment are coded as off-the-shelf orthotes. For example, adjustment of straps and closures, bending or trimming for final fit or comfort (not all inclusive) fall into this category. Fabrication of a positive model with minimal self-adjustment at delivery is considered as OTS. Items requiring substantial modification by a gualified practitioner are coded as custom fitted. For custom fabricated orthoses, there must be detailed documentation in the supplier's records to support the medical necessity of that type device rather than a prefabricated elastic knee orthosis. Knee orthoses constructed of latex, neoprene, spandex or other elastic material. There are no condylar pads. There are hinges or joints. A prefabricated elastic knee orthosis with condylar pads and joints describes a prefabricated knee orthosis with hinges or joints, constructed of latex, neoprene, spandex or other elastic material. There are medial and lateral condylar pads. A prefabricated canvas longitudinal knee immobilizer orthosis describes a prefabricated knee orthosis immobilizer, with rigid metal or plastic stays placed laterally and posteriorly. The interface material is constructed of canvas, closed cell foam or equal. The thigh and calf cuffs are one-piece construction held in place by velcro straps or joints. A prefabricated, locking knee joint, positional knee orthosis, double upright with adjustable joint, with inflatable air support chambers also have joints which lock the knee into a particular position; in addition, they have an air bladder in the space behind the knee. These orthoses are designed for members who are nonambulatory. They are typically used to treat flexion and extension joint is one which enables the practitioner to set limits on flexion and extension but allows the member free motion of the knee. within those limits. The increments of adjustability must be, at a minimum, 15 degrees. The joint may be either unicentric or polycentric) describes prefabricated knee orthoses that have double uprights and adjustable flexion and extension joints. Medial-lateral control of the knee is accomplished by the solid metal (or similar material) structure of the double uprights. They may have condylar pads. These orthoses are designed for a member who can bear weight on the knee and is capable of ambulation. They are typically used for early rehabilitation following knee surgery. Rigid knee orthoses without a knee joints are designed to prevent knee motion. These orthoses are designed for members who can bear weight on the knee, are capable of ambulating, and need additional support provided through immobilization, mediallateral, anterior cruciate ligament describes a custom fabricated knee orthosis with knee joints designed to protect the ligaments of the knee through medial-lateral torsion, providing stability and preventing rotation. A knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial lateral and rotational control, with or without varus/valgus adjustment, describes knee orthoses which are constructed of rigid thigh and calf cuffs and a single upright with an adjustable flexion and extension knee joint. It must have condylar pads. Through a series of straps/supports that cross over and around the knee joint, rotational control and varus or valgus force is exerted on the knee to provide pain relief due to osteoarthritis. These orthoses are designed for persons who are fully ambulatory. A knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric, medial-lateral and rotation control, with or without varus/valgus adjustable flexion and extension joint and provide both medial-lateral and rotation control. They may be prefabricated or custom-fabricated. Medial-lateral control is accomplished by the solid metal (or similar material) in the anteriar) in the anteriar) in the anterial) in the anteriar) in the anterial of (i) solid metal (or similar material) in the anterial) in the anteriar) in the anteriar) structure of the double uprights. Rotation control is accomplished by the combination of (i) solid metal (or similar material) in the anteriar) structure of the double uprights. designed for members who are fully ambulatory. A prefabricated, off-the-shelf, Swedish type knee orthosis describes a prefabricated whee orthosis with double uprights and thigh and calf pads. It may or may not have joints. These orthosis with double uprights are used to prevent hyperextension of the knee joint in ambulatory members. A custom-fabricated knee orthosis modification of supracondylar prosthetic socket describes a custom fabricated orthosis without joints, constructed of plastic or other similar material. These orthoses are used to prevent hyperextension of the knee joint in ambulatory members. An addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepresented or plastic or other similar material. composite, per segment, for custom-fabricated orthoses describes an addition to a lower extremity orthosis composed of high strength and/or lightweight material. Knee braces may be custom-fitted or custom-fitted prefabricated brace is one which only measurements and a sizing chart are needed for fitting. A custom-fabricated or made-to-order) knee brace is one that requires an initial impression of the knee for fitting. Knee orthoses that are custom-fitted requires an initial impression of the knee for fitting. the knee for fitting. Custom-made functional knee braces have not been shown to be medically superior to custom-fitted prefabricated functional knee braces. Therefore, use of a deformity of the knee or leg that interferes with fitting. Exceptionally tall persons can be fitted into an custom-fitted prefabricated brace, and obese persons can be fitted into an custom-fitted prefabricated brace, and obese persons can be fitted into an custom-fitted prefabricated brace with extra large straps. A classification scheme devised by the American Academy of Orthopedic Surgeons (AAOS) divides knee braces into 3 categories: Prophylactic knee braces are designed to reduce the likelihood of severity of knee ligament injuries in a relatively normal knee. Functional knee braces are designed to improve stabilitation) knee braces are designed to allow protected motion of an injured knee treated operatively early after the injury. Each of these types of braces and other protective gear (such as helmets, elbow pads, gloves, eye goggles, etc.) are considered safety items and are therefore not covered under terms of Aetna's policies. Please check benefit plan descriptions. The common occurrence of medial collateral sprains in football and other sports led to the fabrication of prophylactic hinges because have lateral or sometimes medial and lateral hinges designed to absorb valgus impact to the knee. Prophylactic knee braces are available custom-made) and without a prescription. The effectiveness of prophylactic knee braces for collateral ligament injury to the knee is controversial. Prophylactic knee braces for collateral ligament injury to the knee. have shown that the risk of knee injury may be increased with use of prophylactic knee braces. Hald and Fandel (1996) explained that recent research has raised questions about the possibility of such braces "preloading" knee structures and predisposing the wearer to an increased risk of ligament injuries. These investigators concluded that "[w]e now feel that time and money might be better spent on preventive conditioning than for braces." Functional Knee Braces are considered medically necessary if they are needed for activities of daily living, such as standing, walking, and climbing stairs, and thus are worn throughout the day. Functional knee braces are considered not medically necessary when used primarily for sports, because participation in sports is considered an elective activity. Functional knee braces are designed to provide support to the knees made unstable by injury or to provide additional protection following surgery to correct such instabilities. They are usually recommended in the postoperative period and after completion of rehabilitation when full activity is resumed, or for the patient with a diagnosis of anterior cruciate ligament insufficiency in whom a nonoperative approach is used. Some of these braces are ready-made in sizes to provide for immediate fit (so-called custom-fitted prefabricated braces). Others require custom construction based on some form of cast molding or measurement of the person's leg (so called custom-made or custom-fabricated braces). Functional braces over strap braces. Functional knee braces are fabricated from a variety of materials, including carbon composites, aluminum, and kevlar. Despite their relatively high cost, knee braces composed of carbon fiber or graphite) are favored by competitive athletes because of their lightness. There are, however, no medical advantages of carbon fiber braces over braces composed of materials that are heavier, but equally as strong, such as steel or aluminum. A variety of suspension systems and knee joint design over another. Therefore, custom-made braces is considered medically as strong, such as steel or aluminum. necessary only for persons who cannot be fit into off the shelf braces because deformity. Even persons who are very tall or markedly obese, however, can be fitted with attachments, such as extensions and extra long straps. Functional knee braces are most commonly used in persons with prior ligamentous knee injuries. The ligaments of the knee include the anterior cruciate ligament (ACL), the posterior cruciate ligament (ACL), the posterior cruciate ligament (MCL). The use of functional braces for injuries involving each of these ligaments is described below: Up to 70 % of acute ACL injuries occur during sports. Episodes occur during sports requiring quick turns, sudden stopping, jumping, or lateral movements (such as football, volleyball, basketball, and racquetball). The diagnosis of an acutely torn anterior cruciate ligament (ACL) is based on the circumstance of the injury as reported by the patient and the stability assessment during the physical examination. Lachman's test of assessing the anterior translation of the tibia on the femur with the knee in 20 to 30 degrees of flexion is the most accurate diagnostic examination. For patients treated conservatively, optional bracing has been used after rehabilitation to assist patients in returning to low-demand activity. However, neuromuscular rehabilitation and activity modification are far more important. The use of the functional braces do not prevent abnormal tibial displacement, even at physiologic loads. However, persons with prior cruciate ligament injuries subjectively feel more secure in these devices. Loss of the anterior cruciate ligament has been associated with a loss of ability to detect knee braces can substitute for this lost pathway, and that subjective improvements while wearing the brace are due to heightened propioception (position sense), although the evidence supporting this hypothesis is inconclusive. Others feel that psychological support may be the greatest benefit of functional braces. The AAOS concluded that the "scientific rationale for this 'security' is not clear, but perhaps related to the fact that the devices do provide warmth and increased knee awareness" (AAOS, 1991). No study has demonstrated medically significant advantages of custom-made functional knee braces in patients with knee ligament injuries. Because the benefits of functional knee braces are due to their ability to effect heightened propioception and to the sense of security the impart, the precise fitting of the brace, as through custom-fabrication or custom-molding, is not essential to its effectiveness. More than 50 functional braces are on the market, with no clear-cut advantage for any brand. "[B]eing aware of the growing number of 'off the shelf' functional braces on the market, physicians and clinicians must decide whether the custom-made brace is worth the extra cost to the athlete or patient if the protection offered is propioceptive in nature" (Harrelson, 1991). Reider explained that "[w]e currently favor the new generation of custom-fitted prefabricated braces for economic reasons, saving the more expensive custom-molded types for the harder-to-fit athlete" (Reider et al, 1996). In proving that one brace is superior to another, the manufacturer must demonstrate brace efficacy in studies designed to approximate the in vivo situation. studies do not provide adequate evidence to conclude that custom-made functional knee braces. The manufacturer claiming superiority of their brace must be asked to verify claims and to provide documentation of efficacy. The medial collateral ligament is the most commonly injured knee ligament in sports. Persons with a first-degree MCL sprain need only wear a knee immobilizer for a few days, and no functional brace is necessary. A first-degree sprain is, by definition, an injury to the ligament in which there is a second or third-degree sprain. A second-degree sprain is differentiated clinically from a third degree sprain has a "firm" end point, as translation is gradually stopped when other ligaments and tendon fibers (secondary restraints) become taut. For the patient with a second-degree MCL sprain (partial tear), it is appropriate to prescribe an custom-fitted prefabricated functional knee brace after the rehabilitative knee brace is removed, and have the patient use this brace for up to 8 weeks after injury. Isolated third-degree MCL injuries (complete tear) may be treated with a hinged rehabilitative brace, rather than a knee immobilizer, for the first 6 weeks after injury. (An isolated MCL sprain is one where the ACL and PCL (posterior cruciate ligament) have been proven intact by MRI and instrumented laxity testing.) It is recommended that following the acute injury, a functional brace be worn for 4 to 6 months. The posterior cruciate ligament is infrequently injured. Functional brace for the use of a functional brace in the PCL-injured knee. The lateral collateral ligament is the least frequently injured of all the knee ligaments in sports because the knee is usually protected from a blow to the medial side by the person's other leg. Treatment for first- and second-degree sprains follows the same program and a very similar time frame that was used for MCL injuries. A custom-fitted prefabricated functional brace is appropriate for the patient that desires early return to activity. Operative referral is necessary for patients with third-degree sprains. Evidence is insufficient to support the use of knee braces as a treatment for patellofemoral pain syndrome. In a Cochrane review on orthotic devices for treating patello-femoral pain syndrome, D'hondt et al (2002) concluded that the evidence from randomized controlled trials is currently too limited to draw definitive conclusions about the use of knee and foot orthotics for the treatment of patellofemoral pain. The authors stated that future high quality trials in this field are warranted. An earlier systematic evidence review of treatments for patellofemoral pain. similarly concluded that, "[d]ue to the low quality and quantity of the current evidence, the use of patellofemoral orthoses ... cannot be supported or refuted" (Crossley et al, 2001). In a review on the management of patients with patello-femoral pain syndrome, Dixit and colleagues (2007) stated that there is little evidence to support the routine use of knee braces or non-steroidal anti-inflammatory drugs. Rehabilitative (or Rehabilitation) Knee Braces Rehabilitation) braces are used as alternatives to knee immobilizers used immediately after surgery or injury to both control knee motion and protect the knee during rehabilitation). limited mobility to improve recovery time and decrease the effects of disuse on the graft or reconstructed ligament. Rehabilitative knee orthoses are custom-fitted prefabricated, and can be ordered either as small, medium, or large, or by a size chart. Most of them can be adjusted within each size to allow for edema or atrophy, and thus can be conveniently stocked in a hospital or clinic for quick fittings. In collateral ligament injuries that do not involve a complete tear (second degree injuries), the torn fibers, and the use of the knee immobilizer or rehabilitative brace is only for comfort. There are few objective studies offering objective data about the stabilizing effects of various types, and no guidelines for choosing any particular rehabilitative knee brace over another. Choice of rehabilitative knee braces do not require precise fitting (and, hence, are never custom-made) because their size must be repeatedly readjusted throughout the course of rehabilitation to accommodate changes in swelling that occur following injury or surgery to the knee. The Ottobock E-Mag Electronically Locking Knee Brace The Ottobock E-Mag electronically locking knee brace supposedly offers wearers increased stability when standing and helps patients achieve a more active lifestyle. It features an electronically controlled lock that is activated with the touch of a button, allowing the wearer to support themselves with both arms and stand safely at all times. The Ottobock E-Mag's special feedback system also informs the wearer when the joint is opening. The WorkSafeBC Evidence-Based Practice Group's report on the "E-MAG Active has recently been introduced by Otto Bock as a SCKAFO [Stance Control Knee Ankle Foot Orthoses] that utilizes an electromagnetic technique (hence, the name E-MAG which refers to this Electronic Magnet). It became available in the market in North America in December 2008 To use E-MAG Active the patient is required to have both functional extensors and flexors of the hip with a strength of 3 to 5 (based on the Kendall and Kendall scale). The patient must also have the capacity for full extension of the knee, both prior to the initial contact and at the terminal stance (to lock and unlock the knee) Otto Bock recommends E-MAG Active for "patients that present with flaccid paralysis/paresis of the knee) Otto Bock recommends E-MAG Active for "patients that present with flaccid paralysis/paresis of the knee) Otto Bock recommends E-MAG Active for "patients that present with flaccid paralysis/paresis of the knee) Otto Bock recommends E-MAG Active for "patients that present with flaccid paralysis/paresis of the knee extensors coupled with limited ankle ROM" Currently, there are no review articles, or any other study papers (case reports, comparative studies, or cost effectiveness studies) specifically about E-MAG Active at WorkSafeBC The policy regarding E-MAG Active or SCKAFOs in general We did not come across any specific coverage policy on E-MAG Active from any of the searched workers compensation organizations or health insurance companies". Spinal Orthoses have the following characteristics: Used to immobilize the specified areas of the spine; and Intimate fit and generally designed to be worn under clothing; and Not specifically designed for persons in wheelchairs. In addition, the body jacket type spinal orthoses are characterized by a rigid plastic shell must be the same rigid material. A rigid or semi rigid spinal orthosis. A spinal orthosis is designed to control gross movement of the trunk and intersegmental motion of the vertebrae in one or more planes of motion: Lateral/flexion (side bending) in the coronal/frontal plane. plane is achieved by a rigid panel in the mid-axillary line, which is either an integral part of a posterior or anterior plane, or a separate panel, or a separate panel Anterior flexion (forward bending) in the sagittal plane. Control of this plane is achieved by a rigid posterior panel. Axial rotation (twisting) viewed in the transverse plane. Straps over the shoulders attaching to a posterior panel alone do not provide transverse spinal control. Lumbar Sacral Orthoses (LSO) are considered braces. Elastic support garments (e.g. made of material such as neoprene or spandex [elastane, Lycra]) are not considered braces. not rigid or semi-rigid devices. Flexible spinal orthoses that are made primarily of nonelastic material (e.g., canvas, cotton or nylon) or that have a rigid posterior panel are considered braces. The purpose of a rigid or semi-rigid LSO and TLSO spinal orthosis is to restrict the effect of the forces within a three point pressure system. The posterior panel must encompass the paraspinal muscle bodies from one lateral border to another in order to provide sufficient surface area to enhance the minimum height requirements as described in the individual HCPCS codes. For an item to be classified as a TLSO the posterior portion of the brace must extend from the sacrococcygeal junction to just inferior to the scapular spine. This excludes elastic or equal shoulder straps or other strapping methods. The anterior portion of the orthosis to extend up to the sternal notch. A custom fabricated spinal orthosis is one which is individually made for a specific member (no other member would be able to use this orthosis) starting with basic materials including, but not limited to, plastic, metal, leather, or cloth in the form of sheets, bars, etc. It involves substantial work such as vacuum forming cutting, bending, molding, sewing, etc. It requires more than trimming, bending, or making other modifications to a substantially prefabricated orthosis in which either: An impression of the specific body part is made (usually by means of a plaster or fiberglass cast) and this impression is then used to make a positive model (usually of plaster) of the body part; or Detailed measurements are taken of the member's body shape and dimensions; or A digital image of the member's torso is made using computer (CAD-CAM) software which then directs the carving of a positive model. The spinal orthosis is then individually fabricated and molded over the positive model of the member. Scapular Bracing Cole et al (2013) noted that overhead athletes commonly have poor posture. posture and function, but few researchers have examined if a scapular muscle activity. These researchers examined if a scapular muscle activity. A total of 38 healthy overhead athletes with FHRSP were included in this study. Participants were assigned randomly to 2 groups: Posture was measured using lateral-view photography (EMG) of the upper trapezius (UT), middle trapezius (LT), and serratus anterior (SA) in the dominant upper extremity was measured during 4 exercises (scapular punches, W's, Y's, T's) and 2 gleno-humeral motions (forward flexion, shoulder angles were measured from lateral-view digital photographs. Normalized surface EMG measurements were taken with and without the brace applied. Head and shoulder angles were measured from lateral-view digital photographs. was used to assess mean muscle activation of the UT, MT, LT, and SA. Application of the brace decreased forward shoulder angle in the S + T condition. Brace application in the S + T group decreased UT EMG during W's, whereas UT EMG increased during W's in the S group. The authors concluded that application of the scapular muscle activity, but EMG changes were highly variable. They stated that the use of a scapular brace might improve shoulder posture and muscle activity in overhead athletes with poor posture. One important drawback of this study was the variable fit of the scapular brace on each participants, and the investigators involved in 6 sizes to fit the participants, and the investigators involved in 6 sizes to fit the participant. participant. However, the material of the compression top often gathered during movement, and the participants with short torsos had more differently, and using a different brace application was used - different brace applications might affect posture and EMG differently, and using a different method might be more beneficial; and (b) although every effort was made to blind the participants and the primary investigators to ensure the validity of the results, it cannot be ruled out that the subjects might have altered their posture and muscle activity simply because of research participation. Levitation 2 Bionic Knee Brace Budarick et al (2020) noted that knee osteoarthritis (OA) is a significant problem in the aging population, causing pain, impaired mobility, and decreased quality of life (QOL). Conservative treatment methods are necessary to reduce rapidly increasing rates of knee joint forces Although weight loss can be beneficial for joint unloading, knee OA patients often find it difficult to lose weight or exercise due to knee pain, and not all patients are over-weight. Uni-compartment off-loader braces can re-distribute joint forces away from 1 tibio-femoral (TF) compartment, however, less than 5 % of patients have uni-compartmental TFOA, while isolated patella-femoral (PF) or multi-compartmental OA are much more common. By absorbing body weight and aiding the knee extension-assist (KEA) braces could be useful for unloading the whole knee. These researchers described the design of a spring-loaded hinge, sufficiently powerful knee-extension-assist (KEA) braces could be useful for unloading the whole knee. loaded tri-compartment unloader (TCU) knee brace intended to provide unloading in all 3 knee compartments while weight-bearing, measured and commercially available KEA brace, and calculated the static unloading capacity of each device. The TCU and KEA braces delivered maximum assistive moments equivalent to reducing body weight by 45 and 6 lbs, respectively. The authors concluded that sufficiently powerful spring-loaded knee braces showed promise in a new class of multi-compartments. Appendix The following chart reflects the reasonable useful lifetime of prefabricated knee orthoses: Table: Reasonable Useful lifetime of Prefabricated Knee orthoses Knee years L1843 3 years L1845 3 years L1850 2 years The reasonable useful lifetime of custom fabricated orthoses is 3 years. Source: Noridian (2015). The following table lists addition codes may be separately payable if both the base orthosis and the addition are medically necessary: Table: Add-on Codes for Prefabricated Orthoses Base Code Additional codes eligible for separate reimbursement L1810 None L1832 L2397, L2795, L2810 L1833 L2397, L2795, L2810 L1836 None L1843 L2385, L2395, L2397 L1845 L2385, L2397, L2795 L1847 None L1848 None L1850 L2397, L2397, L2395, L2397, L2397 fabricated base orthosis. Addition codes may be separately payable if both the base orthosis and the addition are medically necessary: Table: Add-on Codes for Custom Fabricated Orthoses Base Code Additional codes eligible for separate reimbursement L1834 L2795 L1840 L2385, L2397, L2405, L2405, L2425, L2430, L2492, L2755 L2785, L2795 L1844 L2385, L2390, L2395, L2397, L2405, L2755, L2785, L2785, L2785, L2785, L2795, L2785, L2795, L279 (Washington State Health Care Authority, 2016): Prosthetic and orthotic device quantity limits The table limits durable orthotics to 1 per limb per year. Table: CPT Codes / HCPCS Codes / ICD-10 Codes 22548 - 22812 Arthrodesis 22840 - 22855 Spinal instrumentation 63001 - 63051, 63170 - 63200, 63250 - 63290 Laminectomy L0450, L0454 - L0472, L0488 - L0621, L0623, L0625 - L0628, L0636, L0637, L0637, L0637, L0637, L0637, L0637, L0642, L0648, L0649, L0642, L0648, L0649, L0622, L0624, L0624, L0624, L0624, L0636, L0636, L0636, L0638, L0636, L0637, L0637, L0637, L0639, L0641, L0642, L0648, L0649, L0648, L0649, L0624, L0624, L0624, L0624, L0624, L0624, L0636, L0636, L0636, L0636, L0636, L0637, L0637, L0637, L0639, L0644, L0649, L0649, L0644, spinal orthoses L1000 - L1499 Orthotic devices - scoliosis procedures L0210 Thoracic, rib belt L0220 Thoracic rib belt, custom fabricated A18.01 Tuberculosis of spine G90.1 Familial dysautonomia [Riley-Day] M08.1 Juvenile ankylosing spondylitis M25.78 Osteophyte, vertebrae M40.00 - M41.9, M43.20 - M43.28, M43.6 - M46.1, M46.40 -M48.38, M48.8x1 - M48.9, M49.80 - M53.1, M53.2x7 - M53.2x8, M53.3 - M54.09, M54.11 - M54.17, M54.2 - M54.9 Deforming dorsopathies and other specified disorders of synovium and tendon, other site [spine] M81.0 - M81.8 Osteoporosis without current pathological fracture M96.1 - M96.5 Postlaminectomy syndrome and postprocedural kyphosis, lordosis and scoliosis M99.10 - M99.15 Subluxation complex (vertebral foramina M99.83 - M99.84 Other biomechanical lesions: stenosis of neural canal and intervertebral foramina M99.83 - M99.84 Other biomechanical lesions of lumbar and sacral region Q04.9 - Q07.9 Congenital malformations of the nervous system Q67.5Q76.0 - Q76.49 Congenital malformations of spine S12.000+ - S12.9xx+ Fracture of cervical vertebra and other parts of neck [code also any associated spinal cord injury] S13.0xx+ - S13.9xx+ Dislocation and sprain of joints and ligaments at neck level S14.0xx+ - S14.9xx+ Injury of nerves and spinal cord at neck level [code also any associated fracture of cervical vertebra] S16.1xx+ Strain of muscle, fascia and tendon at neck level S22.000+ - S22.089+ Fracture of thoracic spine [code first any associated spinal cord injury] S23.0xx+ - S23.3xx+S23.8xx+ - S23.9xx+ Dislocation and sprain of joints and ligaments of thorax [code also any associated spinal cord injury] S24.0xx+ - S24.9xx+ Injury of nerves and spinal cord at thorax level [code first any associated fracture of thoracic vertebra] S32.000+ - S32.2xx+ Fracture of thoracic vertebra] S32.000+ - S32.2xx+ Fracture of thoracic vertebra] S32.0xx+ - S33.9xx+ Dislocation and sprain of joints and ligaments of lumbar spine and pelvis [code also any associated spinal cord injury] \$34.01x+ - \$34.4xx+ Injury of lumbar and sacral spinal cord and nerves at lower back level [code also any associated fracture of vertebra] Z46.89 Encounter for fitting and adjustment of other specified devices Z48.89 Encounter for other specified surgical aftercare Numerous options Subsequent encounter for healing traumatic fracture of vertebrae [Codes not listed due to expanded specificity] Numerous options Subsequent encounter for healing traumatic fracture of vertebrae [Codes not listed due to expanded specificity] Numerous options Subsequent encounter for healing traumatic fracture of vertebrae [Codes not listed due to expanded specificity] Numerous options Subsequent encounter for healing traumatic fracture of vertebrae [Codes not listed due to expanded specificity] Numerous options Subsequent encounter for healing traumatic fracture of vertebrae [Codes not listed due to expanded specificity] Numerous options Subsequent encounter for healing traumatic fracture of vertebrae [Codes not listed due to expanded specificity] Numerous options Subsequent encounter for healing traumatic fracture of vertebrae [Codes not listed due to expanded specificity] Numerous options Subsequent encounter for healing traumatic fracture of vertebrae [Codes not listed due to expanded specificity] Numerous options Subsequent encounter for healing traumatic fracture of vertebrae 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Knee orthosis, rigid, without joint(s), includes fitting and adjustment, derotation, medial-lateral, anterior cruciate ligament, custom fabricated L1844 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; custom fabricated L1860 Knee orthosis, 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; custom fabricated L1860 Knee orthosis, 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; custom fabricated L1860 Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint, (unicentric or polycentric), medial-lateral and rotation control, with or without 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adjustable flexion and extension joint, (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment; custom fabricated L1860 Knee orthosis, double upright, thigh adjustable flexion adjustable flexion adjustable flexion adjustable flexion adjustable flexion adjustable fle modification of supracondylar prosthetic socket, custom fabricated (SK) L2126 Knee-ankle-foot-orthosis; thermoplastic type casting material, custom fabricated L2128 Knee-ankle-foot-orthosis; thermoplastic type casting m or lateral pull, for use with custom fabricated orthosis only M23.601 - M23.679 Other spontaneous disruption of ligament(s) of knee M25.361 - M25.369 Other and unspecified congenital deformities of hip Q66.8 Other spontaneous disruption of ligament(s) of knee M25.361 - M25.369 Other and unspecified congenital deformities of hip Q66.8 Other and unspecified congenital deformation of hip Q66.8 Other and unspecified congen defects of lower limb Q74.1 - Q74.2 Congenital malformation of knee and lower limb(s), including pelvic girdle R68.89 Other general symptoms and signs M24.561 - M24.569 Contracture of knee L2755 Addition to lower extremity orthosis; high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only L1810 Knee orthosis, 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, elastic with joints, with or without patellar control, prefabricated, includes fitting and adjustment M21.061 - M21.069 Valgus deformity, not elsewhere classified, knee M21.261 - M21.269 Flexion deformity, not elsewhere classified, knee M21.261 - M21.269 Flexion deformity, not elsewhere classified, knee M21.261 - M21.269 Flexion deformity, not elsewhere classified, knee M21.261 - M21.269 Flexion deformity, not elsewhere classified, knee M21.261 - M21.269 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fit a specific patient by an individual with expertise L1848 Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), mediallateral 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 L1851 - L1852 Knee orthosis (KO), single or 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 M17.0 - M17.9 Osteoarthritis of knee M22.2x1 - M22.3x9M22.8x1 - M22.3x1 - M M80.079+M80.861+ - M80.879+ Age-related and other osteoporosis with current pathological fracture, lower leg M84.361+ - M84.573+M84.661+ - M84.573+M84.461+ - M84.573+M84.473+M84.473+M84.473+M84.473+M87.131 - M87.146, M87.161 - M87.173, M87.177 - M87.179, M87.188 - M87.19, M87.231 - M87.231 - M87.231 - M87.231 - M87.231 - M87.231 - M87.373, M87.377 - M87.39, M87.377 - M87.39, M87.811 - M87.819, M87.831 - M87.849, M87.861 - M87.873, M87.877 - M87.89, M90.521 - M87.39, M87.377 - M87.39, M90.549, M90.561 - M90.59 Osteonecrosis S82.101A [S82.831A also required]S82.102A [S82.831A also required]S82.101B [S82.831A also required]S82.102B [S82.831A also re [S82.832A also required]S82.109C [S82.839A also required] Fracture of fibula with tibia, upper end, open S83.401+ - S86.219+, S86.211+ - S86.219+, S86.211+, S86.211+, S86.219+, S86.211+, S86.219+, S86.211+, S86.219+, S86.211+, S86.219+, S86.219+, S86.219+, S86.211+, S86.219+, S86.211+, S86.219+, S86.211+, S86.219+, S86.219+, S86.219+, S86.219+, S86.211+, internal orthopedic prosthetic devices, implants and grafts Z96.651 - Z96.659 Presence of artificial knee joint Numerous options Fracture of upper end of tibia, open [Codes not listed due to expanded specificity] L1830 Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf L1845 Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric), 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 M25.361 - M25.369 Other instability, knee Q68.2 Congenital dislocation of knee L1846 Knee orthosis; double upright, thigh and calf, with adjustment, custom fabricated M25.361 - M25.369 Other instability, knee L1850 Knee orthosis, swedish type, prefabricated, off-the-shelf M22.2x1 - M22.3x9, M22.8x1 - M22.3c9 Flail joint and other instability knee L2840 Addition to lower extremity orthosis; tibial length sock, fracture or equal, each L2850 femoral length sock, fracture or equal, each M17.0 - M17.9 Osteoarthritis of knee M22.2x1 - M22.3x9, M22.8x1 - M22.92 Patellofemoral disorders and other derangements of patella M23.000 - M23.369, M23.50 - M23.92 Internal derangement of knee M80.061+ - M80.079+M80.861+ - M80.879+ Age-related and other osteoporosis with current pathological fracture, lower leg M84.361+ - M84.573+M84.661+ - M84.573+M84.673+ - M84.573+ - M84.573+M84.573+ - M84.573+ - M84. M87.119, M87.131 - M87.131 - M87.173, M87.177 - M87.179 M87.188 - M87.179 M87.211 - M87.219 M87.231 - M87.250, M87.231 - M87.250, M87.231 - M87.319 M87.331 - M87.373 M87.377 - M87.39, M87.811 - M87.819 M87.831 - M87.849, M87.861 - M87.873 M87.877 - M87.89, M90.521 - M87.849, M87.861 - M87.873 M87.877 - M87.89, M87.811 - M87.849, M87.811 - M87.849, M87.811 - M87.819 M87. M90.549M90.561 - M90.59 Osteonecrosis S82.101A [S82.831A also required]S82.102A [S82.832A also required]S82.101A [S82.831A also required]S82.101B [S82.831A also required]S82.102B [S82.831A also requ [S82.832A also required]S82.109C [S82.839A also required] Fracture of fibula with tibia, upper end, open S83.401+ - S86.219+, S86.211+ - S86.319+, S86.311+ - S86.319+, S86.311+, S86.31+, S86 internal orthopedic prosthetic devices, implants and grafts Z96.651 - Z96.659 Presence of artificial knee joint Numerous options Fracture of upper end of tibia, open [Codes not listed due to expanded specificity] L1843 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 M17.0 - M17.9 Osteoarthritis of knee L1844 Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric), medial-lateral and rotation control, with or without varus/valgus adjustment; custom fabricated M17.0 - M17.9 Osteoarthritis of knee M25.361 - M25.369 Other instability, knee Q65.8 - Q65.9 Other and unspecified congenital deformities of hip Q66.8 Other congenital deformity of knee Q72.00 - Q72.93 Reduction defects of lower limb (s), including pelvic girdle R68.89 Other general symptoms and signs L2390 Addition to lower extremity, offset knee joint, each joint L24922 Congenital malformation of knee and lower limb (s), including pelvic girdle R68.89 Other general symptoms and signs L2390 Addition to lower extremity, offset knee joint, each joint L24922 Congenital malformation of knee and lower limb (s), including pelvic girdle R68.89 Other general symptoms and signs L2390 Addition to lower extremity, offset knee joint, each joint L24922 Congenital malformation of knee and lower limb (s), including pelvic girdle R68.89 Other general symptoms and signs L2390 Addition to lower limb (s), including pelvic girdle R68.89 Other general symptoms and signs L2390 Addition to lower limb (s), including pelvic girdle R68.89 Other general symptoms and signs L2390 Addition to lower limb (s), including pelvic girdle R68.89 Other general symptoms and signs L2390 Addition to lower limb (s), including pelvic girdle R68.89 Other general symptoms and signs L2390 Addition to lower limb (s), including pelvic girdle R68.89 Other general symptoms and signs L2390 Addition to lower limb (s), including pelvic girdle R68.89 Other general symptoms and signs L2390 Addition to lower limb (s), including pelvic girdle R68.89 Other general symptoms and signs L2390 Addition to lower limb (s), including pelvic girdle R68.89 Other general symptoms and signs L2390 Addition to lower limb (s), including pelvic girdle R68.89 Other general symptoms and signs L2390 Addition to lower limb (s), including pelvic girdle R68.89 Other general symptoms and signs L2390 Addition to lower limb (s), including pelvic girdle R68.89 Other general symptoms and signs L2390 Addition to lower limb (s), including pelvic girdle R68.89 Other general symptoms and signs L2390 Addition to lower limb (s), including pelvic girdle R68.89 Other general symptoms and signs L2390 Addition to lower limb (s Addition to knee joint, lift loop for drop lock ring L2005 Knee-ankle-foot orthotic (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type, custom fabricated L2220 Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint L2250

Addition to lower extremity, foot plate, molded to patient model, stirrup attachment L2755 Addition to lower extremity orthotic, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthotic only L2820 Addition to lower extremity orthotic, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthotic only L2820 Addition to lower extremity orthotic, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthotic only L2820 Addition to lower extremity orthotic, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthotic only L2820 Addition to lower extremity orthotic, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthotic only L2820 Addition to lower extremity orthotic, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthotic only L2820 Addition to lower extremity orthotic, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthotic only L2820 Addition to lower extremity orthotic, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthotic only L2820 Addition to lower extremity orthotic, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthotic only L2820 Addition to lower extremity orthotic, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthotic orthotic orthotic only L2820 Addition to lower extremity orthotic, high strength, lightweight material, all hybrid lamination/preprese extremet. L2830 Addition to lower extremity orthotic, soft interface for molded plastic, above knee section L7360 Six volt battery, each L2397 Addition to knee joint, lock; drop, stance or swing phase, each joint L2415 Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint L2425 Addition to knee joint, disc or dial lock for adjustable knee extension, each joint L2430 Addition to knee joint, ratchet lock for active and progressive knee extension, each joint L2430 Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint L2430 Addition to knee joint, disc or dial lock for adjustable knee extension, each joint L2430 Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint L2430 Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint L2430 Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint L2430 Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint L2430 Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint L2430 Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint L2430 Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint L2430 Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint L2430 Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint L2430 Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint L2430 Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint L2430 Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint L2430 Addition to knee joint, each joint L2430 Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint L2430 Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint L2430 Addition to knee joint, each joint L2430 Addition to kn knee control, full kneecap L2810 Addition to lower extremity orthosis, knee control, condylar pad L2106 - L2192 Fracture orthoses, lower limb L4360 Walking boot, pneumatic and/or vacuum, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise L4386 Walking boot, non-pneumatic, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise Numerous options Fracture of upper limb [Codes not listed due to expanded specificity] Numerous options Fracture of lower extremity, straight knee joint, heavy duty, each joint E66.01 - E66.9 Overweight and obesity K0672 Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each M24.561 - M24.569 Contracture of knee A4467 Belt, strap, sleeve, garment, or covering, any type E1800 - E1840 Other orthopedic devices - lower limb L3650 - L4398 Orthotic devices-upper limb L0112 Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated L0113 Cranial cervical orthosis, torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated L0113 Cranial cervical orthosis, torticollis type, with or without soft interface material, prefabricated L0113 Cranial cervical orthosis, torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated L0113 Cranial cervical orthosis, torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated L0113 Cranial cervical orthosis, torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated L0113 Cranial cervical orthosis, torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated L0113 Cranial cervical orthosis, torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated L0113 Cranial cervical orthosis, torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated L0113 Cranial cervical orthosis, torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated L0113 Cranial cervical orthosis, torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated L0113 Cranial cervical orthosis, torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated L0113 Cranial cervical orthosis, torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated L0113 Cranial cervical orthosis, torticollis type, with orthosis, torticoll prefabricated, off-the-shelf (foam collar) L0130 - L0200 Orthotic devices, cervical F44.4 Conversion disorder with motor symptom or deficit F45.8 Other specified birth injuries O68.0 Congenital deformity of sternocleidomastoid muscle R29.891 Ocular torticollis S10.0XXA - S19.9XXS Injuries to the neck L1600 - L1690 Orthotic devices, lower limb-hip Q65.00 - Q65.9 Congenital deformities of hip E1800 - L2038 Orthotic devices, lower limb-hip Q65.00 - Q65.9 Congenital deformities of hip E1800 - L2038 Orthotic devices, lower limb-hip Q65.00 - Q65.9 Congenital deformities of hip E1800 - L2038 Orthotic devices, lower limb-hip Q65.00 - Q65.9 Congenital deformities of hip E1800 - L2038 Orthotic devices, lower limb-hip Q65.00 - Q65.9 Congenital deformities of hip E1800 - L2038 Orthotic devices, lower limb-hip Q65.00 - Q65.9 Congenital deformities of hip E1800 - L2038 Orthotic devices, lower limb-hip Q65.00 - Q65.9 Congenital deformities of hip E1800 - L2038 Orthotic devices, lower limb-hip Q65.00 - Q65.9 Congenital deformities of hip E1800 - L2038 Orthotic devices, lower limb-hip Q65.00 - 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Q65.9 Congenital deformities of hip E1800 - L2038 Orthotic devices, lower limb-hip Q65.00 - Q65.9 Congenital deformities of hip E1800 - L2038 Ortho devices, hip-knee-ankle-foot (or any combination) L3650 - L4398 Orthotic A18.01 Tuberculosis of spine M40.00 - M41.9 Kyphosis, lordosis and scoliosis M43.8x1 - M43.9 Other and unspecified deforming dorsopathies M96.2 - M96.5 Postprocedural kyphosis, lordosis and scoliosis M43.8x1 - M43.9 Other and unspecified deforming dorsopathies M96.2 - M96.5 Postprocedural kyphosis, lordosis and scoliosis M43.8x1 - M43.9 Other and unspecified deforming dorsopathies M96.2 - M96.5 Postprocedural kyphosis, lordosis and scoliosis M43.8x1 - M43.9 Other and unspecified deforming dorsopathies M96.2 - M96.5 Postprocedural kyphosis, lordosis and scoliosis M43.8x1 - M43.9 Other and unspecified deforming dorsopathies M96.2 - M96.5 Postprocedural kyphosis, lordosis and scoliosis M43.8x1 - M43.9 Other and unspecified deforming dorsopathies M96.2 - M96.5 Postprocedural kyphosis, lordosis and scoliosis M43.8x1 - 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S8452 Splint, prefabricated, digit, wrist or ankle, or elbow A4570 Splint Q4051 Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies) E08.40, E09.42, E10.40, E13.42 Diabetic polyneuropathy G13.0 - G13.1, G54.0 - G73.7 Nerve root and plexus disorders, polyneuropathy G13.0 - G13.1, G54.0 - G73.7 Nerve root and plexus disorders, polyneuropathies and other disorders of peripheral nervous system and diseases of myoneural junction and muscle M00.00 - M99.9 Diseases of the musculoskeletal system and connective tissue S03.1xx+, S03.40x+ - S03.9xx+ Dislocation of septal cartilage of nose and sprain of jaw and joints other and unspecified parts of head S11.90x+ - S11.95x+ Open wound of unspecified part of neck [code also any associated dislocation of cervical vertebrae] S13.0xx+ - S13.9x+ Dislocation of joints at neck level [code also any associated open wound of neck] S13.4xx+ - S13.9xx+ Sprain of ligaments at neck level S23.0xx+ - S23.9x+ Dislocation of joints at neck level S23.0xx+ - S23.9x+ Dislocation of joints at neck level [code also any associated open wound of neck] S13.4xx+ - S13.9xx+ Sprain of ligaments at neck level S23.0xx+ - S23.9x+ Dislocation of joints at neck level [code also any associated open wound of neck] S13.4xx+ - S13.9xx+ Sprain of ligaments at neck level [code also any associated open wound of neck] S13.4xx+ - S13.9xx+ Sprain of ligaments at neck level [code also any associated open wound of neck] S13.4xx+ - S13.9xx+ Sprain of ligaments at neck level [code also any associated open wound of neck] S13.4xx+ - S13.9xx+ Sprain of ligaments at neck level [code also any associated open wound of neck] S13.4xx+ - S13.9xx+ Sprain of ligaments at neck level [code also any associated open wound of neck] S13.4xx+ - S13.9xx+ Sprain of ligaments at neck level [code also any associated open wound of neck] S13.4xx+ - S13.9xx+ Sprain of ligaments at neck level [code also any associated open wound of neck] S13.4xx+ - S13.9xx+ Sprain of ligaments at neck level [code also any associated open wound of neck] S13.4xx+ - 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S53.299+ Dislocation of joints at wrist and hand level [code also any associated open wound of hand level [code also any associated open wound of hand level S53.001+ - S53.499+ Sprain of joints of elbow S63.001+ - S53.499+ Sprain of joints at wrist and hand level [code also any associated open wound of hand level and wrist] S63.301+ - S66.319+, S66.310+ - S66.319+, S66.310+ - S66.319+, S66.310+ - S66.319+, S66.310+ - S66. of joint of hip [code also any associated open wound of hip] S73.101 + S76.319 + S76[code also any associated open wound of knee] 83.401 + - 886.319 + , 886.319 + , 886.319level [code also any associated open wound of ankle and foot] 93.401 + - 96.219 + . 96S96.011+ - S96.019+, S96.111+ - S96.219+, S96.211+ - S96.219+, S96.211+ - S96.219+, S9 includes fitting and adjustment L4361 Walking boot, pneumatic and/or vacuum, with or without interface material, prefabricated, includes fitting and adjustment L4387 Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf S43.401+ - S46.319+, S46.311+ - S46.319+, S46.319+, S46.311+ - S46.319+, S46.311+ - S46.319+, S46.311+ - S46.319+, S46.311+ - S46.319+, S56.211+ - S56.219+, S56.311+ - S56.319+, S56.319+, S56.419+, S56.519+, S56. S66.819+, S66.911+ - S66.919+ Sprain and strain of wrist and hand S73.111+ - S76.219+, S76.011+ - S76.219+, S76.211+ - S76.219+, S76.311+ - S76.319+, S86.319+, S86.811+ - S86.819+, S86.911+ - S86.919+, S96.211+ - S96.219+, S96.219+ expanded specificity] 29000 - 29584 Application of casts and strapping A4580 Cast supplies A4590 Special casting material Q4001 - Q4051 Cast and splint supplies R68.89 Encounter for fitting and adjustment of other specified surgical aftercare Z96.60 - Z96.69 Encounter for fitting and adjustment of casts and splint supplies R68.89 Encounter for fitting and adjustment of other specified surgical aftercare Z96.60 - Z96.69 Encounter for fitting and adjustment of casts and splint supplies R68.89 Encounter for fitting and adjustment of casts and splint supplies R68.89 Encounter for fitting and adjustment of casts and splint supplies R68.89 Encounter for fitting and adjustment of casts and splint supplies R68.89 Encounter for fitting and adjustment of casts and splint supplies R68.89 Encounter for fitting and adjustment of casts and splint supplies R68.89 Encounter for fitting and adjustment of casts and splint supplies R68.89 Encounter for fitting and adjustment of casts and splint supplies R68.89 Encounter for fitting and adjustment of casts and splint supplies R68.89 Encounter for fitting and adjustment of casts and splint supplies R68.89 Encounter for fitting and adjustment of casts and splint supplies R68.89 Encounter for fitting and adjustment of casts and splint supplies R68.89 Encounter for fitting and adjustment of casts and splint supplies R68.89 Encounter for fitting and adjustment of casts and splint supplies R68.89 Encounter for fitting and adjustment of casts and splint supplies R68.89 Encounter for fitting and adjustment of casts and splint supplies R68.89 Encounter for fitting and adjustment of casts and splint supplies R68.89 Encounter for fitting adjustment of casts Presence of artificial joint implants Z97.10 - Z97.16 Presence of artificial limb (complete) (partial) Z98.1 Arthrodesis status Numerous options Subsequent encounter for healing traumatic fracture, or other and unspecified orthopedic aftercare [Codes not listed due to expanded specificity] The above policy is based on the following references: Albright JP, Saterbak A, Stokes J. 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