

# Local Coverage Determination (LCD): Knee Orthoses (L33318)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
CGS Administrators, LLC	DME MAC	17013 - DME MAC	J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin
CGS Administrators, LLC	DME MAC	18003 - DME MAC	J-C	Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi New Mexico North Carolina Oklahoma Puerto Rico South Carolina Tennessee Texas Virgin Islands Virginia West Virginia
Noridian Healthcare Solutions, LLC	DME MAC	16013 - DME MAC	J-A	Connecticut Delaware District of Columbia Maine Maryland Massachusetts New Hampshire New Jersey New York - Entire State Pennsylvania Rhode Island Vermont

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	DME MAC	19003 - DME MAC	J-D	Alaska American Samoa Arizona California - Entire State Guam Hawaii Idaho Iowa Kansas Missouri - Entire State Montana Nebraska Nevada North Dakota Northern Mariana Islands Oregon South Dakota Utah Washington Wyoming

## LCD Information

### Document Information

**LCD ID**

L33318

**Original Effective Date**

For services performed on or after 10/01/2015

**LCD Title**

Knee Orthoses

**Revision Effective Date**

For services performed on or after 01/01/2020

**Proposed LCD in Comment Period**

N/A

**Revision Ending Date**

N/A

**Source Proposed LCD**

N/A

**Retirement Date**

N/A

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**Notice Period Start Date**

N/A

**Notice Period End Date**

N/A

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## **CMS National Coverage Policy**

None

## **Coverage Guidance**

### **Coverage Indications, Limitations, and/or Medical Necessity**

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements.

The purpose of a Local Coverage Determination (LCD) is to provide information regarding “reasonable and necessary” criteria based on Social Security Act § 1862(a)(1)(A) provisions.

In addition to the “reasonable and necessary” criteria contained in this LCD there are other payment rules, which are discussed in the following documents, that must also be met prior to Medicare reimbursement:

- The LCD-related Standard Documentation Requirements Article, located at the bottom of this policy under the Related Local Coverage Documents section.

- The LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- Refer to the Supplier Manual for additional information on documentation requirements.
- Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

For the items addressed in this LCD, the “reasonable and necessary” criteria, based on Social Security Act § 1862(a)(1)(A) provisions, are defined by the following coverage indications, limitations and/or medical necessity.

For knee orthoses definitions of off-the-shelf and custom fitted, refer to the CODING GUIDELINES section in the LCD-related Policy Article.

**PREFABRICATED KNEE ORTHOSES (L1810, L1812, L1820, L1830, L1831, L1832, L1833, L1836, L1843, L1845, L1847, L1848, L1850, L1851, L1852):**

A knee flexion contracture is a condition in which there is shortening of the muscles and/or tendons with the resulting inability to bring the knee to 0 degrees extension or greater (i.e., hyperextension) by passive range of motion. (0 degrees knee extension is when the femur and tibia are in alignment in a horizontal plane). A knee extension contracture is a condition in which there is shortening of the muscles and/or tendons with the resulting inability to bring the knee to 80 degrees flexion or greater by passive range of motion. A contracture is distinguished from the temporary loss of range of motion of a joint following injury, surgery, casting, or other immobilization.

A knee orthosis with joints (L1810, L1812) or knee orthosis with condylar pads and joints with or without patellar control (L1820) are covered for ambulatory beneficiaries who have weakness or deformity of the knee and require stabilization.

If an L1810, L1812 or L1820 is provided but the criteria above are not met, the orthosis will be denied as not reasonable and necessary.

A knee orthosis with a locking knee joint (L1831) or a rigid knee orthosis (L1836) is covered for beneficiaries with flexion or extension contractures of the knee with movement on passive range of motion testing of at least 10 degrees (i.e., a nonfixed contracture) (refer to the Group 1 ICD-10 Codes in the LCD-related Policy Article).

If an L1831 or L1836 orthosis is provided but the criterion above is not met, the orthosis will be denied as not reasonable and necessary.

There is no proven clinical benefit to the inflatable air bladder incorporated into the design of code L1847 or L1848; therefore, claims for code L1847 or L1848 will be denied as not reasonable and necessary.

A knee immobilizer without joints (L1830), or a knee orthosis with adjustable knee joints (L1832, L1833), or a knee orthosis, with an adjustable flexion and extension joint that provides both medial-lateral and rotation control (L1843, L1845, L1851, L1852), are covered if the beneficiary has had recent injury to or a surgical procedure on the knee(s). Refer to the diagnoses listed in the Groups 2 or 4 ICD-10 Codes in the LCD-related Policy Article.

Knee orthoses L1832, L1833, L1843, L1845, L1851 and L1852 are also covered for a beneficiary who is ambulatory and has knee instability due to a condition specified in the Group 4 ICD-10 Codes in the LCD-related Policy Article.

A knee orthosis, Swedish type, prefabricated (L1850) is covered for a beneficiary who is ambulatory and has knee instability due to genu recurvatum - hyperextended knee, congenital or acquired (refer to the Group 5 ICD-10 Codes in the LCD-related Policy Article).

For codes L1832, L1833, L1843, L1845, L1850, L1851 and L1852, knee instability must be documented by examination of the beneficiary and objective description of joint laxity (e.g., varus/valgus instability, anterior/posterior Drawer test).

Claims for L1832, L1833, L1843, L1845, L1850, L1851 or L1852 will be denied as not reasonable and necessary when the beneficiary does not meet the above criteria for coverage. For example, they will be denied if only pain or a subjective description of joint instability is documented.

“Addition” codes are grouped into four (4) categories in relation to knee orthosis base codes.

- Eligible for separate payment
- Not reasonable and necessary
- Not separately payable
- Incompatible

The following table lists addition codes which describe components or features that can be and frequently are physically incorporated in the specified prefabricated base orthosis. Addition codes may be separately payable if:

- They are provided with the related base code orthosis; and
- The base orthosis is reasonable and necessary; and
- The addition is reasonable and necessary.

Addition codes will be denied as not reasonable and necessary if the base orthosis is not reasonable and necessary or the addition is not reasonable and necessary.

Base Code	Addition Codes - Eligible for Separate Payment
L1810	None
L1812	None
L1820	None
L1830	None
L1831	None
L1832	L2397, L2795, L2810
L1833	L2397, L2795, L2810
L1836	None
L1843	L2385, L2395, L2397
L1845	L2385, L2395, L2397, L2795
L1847	None
L1848	None
L1850	L2397
L1851	L2385, L2395, L2397
L1852	L2385, L2395, L2397, L2795

The following table lists addition codes which describe components or features that can be physically incorporated in the specified prefabricated base orthosis but are considered not reasonable and necessary. These addition codes, if they are billed with the related base code, will be denied as not reasonable and necessary.

<b>Base Code</b>	<b>Addition Codes - Not Reasonable and Necessary</b>
L1810	L2397
L1812	L2397
L1820	L2397
L1830	L2397
L1831	L2397, L2795
L1832	L2405, L2415, L2492, L2785
L1833	L2405, L2415, L2492, L2785
L1836	L2397
L1843	L2405, L2492, L2785
L1845	L2405, L2415, L2492, L2785
L1847	L2397, L2795
L1848	L2397, L2795
L1850	L2275
L1851	L2405, L2492, L2785
L1852	L2405, L2415, L2492, L2785

Refer to the related Policy Article for information on addition codes that are considered not separately payable or incompatible with prefabricated knee orthosis base codes.

### **CUSTOM FABRICATED KNEE ORTHOSES (L1834, L1840, L1844, L1846, L1860):**

A custom fabricated orthosis is covered when there is a documented physical characteristic which requires the use of a custom fabricated orthosis instead of a prefabricated orthosis. Examples of situations which meet the criterion for a custom fabricated orthosis include, but are not limited to:

1. Deformity of the leg or knee;
2. Size of thigh and calf;
3. Minimal muscle mass upon which to suspend an orthosis.

Although these are examples of potential situations where a custom fabricated orthosis may be appropriate, suppliers must consider prefabricated alternatives such as pediatric knee orthoses in beneficiaries with small limbs, straps with additional length for large limbs, etc.

If a custom fabricated orthosis is provided but the medical record does not document why that item is medically necessary instead of a prefabricated orthosis, the custom fabricated orthosis will be denied as not reasonable and necessary.

Custom fabricated orthoses (L1834, L1840, L1844, L1846, L1860) are not reasonable and necessary in the treatment of knee contractures in cases where the beneficiary is nonambulatory.

A custom fabricated knee immobilizer without joints (L1834) is covered if criteria 1 and 2 are met:

1. The coverage criteria for the prefabricated orthosis code L1830 are met; and
2. The general criterion defined above for a custom fabricated orthosis is met.

If an L1834 orthosis is provided and both criteria 1 and 2 are not met, the orthosis will be denied as not reasonable and necessary.

A custom fabricated derotation knee orthosis (L1840) is covered for instability due to internal ligamentous disruption of the knee (refer to the Group 3 ICD-10 Codes in the LCD-related Policy Article).

A custom fabricated knee orthosis with an adjustable flexion and extension joint (L1844, L1846) is covered if criteria 1 and 2 are met:

1. The coverage criteria for the prefabricated orthosis codes L1843, L1845, L1851 and L1852 are met; and
2. The general criterion defined above for a custom fabricated orthosis is met.

If an L1844 or L1846 orthosis is provided and both criteria 1 and 2 are not met the orthosis will be denied as not reasonable and necessary.

A custom fabricated knee orthosis with a modified supracondylar prosthetic socket (L1860) is covered for a beneficiary who is ambulatory and has knee instability due to genu recurvatum - hyperextended knee (refer to the Group 5 ICD-10 Codes in the LCD-related Policy Article).

The following table lists addition codes which describe components or features that can be and frequently are physically incorporated in the specified custom fabricated base orthosis. Addition codes may be separately payable if:

- They are provided with the related base code orthosis; and
- The base orthosis is reasonable and necessary; and
- The addition is reasonable and necessary.

Addition codes will be denied as not reasonable and necessary if the base orthosis is not reasonable and necessary or the addition is not reasonable and necessary.

<b>Base Code</b>	<b>Addition Codes - Eligible for Separate Payment</b>
L1834	L2795
L1840	L2385, L2390, L2395, L2397, L2405, L2415, L2425, L2430, L2492, L2755, L2785, L2795
L1844	L2385, L2390, L2395, L2397, L2405, L2492, L2755, L2785
L1846	L2385, L2390, L2395, L2397, L2405, L2415, L2492, L2755, L2785, L2795, L2800
L1860	None

The following table lists addition codes which describe components or features that can be physically incorporated in the specified custom fabricated base orthosis but are considered not reasonable and necessary. These addition codes, if they are billed with the related base code, will be denied as not reasonable and necessary.

Base Code	Addition Codes - Not Reasonable and Necessary
L1834	L2397, L2800
L1840	L2275, L2800
L1844	None
L1846	None
L1860	L2397

Refer to the related Policy Article for information on addition codes that are considered not separately payable or incompatible with custom fabricated knee orthosis base codes.

**MISCELLANEOUS:**

Heavy duty knee joint codes (L2385, L2395) are covered only for beneficiaries who weigh more than 300 pounds.

Coverage of a removable soft interface (K0672) is limited to a maximum of two (2) per year beginning one (1) year after the date of service for initial issuance of the orthosis. Additional replacement interfaces will be denied as not reasonable and necessary. Refer to the Coding Guidelines section in the LCD related Policy Article for information on denial of removable soft interfaces that are billed separately at the time of initial issue of the orthosis.

Concentric adjustable torsion style mechanisms used to assist knee joint extension are coded as L2999 and are covered for beneficiaries who require knee extension assist in the absence of any co-existing joint contracture.

Concentric adjustable torsion style mechanisms used for the treatment of contractures are coded as E1810 and covered under the Durable Medical Equipment benefit (see related Policy Article Coding Guidelines for additional information).

Claims for devices incorporating concentric adjustable torsion style mechanisms used for the treatment of any joint contracture and coded as L2999 will be denied as incorrect coding.

**GENERAL**

A Standard Written Order (SWO) must be communicated to the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving a completed SWO, the claim shall be denied as not reasonable and necessary.

For Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) base items that require a Written Order Prior to Delivery (WOPD), the supplier must have received a signed SWO before the DMEPOS item is delivered



to a beneficiary. If a supplier delivers a DMEPOS item without first receiving a WOPD, the claim shall be denied as not reasonable and necessary. Refer to the LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.

For DMEPOS base items that require a WOPD, and also require separately billed associated options, accessories, and/or supplies, the supplier must have received a WOPD which lists the base item and which may list all the associated options, accessories, and/or supplies that are separately billed prior to the delivery of the items. In this scenario, if the supplier separately bills for associated options, accessories, and/or supplies without first receiving a completed and signed WOPD of the base item prior to delivery, the claim(s) shall be denied as not reasonable and necessary.

An item/service is correctly coded when it meets all the coding guidelines listed in CMS HCPCS guidelines, LCDs, LCD-related Policy Articles, or DME MAC articles. Claims that do not meet coding guidelines shall be denied as not reasonable and necessary/incorrectly coded.

Proof of delivery (POD) is a Supplier Standard and DMEPOS suppliers are required to maintain POD documentation in their files. Proof of delivery documentation must be made available to the Medicare contractor upon request. All services that do not have appropriate proof of delivery from the supplier shall be denied as not reasonable and necessary.

### **Summary of Evidence**

N/A

### **Analysis of Evidence (Rationale for Determination)**

N/A

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## **Coding Information**

### **CPT/HCPCS Codes**

#### **Group 1 Paragraph:**

The appearance of a code in this section does not necessarily indicate coverage.

### **HCPCS MODIFIER**

EY – No physician or other licensed health care provider order for this item or service

GA – Waiver of liability statement issued as required by payer policy, individual case

GZ – Item or service expected to be denied as not reasonable and necessary

KX - Requirements specified in the medical policy have been met

LT - Left side

RT - Right side

## HCPCS CODES

### Group 1 Codes:

CODE	DESCRIPTION
A4467	BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE
A9270	NON-COVERED ITEM OR SERVICE
K0672	ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS, REPLACEMENT ONLY, EACH
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, PREFABRICATED, OFF-THE-SHELF
L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L1830	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, OFF-THE-SHELF
L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L1833	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, OFF-THE-SHELF
L1834	KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM FABRICATED
L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF
L1840	KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE

CODE	DESCRIPTION
	LIGAMENT, CUSTOM FABRICATED
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
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
L1845	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, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L1846	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
L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L1848	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED, OFF-THE-SHELF
L1850	KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, OFF-THE-SHELF
L1851	KNEE ORTHOSIS (KO), 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, OFF-THE-SHELF
L1852	KNEE ORTHOSIS (KO), 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
L1860	KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM FABRICATED (SK)
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED

CODE	DESCRIPTION
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT
L2397	ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH
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 FLEXION, EACH JOINT
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FABRICATED ORTHOSIS ONLY
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION
L2999	LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED
L4002	REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE

CODE	DESCRIPTION
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES
L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS
L9900	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS "L" CODE

## General Information

### Associated Information

### DOCUMENTATION REQUIREMENTS

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the beneficiary's medical records will reflect the need for the care provided. The beneficiary's medical records include the treating practitioner's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

### GENERAL DOCUMENTATION REQUIREMENTS

In order to justify payment for DMEPOS items, suppliers must meet the following requirements:

- SWO
- Medical Record Information (including continued need/use if applicable)
- Correct Coding
- Proof of Delivery

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information regarding these requirements.

Refer to the Supplier Manual for additional information on documentation requirements.

Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

### POLICY SPECIFIC DOCUMENTATION REQUIREMENTS

Items covered in this LCD have additional policy-specific requirements that must be met to justify Medicare reimbursement.

Refer to the LCD-related Policy article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information.

## Miscellaneous

## Appendices

## Utilization Guidelines

Refer to Coverage Indications, Limitations and/or Medical Necessity

## Sources of Information

N/A

## Bibliography

N/A

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# Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
01/01/2020	R13	<p>Revision Effective Date: 01/01/2020 COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY: Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS Removed: Statement to refer to ICD-10 Codes that are Covered section in the LCD-related PA Added: Statement to refer to ICD-10 codes in the LCD-related Policy Article Revised: Order information as a result of Final Rule 1713 CODING INFORMATION: Removed: Field titled "Bill Type" Removed: Field titled "Revenue Codes" Removed: Field titled "ICD-10 Codes that Support Medical Necessity" Removed: Field titled "ICD-10 Codes that DO NOT Support Medical Necessity" Removed: Field titled "Additional ICD-10 Information" GENERAL DOCUMENTATION REQUIREMENTS: Revised: Prescriptions (orders) to SWO</p> <p><i>02/27/2020: Pursuant to the 21st Century Cures Act , these revisions do not require notice and comment</i></p>	<ul style="list-style-type: none"><li>• Provider Education/Guidance</li><li>• Other</li></ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p><i>because they are due to non-discretionary coverage updates reflective of CMS FR-1713, HCPCS code changes, and non-substantive corrections (listing individual HCPCS codes instead of a HCPCS code-span).</i></p>	
01/01/2019	R12	<p>Revision Effective Date: 01/01/2019            COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:            Removed: Statement to refer to diagnosis code section below            Added: Refer to Covered ICD-10 Codes in the LCD-related Policy Article            ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:            Moved: All diagnosis codes to the LCD-related Policy Article diagnosis code section per CMS instruction            ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:            Moved: Statement about noncovered diagnosis codes moved to LCD-related Policy Article noncovered diagnosis code section per CMS instruction</p>	<ul style="list-style-type: none"> <li>• Other (ICD-10 code relocation per CMS instruction)</li> </ul>
10/16/2017	R11	<p>Revision Effective Date: 10/16/2017</p> <p>Coverage Indications, Limitations, and/or Medical Necessity:</p> <p>Updated: References to ICD 10 code lists to reflect accurate title of the list</p> <p>ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:</p> <p>Added: ICD 10 codes S76.111 (A,D,S), S76.112 (A,D,S), S76.121 (A,D,S) and S76.122 (A,D,S) to Group 2 and Group 4 codes</p> <p>POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:</p> <p>Updated: language under to add "justify"</p> <p>DATE (09/07/2017): At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Reconsideration Request</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		on the LCD are applicable as noted in this policy.	
01/01/2017	R10	<p>Revision Effective Date: 01/01/2017</p> <p>COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:</p> <p>Removed: Standard Documentation Language</p> <p>Added: New reference language and directions to Standard Documentation Requirements</p> <p>Deleted: K0901 and K0902</p> <p>Added: L1851 and L1852</p> <p>Added: General Requirements</p> <p>HCPCS CODES:</p> <p>Deleted: A4466, K0901 and K0902</p> <p>Added: A4467, L1851 and L1852</p> <p>ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:</p> <p>Deleted: K0901 and K0902 from Group 4 Paragraph</p> <p>Added: L1851 and L1852 to Group 4 Paragraph</p> <p>Added: ICD-10 Codes M21.861 and M21.862 to Group 5 -Effective 10/01/2015</p> <p>DOCUMENTATION REQUIREMENTS:</p> <p>Removed: Standard Documentation Language</p> <p>Added: General Documentation Requirements</p> <p>Added: New reference language and directions to Standard Documentation Requirements</p> <p>POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:</p> <p>Removed: Standard Documentation Language</p> <p>Added: Directions to Standard Documentation Requirements</p> <p>Removed: Information under Miscellaneous and Appendices</p> <p>RELATED LOCAL COVERAGE DOCUMENTS:</p> <p>Added: LCD-related Standard Documentation Requirements article</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To ICD-10-CM Code Changes</li> <li>• Revisions Due To CPT/HCPCS Code Changes</li> <li>• Reconsideration Request</li> </ul>
10/01/2016	R9	<p>Revision Effective Date: 10/01/2016</p> <p>ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:</p> <p>Added: ICD-10 Codes G57.03 &amp; G57.23 to Group 4 per ICD-10 annual update</p> <p>Deleted: ICD-10 Codes T84.042A, T84.043S from Groups 2 and 4 per ICD-10 annual update</p>	<ul style="list-style-type: none"> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>
07/01/2016	R8	<p>Revision Effective Date: 07/01/2016</p> <p>ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:</p> <p>Replaced: ICD-10 Code M21.869 with Q68.2 in Group 5 - Effective 10/01/2015</p>	<ul style="list-style-type: none"> <li>• Reconsideration Request</li> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>



REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		DOCUMENTATION REQUIREMENTS: Revised: Standard documentation language - Start date instructions - Effective 04/28/2016	
07/01/2016	R7	Effective July 1, 2016 oversight for DME MAC LCDs is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the LCDs.	<ul style="list-style-type: none"> <li>• Change in Assigned States or Affiliated Contract Numbers</li> </ul>
06/02/2016	R6	Revision Effective Date: 06/02/2016 ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY: Added: HCPCS Codes L1832 and L1833 to Group 2 Diagnoses Added: Initial, Subsequent, and Sequela ICD-10s to Group 2 and Group 4 Removed: ICD-10 Non-specific femur codes S72.426B & S72.426C – entered in error DOCUMENTATION REQUIREMENTS: Revised: Standard Documentation language (Effective 04/28/2016)	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Typographical Error</li> <li>• Reconsideration Request</li> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>
10/01/2015	R5	Revision Effective Date: 05/01/2015 COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY: Added: HCPCS L1833 to Prefabricated Knee Orthoses denial statement, clerical error	<ul style="list-style-type: none"> <li>• Typographical Error</li> </ul>
10/01/2015	R4	Revision Effective Date: 05/01/2015 COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY: Revised: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility DOCUMENTATION REQUIREMENTS: Added: Continued Need and Continued Use Revised: Standard language to add who can enter date of delivery date on the POD Added: Instructions for Equipment Retained from a Prior Payer POLICY SPECIFIC DOCUMENTATION REQUIREMENTS: Updated: Documentation responsibilities for prefabricated vs. custom fabricated devices to reflect revision of April 2015 bulletin article Revised: Repair to beneficiary-owned DMEPOS Revised: Instructions for HCPCS L2999	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2015	R3	Revision Effective Date: 10/01/2015 COVERAGE INDICATIONS, LIMITATIONS, and/or MEDICAL NECESSITY: Added: Codes K0901 and K0902 to Prefabricated Knee Orthoses section Added: Base Codes K0901 and K0902 to Addition Codes tables Added: Codes K0901 and K0902 to the requirement (1) for custom fabricated knee orthosis with an adjustable flexion and extension joint HCPCS CODES: Added: Codes K0901 and K0902 ICD-9 CODES THAT SUPPORT MEDICAL NECESSITY: Added: Codes K0901 and K0902 to Group 4 Codes	<ul style="list-style-type: none"> <li>Revisions Due To CPT/HCPCS Code Changes</li> </ul>
10/01/2015	R2	Revision Effective Date: 10/01/2014 COVERAGE INDICATIONS, LIMITATIONS, and/or MEDICAL NECESSITY: Added: Reference to Group 4 diagnosis for coverage of recent injury or surgical procedure on knees	<ul style="list-style-type: none"> <li>Typographical Error</li> </ul>
10/01/2015	R1	Revision Effective Date: 10/01/2014 COVERAGE INDICATIONS, LIMITATIONS, and/or MEDICAL NECESSITY: Restored: HCPCS to appropriate Diagnoses Group that Support Medical Necessity DOCUMENTATION REQUIREMENTS: Removed: Continued Need and Continued Use, not relevant to this policy	<ul style="list-style-type: none"> <li>Typographical Error</li> </ul>

## Associated Documents

### Attachments

N/A

### Related Local Coverage Documents

Article(s)

A52465 - Knee Orthoses - Policy Article

A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs

### Related National Coverage Documents

N/A

### Public Version(s)

Updated on 02/21/2020 with effective dates 01/01/2020 - N/A

Updated on 02/14/2019 with effective dates 01/01/2019 - 12/31/2019

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

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## **Keywords**

N/A

**END OF LOCAL COVERAGE DETERMINATION**

Per the Code of Federal Regulations, 42 C.F.R § 426. 325, only those portions of the currently effective Local Coverage Determination (LCD) that are based on section 1862(a)(1)(A) of the Social Security Act, may be challenged through an acceptable complaint as described in 42 C.F.R § 426.400. Also, per 42 C.F.R § 426.325 items that are not reviewable, and therefore cannot be challenged, include the Policy Article. Please note the distinction of the documents when reviewing the materials.

## Local Coverage Article: Knee Orthoses - Policy Article (A52465)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

### Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
CGS Administrators, LLC	DME MAC	17013 - DME MAC	J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin
CGS Administrators, LLC	DME MAC	18003 - DME MAC	J-C	Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi New Mexico North Carolina Oklahoma Puerto Rico South Carolina Tennessee Texas Virgin Islands Virginia West Virginia
Noridian Healthcare Solutions, LLC	DME MAC	16013 - DME MAC	J-A	Connecticut Delaware District of Columbia Maine Maryland Massachusetts New Hampshire New Jersey New York - Entire State Pennsylvania Rhode Island Vermont

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	DME MAC	19003 - DME MAC	J-D	Alaska American Samoa Arizona California - Entire State Guam Hawaii Idaho Iowa Kansas Missouri - Entire State Montana Nebraska Nevada North Dakota Northern Mariana Islands Oregon South Dakota Utah Washington Wyoming

## Article Information

### General Information

**Article ID**

A52465

**Original Effective Date**

10/01/2015

**Original ICD-9 Article ID**

[A47270](#)

[A46762](#)

[A47178](#)

[A47174](#)

**Revision Effective Date**

01/01/2020

**Revision Ending Date**

N/A

**Article Title**

Knee Orthoses - Policy Article

**Retirement Date**

N/A

**Article Type**

Article

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## Article Guidance

### Article Text:

#### **NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:**

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. Information provided in this policy article relates to determinations other than those based on Social Security Act §1862(a)(1)(A) provisions (i.e. "reasonable and necessary").

For a beneficiary's equipment to be eligible for reimbursement the reasonable and necessary (R&N) requirements set out in the related Local Coverage Determination (LCD) must be met. In addition, there are specific statutory payment policy requirements, discussed below, that also must be met.

Knee Orthoses are covered under the Medicare Braces Benefit (Social Security Act §1861(s)(9)). For coverage under this benefit, the orthosis must be 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. Items that are not sufficiently rigid to be capable of providing the necessary immobilization or support to the body part for which it is designed do not meet the statutory definition of the Braces Benefit. Items that do not meet the definition of a brace are statutorily noncovered, no benefit.

Elastic or other fabric support garments (A4467 (BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANYTYPE)) with or without stays or panels do not meet the statutory definition of a brace because they are not rigid or semi-rigid devices. Code A4467 is denied as noncovered (no Medicare benefit). Refer to the coding guideline below for additional information.

Both "off-the-shelf" (OTS) and custom-fit items are considered prefabricated braces for Medicare coding purposes. 42 CFR §414.402 establishes that correct coding of knee orthoses items is dependent upon whether there is a need for "minimal self-adjustment" during the final fitting at the time of delivery. (See definitions below.) The following denials apply to incorrectly coded items based upon this regulation:

- Correct coding of prefabricated knee orthoses (L1810, L1812, L1820, L1830, L1831, L1832, L1833, L1836, L1843, L1845, L1847, L1848, L1850, L1851, L1852) is dependent upon whether or not there is a need for "minimal self-adjustment" at the time of fitting by the beneficiary, caretaker for the beneficiary, or supplier that does not require the services of a qualified practitioner (see definitions below).
- Claims for custom fitted orthoses (L1810, L1832, L1843, L1845, L1847) will be denied as incorrect coding, with a statutory denial, when documentation shows that only minimal self-adjustment was required at the time of fitting (see Policy Specific Documentation Requirements section below).

The following chart reflects the reasonable useful lifetime of prefabricated Knee Orthoses:

L1810	1 year
L1812	1 year
L1820	1 year
L1830	1 year
L1831	2 years
L1832	2 years
L1833	2 years
L1836	3 years
L1843	3 years
L1845	3 years
L1850	2 years
L1851	3 years
L1852	3 years



The reasonable useful lifetime of custom fabricated orthosis is 3 years.

Replacement during the "reasonable useful lifetime," is covered if the item is lost or irreparably damaged. Replacement for other reasons, including but not limited to irreparable wear, during the period of reasonable useful lifetime is denied as noncovered. L-coded additions to knee orthoses (L2275, L2320, L2330, L2385, L2390, L2395, L2397, L2405, L2415, L2425, L2430, L2492, L2750, L2755, L2780, L2785, L2795, L2800, L2810, L2820, L2830, K0672) will be denied as noncovered when the base orthosis is noncovered.

Brace sleeves (A9270) used in conjunction with orthoses are noncovered because they are not used to support a weak or deformed body member or to restrict or eliminate motion in a diseased or injured part of the body (i.e., it does not meet the definition of a brace).

Repairs to a covered orthosis are covered when they are necessary to make the orthosis functional. The reason for the repair must be documented in the supplier's record. If the expense for repairs exceeds the estimated expense of providing another entire orthosis, no payment will be made for the amount in excess.

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 orthoses.

Evaluation of the beneficiary, 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.

Payment for knee orthoses are included in the payment to a hospital or skilled nursing facility (SNF) if:

1. The orthosis is provided to a beneficiary prior to an inpatient hospital admission or Part A covered SNF stay; and
2. The medical necessity for the orthosis begins during the hospital or SNF stay (e.g., after knee surgery).

A claim should not be submitted to the DME MAC in this situation.

Payment for knee orthoses are also included in the payment to a hospital or a Part A covered SNF stay if:

1. The orthosis is provided to a beneficiary during an inpatient hospital or Part A covered SNF stay prior to the day of discharge; and
2. The beneficiary uses the item for medically necessary inpatient treatment or rehabilitation.

A claim must not be submitted to the DME MAC in this situation.

Payment for knee orthoses delivered to a beneficiary in a hospital or a Part A covered SNF stay is eligible for coverage by the DME MAC if:

1. The orthosis is medically necessary for a beneficiary after discharge from a hospital or Part A covered SNF stay; and
2. The orthosis is provided to the beneficiary within two days prior to discharge to home; and
3. The orthosis is not needed for inpatient treatment or rehabilitation, but is left in the room for the beneficiary to take home.

## **REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217)**

Final Rule 1713 (84 Fed. Reg Vol 217) requires a face-to-face encounter and a Written Order Prior to Delivery (WOPD) for specified HCPCS codes. CMS and the DME MACs provides a list of the specified codes, which is periodically updated. The link will be located here once it is available.

Claims for the specified items subject to Final Rule 1713 (84 Fed. Reg Vol 217) that do not meet the face-to-face encounter and WOPD requirements specified in the LCD- related Standard Documentation Requirements Article (A55426) will be denied as not reasonable and necessary.

If a supplier delivers an item prior to receipt of a WOPD, it will be denied as not reasonable and necessary. If the WOPD is not obtained prior to delivery, payment will not be made for that item even if a WOPD is subsequently obtained by the supplier. If a similar item is subsequently provided by an unrelated supplier who has obtained a WOPD prior to delivery, it will be eligible for coverage.

## **POLICY SPECIFIC DOCUMENTATION REQUIREMENTS**

In addition to policy specific documentation requirements, there are general documentation requirements that are applicable to all DMEPOS policies. These general requirements are located in the DOCUMENTATION REQUIREMENTS section of the LCD.

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this Policy Article under the Related Local Coverage Documents section for additional information regarding GENERAL DOCUMENTATION REQUIREMENTS and the POLICY SPECIFIC DOCUMENTATION REQUIREMENTS discussed below.

For prefabricated orthoses, there is no physical difference between orthoses coded as custom fitted versus those coded as off-the-shelf. The differentiating factor for proper coding (see definitions in the Coding Guidelines) is the need for "minimal self-adjustment" at the time of fitting by the beneficiary, caretaker for the beneficiary, 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 orthoses. For example, adjustment of straps and closures, bending or trimming for final fit or comfort (not all-inclusive) fall into this category.

Fabrication of an orthosis using CAD/CAM or similar technology without the creation of a positive model with minimal self-adjustment at delivery is considered as OTS.

Items requiring more than minimal self-adjustment by a qualified practitioner are coded as custom fitted (L1810, L1832, L1843, L1845, L1847). Documentation must be sufficiently detailed to include, but is not limited to, a detailed description of the modifications necessary at the time of fitting the orthosis to the beneficiary. This information must be available upon request.

For custom fabricated orthoses (L1834, L1840, L1844, L1846, L1860), there must be detailed documentation in the treating practitioner's records to support the medical necessity of custom fabricated rather than a prefabricated orthosis as described in the Coverage Indications, Limitations and/or Medical Necessity section of the related LCD. This information will be corroborated by the functional evaluation in the orthotist or prosthetist's records. This information must be available upon request.

When providing these items suppliers must:

- Provide the product that is specified by the prescribing practitioner
- Be sure that the prescribing practitioner's medical record justifies the need for the type of product (i.e., Prefabricated versus Custom Fabricated)
- Only bill for the HCPCS code that accurately reflects both the type of orthosis and the appropriate level of fitting
- Have detailed documentation in supplier's records that justifies the code selected

The beneficiary's condition (diagnosis code) that necessitates the need for the knee orthosis must be included on the claim.

#### KX, GA, and GZ MODIFIERS

Suppliers must add a KX modifier to knee orthoses base and addition codes only if all of the coverage criteria in the "Coverage Indications, Limitations, and/or Medical Necessity" section of the related LCD have been met and evidence of such is retained in the supplier's files and available to the DME MAC upon request.

If all of the criteria in the Coverage Indications, Limitations, and/or Medical Necessity section of the related LCD have not been met, the GA or GZ modifier must be added to the code. When there is an expectation of a medical necessity denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

Claims lines billed with codes without a KX, GA or GZ modifier will be rejected as missing information.

#### **CODING GUIDELINES:**

##### Definitions

The terms below are used to describe the types of devices referred to in this Policy Article and the related Local Coverage Determination. For more information about the terms used, refer to the DMEPOS Quality Standards (42 CFR 424.57) and the definitions for OTS and minimal self-adjustment (42 CFR Section 414.402) and CMS Benefit Policy Manual (Internet Only Manual 100-2) Ch. 15. Brace (Orthosis, Orthotic Device).

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. An orthosis can be classified as either prefabricated (off-the-shelf or custom fitted) or custom-fabricated. Items that are not sufficiently rigid to be capable of providing the necessary immobilization or support to the body part for which it is designed do not meet the statutory definition of the Braces Benefit.

##### Custom Fabricated

Custom fabricated item is one that is individually made for a specific patient. No other patient would be able to use this item. A custom fabricated item is a device which is fabricated based on clinically derived and rectified castings, tracings, measurements, and/or other images (such as X-rays) of 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.

### Molded-to-Patient-Model

A particular type of custom fabricated device in which either:

- An impression (usually by means of a plaster or fiberglass cast) of the specific body part is made directly on the patient, and this impression is then used to make a positive model of the body part from which the final product is crafted; or
- A digital image of the patient's body part is made using Computer-Aided Design-Computer-Aided Manufacturing (CAD-CAM) systems software. This technology includes specialized probes/digitizers and scanners that create a computerized positive model, and then direct milling equipment to carve a positive model. The device is then individually fabricated and molded over the positive model of the patient.

### Positive Model of the Patient

A positive model is an exact replica of the actual body part for which the custom fabricated is being constructed. A positive model can be produced by any of these methods:

- Molded-to-patient-model is a negative impression taken of the patient's body member and a positive model rectification is constructed;
- 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; or
- 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 fabrication is checked and all necessary adjustments are made.

Fabrication of an orthosis using molding, CAD/CAM, or similar technology without the creation of a positive model is considered to be a prefabricated orthosis.

### Specialized Training

Specialized training is defined as training that provides the knowledge, skills, and experience in the provision of orthotics in compliance with all applicable Federal and State licensure and regulatory requirements.

### 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 fitted.
- OTS items require minimal self-adjustment for fitting at the time of delivery for appropriate use and do not require expertise in trimming, bending, molding, assembling, or customizing to fit an individual.
- This fitting does not require expertise of a certified orthotist or an individual who has specialized training in the provision of orthoses to fit the item to the individual beneficiary.

The term "minimal self-adjustment" is defined at 42 CFR §414.402 as an adjustment the beneficiary, caretaker for the beneficiary, 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 Orthotist/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.

Use of CAD/CAM or similar technology to create an orthosis without a positive model of the patient may be considered as OTS if the final fitting upon delivery to the patient requires minimal self-adjustment as described in this section.

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 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 fitted.
- Classification as custom fitted requires more than minimal self-adjustment 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 who has specialized training in the provision of orthosis to fit the item to the individual beneficiary.

More than minimal self-adjustment is defined as changes made to achieve an individualized fit of the item that requires the expertise of a certified orthotist or an individual who has specialized training in the provision of orthotics 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.

In most cases for prefabricated orthoses, the correct coding of the orthosis is dictated by actions that take place at the time of fitting to the beneficiary, either custom-fit (requiring expertise) or off-the-shelf (OTS) (requiring minimal self-adjustment). However, for certain types of orthoses, the HCPCS code narrative that best describes the product does not make a distinction between prefabricated orthoses that are provided as custom-fit or OTS. These code narratives are correct and must be used for Medicare billing, without regard to how the product is provided to the beneficiary at the final delivery.

There are products that may be either fit by the beneficiary or require custom fitting at the time of final delivery where there are parallel sets of HCPCS codes that describe identical types of items. The codes are only differentiated based upon the nature of the final fitting performed at the time of delivery. The alternative HCPCS code types are:

- HCPCS codes which describe "PREFABRICATED, OFF-THE-SHELF" must be used when minimal self-adjustment is the extent of the fitting performed at delivery.
- HCPCS codes which describe "PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE" must be used when more than minimal self-adjustment is necessary at delivery.

Elastic and Similar Stretchable Materials

For items where the HCPCS code specifies "elastic" or other similar terminology for stretchable material, use the code that is most applicable to the item. A NOC (Not Otherwise Classified) or miscellaneous HCPCS code must not be used instead of the specific code. Refer to the long code narrative and any relevant coding guideline for the criteria applicable for each HCPCS code.

For items where the HCPCS code does not specify elastic or other similar terminology for stretchable material, the following guidelines apply:

- Items that are primarily constructed of elastic or other stretchable materials (e.g. support items made of material such as neoprene or spandex (elastane, Lycra®) (not all-inclusive)) must be coded as A4467 (BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANYTYPE).
- Items that are primarily constructed of elastic or other stretchable materials (e.g. support items made of material such as neoprene or spandex (elastane, Lycra®)) (not all-inclusive)) that contain stays and/or panels must be coded as A4467 (BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANYTYPE).
- Items that are primarily constructed of inelastic material (e.g., canvas, cotton or nylon (not all-inclusive)) that are incapable of providing the necessary immobilization or support to the body part for which it is designed must be coded using A4467 (BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANYTYPE).
- Items that are primarily of constructed inelastic material (e.g., canvas, cotton or nylon (not all-inclusive)) that are incapable of providing the necessary immobilization or support to the body part for which it is designed and that have stays and/or panels capable of providing the required immobilization or support to the body part for which it is designed, must be coded using A4467 (BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANYTYPE).
- Items that are primarily constructed of inelastic material (e.g., canvas, cotton or nylon (not all-inclusive)) capable of providing the necessary immobilization or support to the body part for which it is designed must be coded using the applicable specific HCPCS code for the type of product. A NOC (Not Otherwise Classified) or miscellaneous HCPCS code must not be used instead of the specific code. Refer to the long code narrative and any relevant coding guideline for the criteria applicable for each HCPCS code.
- Items that are primarily of constructed inelastic material (e.g., canvas, cotton or nylon (not all-inclusive)) capable of providing the necessary immobilization or support to the body part for which it is designed and that have stays and/or panels capable of providing the required immobilization or support to the body part for which it is designed, must be coded using the applicable specific HCPCS code for the type of product. A NOC (Not Otherwise Classified) or miscellaneous HCPCS code must not be used instead of the specific code. Refer to the long code narrative and relevant coding guideline for the criteria applicable for each HCPCS code.
- Items that are not capable of providing the necessary immobilization or support to the body part for which it is designed (regardless of materials) must be coded using A9270 (NONCOVERED ITEM OR SERVICE).

Codes L1810 and L1812 describe prefabricated knee orthoses constructed of latex, neoprene, spandex or other elastic material. There are no condylar pads. There are hinges or joints.

Code L1820 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.

Code L1830 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 equal. The orthosis immobilizes the knee joint and prevents flexion or extension. There are no hinges or joints.

Codes L1831, L1847 and L1848 describe prefabricated knee orthoses with joint(s) which lock the knee into a particular position. Codes L1847 and L1848 are distinguished from L1831 by the addition of an air bladder in the space behind the knee. These orthoses are designed for beneficiaries who are nonambulatory. They are typically used to treat flexion/extension contractures of the knee.

An adjustable flexion and extension joint is one that enables the practitioner to set limits on flexion and extension but allows the beneficiary 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.

Codes L1832 and L1833 describe 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 beneficiary who can bear weight on the knee and is capable of ambulation. They are typically used for early rehabilitation following knee surgery.

Codes L1834 and L1836 describe rigid knee orthosis without a knee joint. Both are designed to prevent knee motion. These orthoses are designed for beneficiaries who can bear weight on the knee, are capable of ambulating, and need additional support provided through immobilization of the knee joint. Code L1834 refers to a custom fabricated knee orthotic while L1836 refers to one that is pre-fabricated.

Code L1840 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.

Codes L1843, L1844 and L1851 describe prefabricated and custom fabricated (respectively) 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 joint. These orthoses are designed to open the medial or lateral compartment of the knee to provide pain relief due to osteoarthritis. These orthoses are designed for beneficiaries who are fully ambulatory.

Codes L1845, L1846 and L1852 describe prefabricated and custom fabricated (respectively) knee orthoses that have double uprights, condylar pads, and an adjustable flexion and extension joint and provide both medial-lateral and rotation control. Medial-lateral control of the knee is accomplished by the solid metal (or similar material) structure of the double uprights. Rotation control is accomplished by the combination of (1) solid metal (or similar material) in the anterior or posterior portion of the thigh and calf cuffs and (2) the condylar pads. These orthoses are designed for beneficiaries who are fully ambulatory.

The only products that may be billed using codes L1845 or L1852 are those for which a written coding verification review has been made by the Pricing, Data Analysis, and Coding (PDAC) contractor and subsequently published on the appropriate Product Classification List. Information concerning the documentation that must be submitted to the PDAC for a Coding Verification Request can be found on the PDAC web site or by contacting the PDAC. A Product Classification List with products that have received a coding verification can be found on the PDAC web site. Products that have not received coding verification review from the PDAC must be billed using code A9270.

Code L1850 describes a prefabricated orthosis with double uprights and thigh and calf pads. It may or may not have joints. These orthoses are used to prevent hyperextension of the knee joint in ambulatory beneficiaries.

Code L1860 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 beneficiaries.

Code L2755 describes an addition to a lower extremity orthosis composed of high strength and/or lightweight material such as Kevlar<sup>®</sup>, carbon fiber or other laminated or impregnated composite material.

“Addition” codes are grouped into four (4) categories in relation to knee orthosis base codes.

- Eligible for separate payment
- Not medically necessary
- Not separately payable
- Incompatible

Addition codes in the first two categories are addressed in the related LCD. Addition codes that are not separately payable are addressed in the tables below.

The following table lists addition codes which describe components or features that can be physically incorporated in the specified prefabricated bases orthosis but are considered to be included in the allowance for the orthosis.

Base Code	Addition Codes - Not Separately Payable
L1810	L2390, L2750, L2780, L4002
L1812	L2390, L2750, L2780, L4002
L1820	L2390, L2750, L2780, L2810, L4002
L1830	K0672, L4002
L1831	K0672, L2390, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002
L1832	K0672, L2390, L2425, L2430, L2750, L2780, L2820, L2830, L4002
L1833	K0672, L2390, L2425, L2430, L2750, L2780, L2820, L2830, L4002
L1836	K0672, L2750, L2780, L2810, L2820, L2830, L4002
L1843	K0672, L2275, L2390, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002
L1845	K0672, L2275, L2390, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002
L1847	K0672, L2390, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002
L1848	K0672, L2390, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002
L1850	K0672, L2750, L2780, L2810, L2820, L2830, L4002
L1851	K0672, L2275, L2390, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002
L1852	K0672, L2275, L2390, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002

The following table lists addition codes which describe components or features that can be physically incorporated in the **specified custom fabricated bases orthosis** but that are considered to be included in the allowance for the orthosis. The addition codes will be denied as not separately payable if they are billed with the related base code.

Base Code	Addition Codes - Not Separately Payable
L1834	K0672, L2820, L2830, L4002
L1840	K0672, L2320, L2330, L2750, L2780, L2810, L2820, L2830, L4002
L1844	K0672, L2275, L2320, L2330, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002



L1846	K0672, L2275, L2320, L2330, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002
L1860	K0672, L2820, L2830, L4002

All addition codes that are not listed as either separately payable or not medically necessary in the tables in the LCD or as not separately payable in the tables above describe components or features that either cannot be physically incorporated in the specified base orthosis or whose narrative description is incompatible with base orthosis code (e.g., billing a prefabricated base code with an addition code which specifies that it is only used with custom fabricated orthoses). These incompatible addition codes will be rejected as incorrect coding.

A replacement removable soft interface for a knee orthosis is billed with code K0672 (ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS, REPLACEMENT ONLY, EACH). One unit of service includes all the components that are used at the same time on a single orthosis.

Either a nonremovable soft interface (L2820, L2830) or two (2) removable soft interfaces (K0672) are included in the allowance for a knee orthosis. Soft interfaces billed separately at the time of initial issue will be denied as not separately payable.

Codes L2320 and L2330 (non-molded and molded lacers, respectively) may only be billed as replacement items.

All claims for devices that contain a concentric adjustable torsion style mechanism in the knee joint for any condition other than an assistive function to joint extension motion must be coded as Durable Medical Equipment using codes E1810 (dynamic adjustable knee extension/flexion device). If a concentric adjustable torsion style mechanism in the knee joint is used solely to provide an assistive function for joint extension, it must be coded as L2999 (See Coverage Indications, Limitations and/or Medical Necessity section of the related LCD).

Claims for devices that contain a concentric adjustable torsion style mechanism in the knee joint and that are being used to treat any condition other than an assistive function to joint extension motion are not covered under the Braces benefit and will be denied as incorrect coding when billed using code L2999 (See Coverage Indications, Limitations and/or Medical Necessity section of the related LCD).

The allowance for the labor involved in replacing/repairing an orthotic component that is coded with a specific L code is included in the allowance for that component. The allowance for the labor (L4205) involved in replacing/repairing an orthotic component that is coded with the miscellaneous code L4210 is separately payable in addition to the allowance for that component.

Code L4002 is for billing of replacement component(s) and is not payable at initial issue of a base orthosis. When code L4002 is billed at the time of initial issue of a base orthosis, it will be denied as not separately payable.

The right (RT) and/or left (LT) modifiers must be used when billing for orthosis base codes, additions and replacement parts. Effective for claims with dates of service (DOS) on or after 3/1/2019, when the same code for bilateral items (left and right) is billed on the same date of service, bill each item on two separate claim lines using the RT and LT modifiers and 1 unit of service (UOS) on each claim line. Do not use the RTLTLT modifier on the same claim line and billed with 2 UOS. Claims billed without modifiers RT and/or LT, or with RTLTLT on the same claim line and 2 UOS, will be rejected as incorrect coding.

Code L2999 (lower extremity orthosis, not otherwise specified) should be used only when billing for item(s) that do not meet the definition of an existing code(s).

Code L4205 (Repair of orthotic device, labor component, per 15 minutes) may only be billed for time involved with the actual repair of an orthosis or for medically necessary adjustments made more than 90 days after delivery. Code L4205 must not be used to bill for time involved with other professional services including, but not limited to:

- Evaluating the beneficiary
- Taking measurements, making a cast, making a model, use of CAD/CAM
- Making modifications to a prefabricated item to fit it to the individual beneficiary
- Follow-up visits
- Making adjustments at the time of or within 90 days after delivery

Suppliers must distinguish between repair and replacement of an orthosis. When an orthotic is replaced, there is no separate billing for the above services because reimbursement for these services is included in the allowance for the replacement item.

Repairs to a covered orthosis due to wear or to accidental damage are covered when they are necessary to make the orthosis functional. The reason for the repair must be documented in the supplier's record. If the expense for repairs exceeds the estimated expense of providing another entire orthosis, no payment will be made for the amount in excess.

Similarly, code L4210 (Repair of orthotic device, repair or replace minor parts) must not be used for casting supplies or other materials used in the fitting or fabrication of an orthosis.

Should a supplier wish to submit a claim for services/items that are included in the allowance for the orthosis, code L9900 (Orthotic and prosthetic supply, accessory and/or service component of another HCPCS L code) must be used. Code L9900 is denied as not separately payable.

Suppliers should contact the PDAC contractor for guidance on the correct coding of these items.

## Coding Information

### CPT/HCPCS Codes

N/A

### ICD-10 Codes that Support Medical Necessity

#### Group 1 Paragraph:

The presence of an ICD-10 code listed in this section is not sufficient by itself to assure coverage. Refer to the LCD section on "**Coverage Indications, Limitations, and/or Medical Necessity**" for other coverage criteria and payment information.

#### For HCPCS codes L1831 and L1836:

#### Group 1 Codes:

ICD-10 CODE	DESCRIPTION
M24.561	Contracture, right knee
M24.562	Contracture, left knee

**Group 2 Paragraph:**

**For HCPCS Codes L1830, L1832, L1833, and L1834:**

**Group 2 Codes:**

ICD-10 CODE	DESCRIPTION
M05.061	Felty's syndrome, right knee
M05.062	Felty's syndrome, left knee
M05.261	Rheumatoid vasculitis with rheumatoid arthritis of right knee
M05.262	Rheumatoid vasculitis with rheumatoid arthritis of left knee
M05.361	Rheumatoid heart disease with rheumatoid arthritis of right knee
M05.362	Rheumatoid heart disease with rheumatoid arthritis of left knee
M05.461	Rheumatoid myopathy with rheumatoid arthritis of right knee
M05.462	Rheumatoid myopathy with rheumatoid arthritis of left knee
M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee
M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee
M05.661	Rheumatoid arthritis of right knee with involvement of other organs and systems
M05.662	Rheumatoid arthritis of left knee with involvement of other organs and systems
M05.761	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement
M05.762	Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement
M05.861	Other rheumatoid arthritis with rheumatoid factor of right knee
M05.862	Other rheumatoid arthritis with rheumatoid factor of left knee
M06.061	Rheumatoid arthritis without rheumatoid factor, right knee
M06.062	Rheumatoid arthritis without rheumatoid factor, left knee
M06.1	Adult-onset Still's disease
M06.261	Rheumatoid bursitis, right knee
M06.262	Rheumatoid bursitis, left knee
M06.361	Rheumatoid nodule, right knee
M06.362	Rheumatoid nodule, left knee
M06.861	Other specified rheumatoid arthritis, right knee

ICD-10 CODE	DESCRIPTION
M06.862	Other specified rheumatoid arthritis, left knee
M08.061	Unspecified juvenile rheumatoid arthritis, right knee
M08.062	Unspecified juvenile rheumatoid arthritis, left knee
M08.261	Juvenile rheumatoid arthritis with systemic onset, right knee
M08.262	Juvenile rheumatoid arthritis with systemic onset, left knee
M08.3	Juvenile rheumatoid polyarthritis (seronegative)
M08.461	Pauciarticular juvenile rheumatoid arthritis, right knee
M08.462	Pauciarticular juvenile rheumatoid arthritis, left knee
M08.861	Other juvenile arthritis, right knee
M08.862	Other juvenile arthritis, left knee
M08.961	Juvenile arthritis, unspecified, right knee
M08.962	Juvenile arthritis, unspecified, left knee
M12.061	Chronic postrheumatic arthropathy [Jaccoud], right knee
M12.062	Chronic postrheumatic arthropathy [Jaccoud], left knee
M17.0	Bilateral primary osteoarthritis of knee
M17.11	Unilateral primary osteoarthritis, right knee
M17.12	Unilateral primary osteoarthritis, left knee
M17.2	Bilateral post-traumatic osteoarthritis of knee
M17.31	Unilateral post-traumatic osteoarthritis, right knee
M17.32	Unilateral post-traumatic osteoarthritis, left knee
M17.4	Other bilateral secondary osteoarthritis of knee
M17.5	Other unilateral secondary osteoarthritis of knee
M17.9	Osteoarthritis of knee, unspecified
M22.2X1	Patellofemoral disorders, right knee
M22.2X2	Patellofemoral disorders, left knee
M22.3X1	Other derangements of patella, right knee
M22.3X2	Other derangements of patella, left knee
M22.41	Chondromalacia patellae, right knee
M22.42	Chondromalacia patellae, left knee
M22.8X1	Other disorders of patella, right knee
M22.8X2	Other disorders of patella, left knee
M22.91	Unspecified disorder of patella, right knee

ICD-10 CODE	DESCRIPTION
M22.92	Unspecified disorder of patella, left knee
M23.000	Cystic meniscus, unspecified lateral meniscus, right knee
M23.001	Cystic meniscus, unspecified lateral meniscus, left knee
M23.003	Cystic meniscus, unspecified medial meniscus, right knee
M23.004	Cystic meniscus, unspecified medial meniscus, left knee
M23.006	Cystic meniscus, unspecified meniscus, right knee
M23.007	Cystic meniscus, unspecified meniscus, left knee
M23.011	Cystic meniscus, anterior horn of medial meniscus, right knee
M23.012	Cystic meniscus, anterior horn of medial meniscus, left knee
M23.021	Cystic meniscus, posterior horn of medial meniscus, right knee
M23.022	Cystic meniscus, posterior horn of medial meniscus, left knee
M23.031	Cystic meniscus, other medial meniscus, right knee
M23.032	Cystic meniscus, other medial meniscus, left knee
M23.041	Cystic meniscus, anterior horn of lateral meniscus, right knee
M23.042	Cystic meniscus, anterior horn of lateral meniscus, left knee
M23.051	Cystic meniscus, posterior horn of lateral meniscus, right knee
M23.052	Cystic meniscus, posterior horn of lateral meniscus, left knee
M23.061	Cystic meniscus, other lateral meniscus, right knee
M23.062	Cystic meniscus, other lateral meniscus, left knee
M23.200	Derangement of unspecified lateral meniscus due to old tear or injury, right knee
M23.201	Derangement of unspecified lateral meniscus due to old tear or injury, left knee
M23.203	Derangement of unspecified medial meniscus due to old tear or injury, right knee
M23.204	Derangement of unspecified medial meniscus due to old tear or injury, left knee
M23.206	Derangement of unspecified meniscus due to old tear or injury, right knee
M23.207	Derangement of unspecified meniscus due to old tear or injury, left knee
M23.211	Derangement of anterior horn of medial meniscus due to old tear or injury, right knee
M23.212	Derangement of anterior horn of medial meniscus due to old tear or injury, left knee
M23.221	Derangement of posterior horn of medial meniscus due to old tear or injury, right knee
M23.222	Derangement of posterior horn of medial meniscus due to old tear or injury, left knee
M23.231	Derangement of other medial meniscus due to old tear or injury, right knee

ICD-10 CODE	DESCRIPTION
M23.232	Derangement of other medial meniscus due to old tear or injury, left knee
M23.241	Derangement of anterior horn of lateral meniscus due to old tear or injury, right knee
M23.242	Derangement of anterior horn of lateral meniscus due to old tear or injury, left knee
M23.251	Derangement of posterior horn of lateral meniscus due to old tear or injury, right knee
M23.252	Derangement of posterior horn of lateral meniscus due to old tear or injury, left knee
M23.261	Derangement of other lateral meniscus due to old tear or injury, right knee
M23.262	Derangement of other lateral meniscus due to old tear or injury, left knee
M23.300	Other meniscus derangements, unspecified lateral meniscus, right knee
M23.301	Other meniscus derangements, unspecified lateral meniscus, left knee
M23.303	Other meniscus derangements, unspecified medial meniscus, right knee
M23.304	Other meniscus derangements, unspecified medial meniscus, left knee
M23.306	Other meniscus derangements, unspecified meniscus, right knee
M23.307	Other meniscus derangements, unspecified meniscus, left knee
M23.311	Other meniscus derangements, anterior horn of medial meniscus, right knee
M23.312	Other meniscus derangements, anterior horn of medial meniscus, left knee
ICD-10 CODE	DESCRIPTION
M23.321	Other meniscus derangements, posterior horn of medial meniscus, right knee
M23.322	Other meniscus derangements, posterior horn of medial meniscus, left knee
M23.331	Other meniscus derangements, other medial meniscus, right knee
M23.332	Other meniscus derangements, other medial meniscus, left knee
M23.341	Other meniscus derangements, anterior horn of lateral meniscus, right knee
M23.342	Other meniscus derangements, anterior horn of lateral meniscus, left knee
M23.351	Other meniscus derangements, posterior horn of lateral meniscus, right knee
M23.352	Other meniscus derangements, posterior horn of lateral meniscus, left knee
M23.361	Other meniscus derangements, other lateral meniscus, right knee
M23.362	Other meniscus derangements, other lateral meniscus, left knee
M23.51	Chronic instability of knee, right knee
M23.52	Chronic instability of knee, left knee
M23.601	Other spontaneous disruption of unspecified ligament of right knee
M23.602	Other spontaneous disruption of unspecified ligament of left knee

ICD-10 CODE	DESCRIPTION
M23.611	Other spontaneous disruption of anterior cruciate ligament of right knee
M23.612	Other spontaneous disruption of anterior cruciate ligament of left knee
M23.621	Other spontaneous disruption of posterior cruciate ligament of right knee
M23.622	Other spontaneous disruption of posterior cruciate ligament of left knee
M23.631	Other spontaneous disruption of medial collateral ligament of right knee
M23.632	Other spontaneous disruption of medial collateral ligament of left knee
M23.641	Other spontaneous disruption of lateral collateral ligament of right knee
M23.642	Other spontaneous disruption of lateral collateral ligament of left knee
M23.671	Other spontaneous disruption of capsular ligament of right knee
M23.672	Other spontaneous disruption of capsular ligament of left knee
M23.8X1	Other internal derangements of right knee
M23.8X2	Other internal derangements of left knee
M23.91	Unspecified internal derangement of right knee
M23.92	Unspecified internal derangement of left knee
M66.251	Spontaneous rupture of extensor tendons, right thigh
M66.252	Spontaneous rupture of extensor tendons, left thigh
M66.261	Spontaneous rupture of extensor tendons, right lower leg
M66.262	Spontaneous rupture of extensor tendons, left lower leg
M80.051A - M80.052S	Age-related osteoporosis with current pathological fracture, right femur, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, left femur, sequela
M80.061A - M80.062S	Age-related osteoporosis with current pathological fracture, right lower leg, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, left lower leg, sequela
M80.851A - M80.852S	Other osteoporosis with current pathological fracture, right femur, initial encounter for fracture - Other osteoporosis with current pathological fracture, left femur, sequela
M80.861A - M80.862S	Other osteoporosis with current pathological fracture, right lower leg, initial encounter for fracture - Other osteoporosis with current pathological fracture, left lower leg, sequela
M84.351A - M84.352S	Stress fracture, right femur, initial encounter for fracture - Stress fracture, left femur, sequela
M84.361A - M84.364S	Stress fracture, right tibia, initial encounter for fracture - Stress fracture, left fibula, sequela
M84.451A - M84.452S	Pathological fracture, right femur, initial encounter for fracture - Pathological

ICD-10 CODE	DESCRIPTION
	fracture, left femur, sequela
M84.461A - M84.464S	Pathological fracture, right tibia, initial encounter for fracture - Pathological fracture, left fibula, sequela
M84.551A - M84.552S	Pathological fracture in neoplastic disease, right femur, initial encounter for fracture - Pathological fracture in neoplastic disease, left femur, sequela
M84.561A - M84.564S	Pathological fracture in neoplastic disease, right tibia, initial encounter for fracture - Pathological fracture in neoplastic disease, left fibula, sequela
M84.651A - M84.652S	Pathological fracture in other disease, right femur, initial encounter for fracture - Pathological fracture in other disease, left femur, sequela
M84.661A - M84.664S	Pathological fracture in other disease, right tibia, initial encounter for fracture - Pathological fracture in other disease, left fibula, sequela
M87.061	Idiopathic aseptic necrosis of right tibia
M87.062	Idiopathic aseptic necrosis of left tibia
M87.064	Idiopathic aseptic necrosis of right fibula
M87.065	Idiopathic aseptic necrosis of left fibula
M87.161	Osteonecrosis due to drugs, right tibia
M87.162	Osteonecrosis due to drugs, left tibia
M87.164	Osteonecrosis due to drugs, right fibula
M87.165	Osteonecrosis due to drugs, left fibula
M87.261	Osteonecrosis due to previous trauma, right tibia
M87.262	Osteonecrosis due to previous trauma, left tibia
M87.264	Osteonecrosis due to previous trauma, right fibula
M87.265	Osteonecrosis due to previous trauma, left fibula
M87.361	Other secondary osteonecrosis, right tibia
M87.362	Other secondary osteonecrosis, left tibia
M87.364	Other secondary osteonecrosis, right fibula
M87.365	Other secondary osteonecrosis, left fibula
M87.861	Other osteonecrosis, right tibia
M87.862	Other osteonecrosis, left tibia
M87.864	Other osteonecrosis, right fibula
M87.865	Other osteonecrosis, left fibula
M90.561	Osteonecrosis in diseases classified elsewhere, right lower leg
M90.562	Osteonecrosis in diseases classified elsewhere, left lower leg



ICD-10 CODE	DESCRIPTION
M96.661	Fracture of femur following insertion of orthopedic implant, joint prosthesis, or bone plate, right leg
M96.662	Fracture of femur following insertion of orthopedic implant, joint prosthesis, or bone plate, left leg
M96.671	Fracture of tibia or fibula following insertion of orthopedic implant, joint prosthesis, or bone plate, right leg
M96.672	Fracture of tibia or fibula following insertion of orthopedic implant, joint prosthesis, or bone plate, left leg
Q68.2	Congenital deformity of knee
Q68.6	Discoid meniscus
Q74.1	Congenital malformation of knee
S72.001A - S72.002S	Fracture of unspecified part of neck of right femur, initial encounter for closed fracture - Fracture of unspecified part of neck of left femur, sequela
S72.011A - S72.012S	Unspecified intracapsular fracture of right femur, initial encounter for closed fracture - Unspecified intracapsular fracture of left femur, sequela
S72.021A - S72.022S	Displaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for closed fracture - Displaced fracture of epiphysis (separation) (upper) of left femur, sequela
S72.024A - S72.025S	Nondisplaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for closed fracture - Nondisplaced fracture of epiphysis (separation) (upper) of left femur, sequela
S72.031A - S72.032S	Displaced midcervical fracture of right femur, initial encounter for closed fracture - Displaced midcervical fracture of left femur, sequela
S72.034A - S72.035S	Nondisplaced midcervical fracture of right femur, initial encounter for closed fracture - Nondisplaced midcervical fracture of left femur, sequela
S72.041A - S72.042S	Displaced fracture of base of neck of right femur, initial encounter for closed fracture - Displaced fracture of base of neck of left femur, sequela
S72.044A - S72.045S	Nondisplaced fracture of base of neck of right femur, initial encounter for closed fracture - Nondisplaced fracture of base of neck of left femur, sequela
S72.051A - S72.052S	Unspecified fracture of head of right femur, initial encounter for closed fracture - Unspecified fracture of head of left femur, sequela
S72.061A - S72.062S	Displaced articular fracture of head of right femur, initial encounter for closed fracture - Displaced articular fracture of head of left femur, sequela
S72.064A - S72.065S	Nondisplaced articular fracture of head of right femur, initial encounter for closed fracture - Nondisplaced articular fracture of head of left femur, sequela
S72.091A - S72.092S	Other fracture of head and neck of right femur, initial encounter for closed fracture - Other fracture of head and neck of left femur, sequela

<b>ICD-10 CODE</b>	<b>DESCRIPTION</b>
S72.101A - S72.102S	Unspecified trochanteric fracture of right femur, initial encounter for closed fracture - Unspecified trochanteric fracture of left femur, sequela
S72.111A - S72.112S	Displaced fracture of greater trochanter of right femur, initial encounter for closed fracture - Displaced fracture of greater trochanter of left femur, sequela
S72.114A - S72.115S	Nondisplaced fracture of greater trochanter of right femur, initial encounter for closed fracture - Nondisplaced fracture of greater trochanter of left femur, sequela
S72.121A - S72.122S	Displaced fracture of lesser trochanter of right femur, initial encounter for closed fracture - Displaced fracture of lesser trochanter of left femur, sequela
S72.124A - S72.125S	Nondisplaced fracture of lesser trochanter of right femur, initial encounter for closed fracture - Nondisplaced fracture of lesser trochanter of left femur, sequela
S72.131A - S72.132S	Displaced apophyseal fracture of right femur, initial encounter for closed fracture - Displaced apophyseal fracture of left femur, sequela
S72.134A - S72.135S	Nondisplaced apophyseal fracture of right femur, initial encounter for closed fracture - Nondisplaced apophyseal fracture of left femur, sequela
S72.141A - S72.142S	Displaced intertrochanteric fracture of right femur, initial encounter for closed fracture - Displaced intertrochanteric fracture of left femur, sequela
S72.144A - S72.145S	Nondisplaced intertrochanteric fracture of right femur, initial encounter for closed fracture - Nondisplaced intertrochanteric fracture of left femur, sequela
S72.21XA - S72.22XS	Displaced subtrochanteric fracture of right femur, initial encounter for closed fracture - Displaced subtrochanteric fracture of left femur, sequela
S72.24XA - S72.25XS	Nondisplaced subtrochanteric fracture of right femur, initial encounter for closed fracture - Nondisplaced subtrochanteric fracture of left femur, sequela
S72.301A - S72.302S	Unspecified fracture of shaft of right femur, initial encounter for closed fracture - Unspecified fracture of shaft of left femur, sequela
S72.321A - S72.322S	Displaced transverse fracture of shaft of right femur, initial encounter for closed fracture - Displaced transverse fracture of shaft of left femur, sequela
S72.324A - S72.325S	Nondisplaced transverse fracture of shaft of right femur, initial encounter for closed fracture - Nondisplaced transverse fracture of shaft of left femur, sequela
S72.331A - S72.332S	Displaced oblique fracture of shaft of right femur, initial encounter for closed fracture - Displaced oblique fracture of shaft of left femur, sequela
<b>ICD-10 CODE</b>	<b>DESCRIPTION</b>
S72.334A - S72.335S	Nondisplaced oblique fracture of shaft of right femur, initial encounter for closed fracture - Nondisplaced oblique fracture of shaft of left femur, sequela
S72.341A - S72.342S	Displaced spiral fracture of shaft of right femur, initial encounter for closed fracture - Displaced spiral fracture of shaft of left femur, sequela
S72.344A - S72.345S	Nondisplaced spiral fracture of shaft of right femur, initial encounter for closed fracture - Nondisplaced spiral fracture of shaft of left femur, sequela

ICD-10 CODE	DESCRIPTION
S72.351A - S72.352S	Displaced comminuted fracture of shaft of right femur, initial encounter for closed fracture - Displaced comminuted fracture of shaft of left femur, sequela
S72.354A - S72.355S	Nondisplaced comminuted fracture of shaft of right femur, initial encounter for closed fracture - Nondisplaced comminuted fracture of shaft of left femur, sequela
S72.361A - S72.362S	Displaced segmental fracture of shaft of right femur, initial encounter for closed fracture - Displaced segmental fracture of shaft of left femur, sequela
S72.364A - S72.365S	Nondisplaced segmental fracture of shaft of right femur, initial encounter for closed fracture - Nondisplaced segmental fracture of shaft of left femur, sequela
S72.391A - S72.392S	Other fracture of shaft of right femur, initial encounter for closed fracture - Other fracture of shaft of left femur, sequela
S72.401A - S72.402S	Unspecified fracture of lower end of right femur, initial encounter for closed fracture - Unspecified fracture of lower end of left femur, sequela
S72.411A - S72.412S	Displaced unspecified condyle fracture of lower end of right femur, initial encounter for closed fracture - Displaced unspecified condyle fracture of lower end of left femur, sequela
S72.414A - S72.415S	Nondisplaced unspecified condyle fracture of lower end of right femur, initial encounter for closed fracture - Nondisplaced unspecified condyle fracture of lower end of left femur, sequela
S72.421A - S72.422S	Displaced fracture of lateral condyle of right femur, initial encounter for closed fracture - Displaced fracture of lateral condyle of left femur, sequela
S72.424A - S72.425S	Nondisplaced fracture of lateral condyle of right femur, initial encounter for closed fracture - Nondisplaced fracture of lateral condyle of left femur, sequela
S72.431A - S72.432S	Displaced fracture of medial condyle of right femur, initial encounter for closed fracture - Displaced fracture of medial condyle of left femur, sequela
S72.434A - S72.435S	Nondisplaced fracture of medial condyle of right femur, initial encounter for closed fracture - Nondisplaced fracture of medial condyle of left femur, sequela
S72.441A - S72.442S	Displaced fracture of lower epiphysis (separation) of right femur, initial encounter for closed fracture - Displaced fracture of lower epiphysis (separation) of left femur, sequela
S72.444A - S72.445S	Nondisplaced fracture of lower epiphysis (separation) of right femur, initial encounter for closed fracture - Nondisplaced fracture of lower epiphysis (separation) of left femur, sequela
S72.451A - S72.452S	Displaced supracondylar fracture without intracondylar extension of lower end of right femur, initial encounter for closed fracture - Displaced supracondylar fracture without intracondylar extension of lower end of left femur, sequela
S72.454A - S72.455S	Nondisplaced supracondylar fracture without intracondylar extension of lower end of right femur, initial encounter for closed fracture - Nondisplaced supracondylar fracture without intracondylar extension of lower end of left femur, sequela

ICD-10 CODE	DESCRIPTION
S72.461A - S72.462S	Displaced supracondylar fracture with intracondylar extension of lower end of right femur, initial encounter for closed fracture - Displaced supracondylar fracture with intracondylar extension of lower end of left femur, sequela
S72.464A - S72.465S	Nondisplaced supracondylar fracture with intracondylar extension of lower end of right femur, initial encounter for closed fracture - Nondisplaced supracondylar fracture with intracondylar extension of lower end of left femur, sequela
S72.471A - S72.472S	Torus fracture of lower end of right femur, initial encounter for closed fracture - Torus fracture of lower end of left femur, sequela
S72.491A - S72.492S	Other fracture of lower end of right femur, initial encounter for closed fracture - Other fracture of lower end of left femur, sequela
S72.8X1A - S72.8X2S	Other fracture of right femur, initial encounter for closed fracture - Other fracture of left femur, sequela
S72.91XA - S72.92XS	Unspecified fracture of right femur, initial encounter for closed fracture - Unspecified fracture of left femur, sequela
S76.111A	Strain of right quadriceps muscle, fascia and tendon, initial encounter
S76.111D	Strain of right quadriceps muscle, fascia and tendon, subsequent encounter
S76.111S	Strain of right quadriceps muscle, fascia and tendon, sequela
S76.112A	Strain of left quadriceps muscle, fascia and tendon, initial encounter
S76.112D	Strain of left quadriceps muscle, fascia and tendon, subsequent encounter
S76.112S	Strain of left quadriceps muscle, fascia and tendon, sequela
S76.121A	Laceration of right quadriceps muscle, fascia and tendon, initial encounter
S76.121D	Laceration of right quadriceps muscle, fascia and tendon, subsequent encounter
S76.121S	Laceration of right quadriceps muscle, fascia and tendon, sequela
S76.122A	Laceration of left quadriceps muscle, fascia and tendon, initial encounter
S76.122D	Laceration of left quadriceps muscle, fascia and tendon, subsequent encounter
S76.122S	Laceration of left quadriceps muscle, fascia and tendon, sequela
S79.001A - S79.002S	Unspecified physeal fracture of upper end of right femur, initial encounter for closed fracture - Unspecified physeal fracture of upper end of left femur, sequela
S79.011A - S79.012S	Salter-Harris Type I physeal fracture of upper end of right femur, initial encounter for closed fracture - Salter-Harris Type I physeal fracture of upper end of left femur, sequela
S79.091A - S79.092S	Other physeal fracture of upper end of right femur, initial encounter for closed fracture - Other physeal fracture of upper end of left femur, sequela
S79.101A - S79.102S	Unspecified physeal fracture of lower end of right femur, initial encounter for closed fracture - Unspecified physeal fracture of lower end of left femur, sequela

ICD-10 CODE	DESCRIPTION
S79.111A - S79.112S	Salter-Harris Type I physeal fracture of lower end of right femur, initial encounter for closed fracture - Salter-Harris Type I physeal fracture of lower end of left femur, sequela
S79.121A - S79.122S	Salter-Harris Type II physeal fracture of lower end of right femur, initial encounter for closed fracture - Salter-Harris Type II physeal fracture of lower end of left femur, sequela
S79.131A - S79.132S	Salter-Harris Type III physeal fracture of lower end of right femur, initial encounter for closed fracture - Salter-Harris Type III physeal fracture of lower end of left femur, sequela
S79.141A - S79.142S	Salter-Harris Type IV physeal fracture of lower end of right femur, initial encounter for closed fracture - Salter-Harris Type IV physeal fracture of lower end of left femur, sequela
S79.191A - S79.192S	Other physeal fracture of lower end of right femur, initial encounter for closed fracture - Other physeal fracture of lower end of left femur, sequela
S82.001A - S82.002S	Unspecified fracture of right patella, initial encounter for closed fracture - Unspecified fracture of left patella, sequela
S82.011A - S82.012S	Displaced osteochondral fracture of right patella, initial encounter for closed fracture - Displaced osteochondral fracture of left patella, sequela
S82.014A - S82.015S	Nondisplaced osteochondral fracture of right patella, initial encounter for closed fracture - Nondisplaced osteochondral fracture of left patella, sequela
S82.021A - S82.022S	Displaced longitudinal fracture of right patella, initial encounter for closed fracture - Displaced longitudinal fracture of left patella, sequela
S82.024A - S82.025S	Nondisplaced longitudinal fracture of right patella, initial encounter for closed fracture - Nondisplaced longitudinal fracture of left patella, sequela
S82.031A - S82.032S	Displaced transverse fracture of right patella, initial encounter for closed fracture - Displaced transverse fracture of left patella, sequela
S82.034A - S82.035S	Nondisplaced transverse fracture of right patella, initial encounter for closed fracture - Nondisplaced transverse fracture of left patella, sequela
S82.041A - S82.042S	Displaced comminuted fracture of right patella, initial encounter for closed fracture - Displaced comminuted fracture of left patella, sequela
S82.044A - S82.045S	Nondisplaced comminuted fracture of right patella, initial encounter for closed fracture - Nondisplaced comminuted fracture of left patella, sequela
S82.091A - S82.092S	Other fracture of right patella, initial encounter for closed fracture - Other fracture of left patella, sequela
S82.101A - S82.102S	Unspecified fracture of upper end of right tibia, initial encounter for closed fracture - Unspecified fracture of upper end of left tibia, sequela
S82.111A - S82.112S	Displaced fracture of right tibial spine, initial encounter for closed fracture - Displaced fracture of left tibial spine, sequela

ICD-10 CODE	DESCRIPTION
S82.114A - S82.115S	Nondisplaced fracture of right tibial spine, initial encounter for closed fracture - Nondisplaced fracture of left tibial spine, sequela
S82.121A - S82.122S	Displaced fracture of lateral condyle of right tibia, initial encounter for closed fracture - Displaced fracture of lateral condyle of left tibia, sequela
S82.124A - S82.125S	Nondisplaced fracture of lateral condyle of right tibia, initial encounter for closed fracture - Nondisplaced fracture of lateral condyle of left tibia, sequela
S82.131A - S82.132S	Displaced fracture of medial condyle of right tibia, initial encounter for closed fracture - Displaced fracture of medial condyle of left tibia, sequela
S82.134A - S82.135S	Nondisplaced fracture of medial condyle of right tibia, initial encounter for closed fracture - Nondisplaced fracture of medial condyle of left tibia, sequela
S82.141A - S82.142S	Displaced bicondylar fracture of right tibia, initial encounter for closed fracture - Displaced bicondylar fracture of left tibia, sequela
S82.144A - S82.145S	Nondisplaced bicondylar fracture of right tibia, initial encounter for closed fracture - Nondisplaced bicondylar fracture of left tibia, sequela
S82.151A - S82.152S	Displaced fracture of right tibial tuberosity, initial encounter for closed fracture - Displaced fracture of left tibial tuberosity, sequela
S82.154A - S82.155S	Nondisplaced fracture of right tibial tuberosity, initial encounter for closed fracture - Nondisplaced fracture of left tibial tuberosity, sequela
S82.161A - S82.162S	Torus fracture of upper end of right tibia, initial encounter for closed fracture - Torus fracture of upper end of left tibia, sequela
S82.191A - S82.192S	Other fracture of upper end of right tibia, initial encounter for closed fracture - Other fracture of upper end of left tibia, sequela
S82.201A - S82.202S	Unspecified fracture of shaft of right tibia, initial encounter for closed fracture - Unspecified fracture of shaft of left tibia, sequela
S82.221A - S82.222S	Displaced transverse fracture of shaft of right tibia, initial encounter for closed fracture - Displaced transverse fracture of shaft of left tibia, sequela
S82.224A - S82.225S	Nondisplaced transverse fracture of shaft of right tibia, initial encounter for closed fracture - Nondisplaced transverse fracture of shaft of left tibia, sequela
S82.231A - S82.232S	Displaced oblique fracture of shaft of right tibia, initial encounter for closed fracture - Displaced oblique fracture of shaft of left tibia, sequela
S82.234A - S82.235S	Nondisplaced oblique fracture of shaft of right tibia, initial encounter for closed fracture - Nondisplaced oblique fracture of shaft of left tibia, sequela
S82.241A - S82.242S	Displaced spiral fracture of shaft of right tibia, initial encounter for closed fracture - Displaced spiral fracture of shaft of left tibia, sequela
S82.244A - S82.245S	Nondisplaced spiral fracture of shaft of right tibia, initial encounter for closed fracture - Nondisplaced spiral fracture of shaft of left tibia, sequela
S82.251A - S82.252S	Displaced comminuted fracture of shaft of right tibia, initial encounter for closed

ICD-10 CODE	DESCRIPTION
	fracture - Displaced comminuted fracture of shaft of left tibia, sequela
S82.254A - S82.255S	Nondisplaced comminuted fracture of shaft of right tibia, initial encounter for closed fracture - Nondisplaced comminuted fracture of shaft of left tibia, sequela
S82.261A - S82.262S	Displaced segmental fracture of shaft of right tibia, initial encounter for closed fracture - Displaced segmental fracture of shaft of left tibia, sequela
S82.264A - S82.265S	Nondisplaced segmental fracture of shaft of right tibia, initial encounter for closed fracture - Nondisplaced segmental fracture of shaft of left tibia, sequela
S82.291A - S82.292S	Other fracture of shaft of right tibia, initial encounter for closed fracture - Other fracture of shaft of left tibia, sequela
S82.301A - S82.302S	Unspecified fracture of lower end of right tibia, initial encounter for closed fracture - Unspecified fracture of lower end of left tibia, sequela
S82.311A - S82.312S	Torus fracture of lower end of right tibia, initial encounter for closed fracture - Torus fracture of lower end of left tibia, sequela
S82.391A - S82.392S	Other fracture of lower end of right tibia, initial encounter for closed fracture - Other fracture of lower end of left tibia, sequela
S82.401A - S82.402S	Unspecified fracture of shaft of right fibula, initial encounter for closed fracture - Unspecified fracture of shaft of left fibula, sequela
S82.421A - S82.422S	Displaced transverse fracture of shaft of right fibula, initial encounter for closed fracture - Displaced transverse fracture of shaft of left fibula, sequela
S82.424A - S82.425S	Nondisplaced transverse fracture of shaft of right fibula, initial encounter for closed fracture - Nondisplaced transverse fracture of shaft of left fibula, sequela
S82.431A - S82.432S	Displaced oblique fracture of shaft of right fibula, initial encounter for closed fracture - Displaced oblique fracture of shaft of left fibula, sequela
S82.434A - S82.435S	Nondisplaced oblique fracture of shaft of right fibula, initial encounter for closed fracture - Nondisplaced oblique fracture of shaft of left fibula, sequela
S82.441A - S82.442S	Displaced spiral fracture of shaft of right fibula, initial encounter for closed fracture - Displaced spiral fracture of shaft of left fibula, sequela
S82.444A - S82.445S	Nondisplaced spiral fracture of shaft of right fibula, initial encounter for closed fracture - Nondisplaced spiral fracture of shaft of left fibula, sequela
S82.451A - S82.452S	Displaced comminuted fracture of shaft of right fibula, initial encounter for closed fracture - Displaced comminuted fracture of shaft of left fibula, sequela
S82.454A - S82.455S	Nondisplaced comminuted fracture of shaft of right fibula, initial encounter for closed fracture - Nondisplaced comminuted fracture of shaft of left fibula, sequela
S82.461A - S82.462S	Displaced segmental fracture of shaft of right fibula, initial encounter for closed fracture - Displaced segmental fracture of shaft of left fibula, sequela
S82.464A - S82.465S	Nondisplaced segmental fracture of shaft of right fibula, initial encounter for closed fracture - Nondisplaced segmental fracture of shaft of left fibula, sequela

ICD-10 CODE	DESCRIPTION
S82.491A - S82.492S	Other fracture of shaft of right fibula, initial encounter for closed fracture - Other fracture of shaft of left fibula, sequela
S82.51XA - S82.52XS	Displaced fracture of medial malleolus of right tibia, initial encounter for closed fracture - Displaced fracture of medial malleolus of left tibia, sequela
S82.54XA - S82.55XS	Nondisplaced fracture of medial malleolus of right tibia, initial encounter for closed fracture - Nondisplaced fracture of medial malleolus of left tibia, sequela
S82.61XA - S82.62XS	Displaced fracture of lateral malleolus of right fibula, initial encounter for closed fracture - Displaced fracture of lateral malleolus of left fibula, sequela
S82.64XA - S82.65XS	Nondisplaced fracture of lateral malleolus of right fibula, initial encounter for closed fracture - Nondisplaced fracture of lateral malleolus of left fibula, sequela
ICD-10 CODE	DESCRIPTION
S82.811A - S82.812S	Torus fracture of upper end of right fibula, initial encounter for closed fracture - Torus fracture of upper end of left fibula, sequela
S82.821A - S82.822S	Torus fracture of lower end of right fibula, initial encounter for closed fracture - Torus fracture of lower end of left fibula, sequela
S82.831A - S82.832S	Other fracture of upper and lower end of right fibula, initial encounter for closed fracture - Other fracture of upper and lower end of left fibula, sequela
S82.841A - S82.842S	Displaced bimalleolar fracture of right lower leg, initial encounter for closed fracture - Displaced bimalleolar fracture of left lower leg, sequela
S82.844A - S82.845S	Nondisplaced bimalleolar fracture of right lower leg, initial encounter for closed fracture - Nondisplaced bimalleolar fracture of left lower leg, sequela
S82.851A - S82.852S	Displaced trimalleolar fracture of right lower leg, initial encounter for closed fracture - Displaced trimalleolar fracture of left lower leg, sequela
S82.854A - S82.855S	Nondisplaced trimalleolar fracture of right lower leg, initial encounter for closed fracture - Nondisplaced trimalleolar fracture of left lower leg, sequela
S82.861A - S82.862S	Displaced Maisonneuve's fracture of right leg, initial encounter for closed fracture - Displaced Maisonneuve's fracture of left leg, sequela
S82.864A - S82.865S	Nondisplaced Maisonneuve's fracture of right leg, initial encounter for closed fracture - Nondisplaced Maisonneuve's fracture of left leg, sequela
S82.871A - S82.872S	Displaced pilon fracture of right tibia, initial encounter for closed fracture - Displaced pilon fracture of left tibia, sequela
S82.874A - S82.875S	Nondisplaced pilon fracture of right tibia, initial encounter for closed fracture - Nondisplaced pilon fracture of left tibia, sequela
S82.891A - S82.892S	Other fracture of right lower leg, initial encounter for closed fracture - Other fracture of left lower leg, sequela
S82.91XA - S82.92XS	Unspecified fracture of right lower leg, initial encounter for closed fracture - Unspecified fracture of left lower leg, sequela



ICD-10 CODE	DESCRIPTION
S83.001A - S83.002S	Unspecified subluxation of right patella, initial encounter - Unspecified subluxation of left patella, sequela
S83.004A - S83.005S	Unspecified dislocation of right patella, initial encounter - Unspecified dislocation of left patella, sequela
S83.011A - S83.012S	Lateral subluxation of right patella, initial encounter - Lateral subluxation of left patella, sequela
S83.014A - S83.015S	Lateral dislocation of right patella, initial encounter - Lateral dislocation of left patella, sequela
S83.091A - S83.092S	Other subluxation of right patella, initial encounter - Other subluxation of left patella, sequela
S83.094A - S83.095S	Other dislocation of right patella, initial encounter - Other dislocation of left patella, sequela
S83.101A - S83.102S	Unspecified subluxation of right knee, initial encounter - Unspecified subluxation of left knee, sequela
S83.104A - S83.105S	Unspecified dislocation of right knee, initial encounter - Unspecified dislocation of left knee, sequela
S83.111A - S83.112S	Anterior subluxation of proximal end of tibia, right knee, initial encounter - Anterior subluxation of proximal end of tibia, left knee, sequela
S83.114A - S83.115S	Anterior dislocation of proximal end of tibia, right knee, initial encounter - Anterior dislocation of proximal end of tibia, left knee, sequela
S83.121A - S83.122S	Posterior subluxation of proximal end of tibia, right knee, initial encounter - Posterior subluxation of proximal end of tibia, left knee, sequela
S83.124A - S83.125S	Posterior dislocation of proximal end of tibia, right knee, initial encounter - Posterior dislocation of proximal end of tibia, left knee, sequela
S83.131A - S83.132S	Medial subluxation of proximal end of tibia, right knee, initial encounter - Medial subluxation of proximal end of tibia, left knee, sequela
S83.134A - S83.135S	Medial dislocation of proximal end of tibia, right knee, initial encounter - Medial dislocation of proximal end of tibia, left knee, sequela
S83.141A - S83.142S	Lateral subluxation of proximal end of tibia, right knee, initial encounter - Lateral subluxation of proximal end of tibia, left knee, sequela
S83.144A - S83.145S	Lateral dislocation of proximal end of tibia, right knee, initial encounter - Lateral dislocation of proximal end of tibia, left knee, sequela
S83.191A - S83.192S	Other subluxation of right knee, initial encounter - Other subluxation of left knee, sequela
S83.194A - S83.195S	Other dislocation of right knee, initial encounter - Other dislocation of left knee, sequela
S83.200A - S83.201S	Bucket-handle tear of unspecified meniscus, current injury, right knee, initial

ICD-10 CODE	DESCRIPTION
	encounter - Bucket-handle tear of unspecified meniscus, current injury, left knee, sequela
S83.203A - S83.204S	Other tear of unspecified meniscus, current injury, right knee, initial encounter - Other tear of unspecified meniscus, current injury, left knee, sequela
S83.206A - S83.207S	Unspecified tear of unspecified meniscus, current injury, right knee, initial encounter - Unspecified tear of unspecified meniscus, current injury, left knee, sequela
S83.211A - S83.212S	Bucket-handle tear of medial meniscus, current injury, right knee, initial encounter - Bucket-handle tear of medial meniscus, current injury, left knee, sequela
S83.221A - S83.222A	Peripheral tear of medial meniscus, current injury, right knee, initial encounter - Peripheral tear of medial meniscus, current injury, left knee, initial encounter
S83.231A - S83.232S	Complex tear of medial meniscus, current injury, right knee, initial encounter - Complex tear of medial meniscus, current injury, left knee, sequela
S83.241A - S83.242S	Other tear of medial meniscus, current injury, right knee, initial encounter - Other tear of medial meniscus, current injury, left knee, sequela
S83.251A - S83.252S	Bucket-handle tear of lateral meniscus, current injury, right knee, initial encounter - Bucket-handle tear of lateral meniscus, current injury, left knee, sequela
S83.261A - S83.262S	Peripheral tear of lateral meniscus, current injury, right knee, initial encounter - Peripheral tear of lateral meniscus, current injury, left knee, sequela
S83.271A - S83.272S	Complex tear of lateral meniscus, current injury, right knee, initial encounter - Complex tear of lateral meniscus, current injury, left knee, sequela
S83.281A - S83.282S	Other tear of lateral meniscus, current injury, right knee, initial encounter - Other tear of lateral meniscus, current injury, left knee, sequela
S83.31XA - S83.32XS	Tear of articular cartilage of right knee, current, initial encounter - Tear of articular cartilage of left knee, current, sequela
S83.401A - S83.402S	Sprain of unspecified collateral ligament of right knee, initial encounter - Sprain of unspecified collateral ligament of left knee, sequela
S83.411A - S83.412S	Sprain of medial collateral ligament of right knee, initial encounter - Sprain of medial collateral ligament of left knee, sequela
S83.421A - S83.422S	Sprain of lateral collateral ligament of right knee, initial encounter - Sprain of lateral collateral ligament of left knee, sequela
S83.501A - S83.502S	Sprain of unspecified cruciate ligament of right knee, initial encounter - Sprain of unspecified cruciate ligament of left knee, sequela
S83.511A - S83.512S	Sprain of anterior cruciate ligament of right knee, initial encounter - Sprain of anterior cruciate ligament of left knee, sequela
S83.521A - S83.522S	Sprain of posterior cruciate ligament of right knee, initial encounter - Sprain of posterior cruciate ligament of left knee, sequela
S83.8X1A - S83.8X2S	Sprain of other specified parts of right knee, initial encounter - Sprain of other

ICD-10 CODE	DESCRIPTION
	specified parts of left knee, sequela
S86.111A - S86.112S	Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, initial encounter - Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, sequela
S86.211A - S86.212S	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, initial encounter - Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, sequela
S86.311A - S86.312S	Strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, right leg, initial encounter - Strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, left leg, sequela
S86.811A - S86.812S	Strain of other muscle(s) and tendon(s) at lower leg level, right leg, initial encounter - Strain of other muscle(s) and tendon(s) at lower leg level, left leg, sequela
S89.001A - S89.002S	Unspecified physeal fracture of upper end of right tibia, initial encounter for closed fracture - Unspecified physeal fracture of upper end of left tibia, sequela
S89.011A - S89.012S	Salter-Harris Type I physeal fracture of upper end of right tibia, initial encounter for closed fracture - Salter-Harris Type I physeal fracture of upper end of left tibia, sequela
S89.021A - S89.022S	Salter-Harris Type II physeal fracture of upper end of right tibia, initial encounter for closed fracture - Salter-Harris Type II physeal fracture of upper end of left tibia, sequela
S89.031A - S89.032S	Salter-Harris Type III physeal fracture of upper end of right tibia, initial encounter for closed fracture - Salter-Harris Type III physeal fracture of upper end of left tibia, sequela
S89.041A - S89.042S	Salter-Harris Type IV physeal fracture of upper end of right tibia, initial encounter for closed fracture - Salter-Harris Type IV physeal fracture of upper end of left tibia, sequela
S89.091A - S89.092S	Other physeal fracture of upper end of right tibia, initial encounter for closed fracture - Other physeal fracture of upper end of left tibia, sequela
S89.101A - S89.102S	Unspecified physeal fracture of lower end of right tibia, initial encounter for closed fracture - Unspecified physeal fracture of lower end of left tibia, sequela
S89.111A - S89.112S	Salter-Harris Type I physeal fracture of lower end of right tibia, initial encounter for closed fracture - Salter-Harris Type I physeal fracture of lower end of left tibia, sequela
S89.121A - S89.122S	Salter-Harris Type II physeal fracture of lower end of right tibia, initial encounter for closed fracture - Salter-Harris Type II physeal fracture of lower end of left tibia, sequela
S89.131A - S89.132S	Salter-Harris Type III physeal fracture of lower end of right tibia, initial encounter for closed fracture - Salter-Harris Type III physeal fracture of lower end of left tibia, sequela

ICD-10 CODE	DESCRIPTION
S89.141A - S89.142S	Salter-Harris Type IV physeal fracture of lower end of right tibia, initial encounter for closed fracture - Salter-Harris Type IV physeal fracture of lower end of left tibia, sequela
S89.191A - S89.192S	Other physeal fracture of lower end of right tibia, initial encounter for closed fracture - Other physeal fracture of lower end of left tibia, sequela
S89.201A - S89.202S	Unspecified physeal fracture of upper end of right fibula, initial encounter for closed fracture - Unspecified physeal fracture of upper end of left fibula, sequela
S89.211A - S89.212S	Salter-Harris Type I physeal fracture of upper end of right fibula, initial encounter for closed fracture - Salter-Harris Type I physeal fracture of upper end of left fibula, sequela
S89.221A - S89.222S	Salter-Harris Type II physeal fracture of upper end of right fibula, initial encounter for closed fracture - Salter-Harris Type II physeal fracture of upper end of left fibula, sequela
S89.291A - S89.292S	Other physeal fracture of upper end of right fibula, initial encounter for closed fracture - Other physeal fracture of upper end of left fibula, sequela
S89.301A - S89.302S	Unspecified physeal fracture of lower end of right fibula, initial encounter for closed fracture - Unspecified physeal fracture of lower end of left fibula, sequela
S89.311A - S89.312S	Salter-Harris Type I physeal fracture of lower end of right fibula, initial encounter for closed fracture - Salter-Harris Type I physeal fracture of lower end of left fibula, sequela
S89.321A - S89.322S	Salter-Harris Type II physeal fracture of lower end of right fibula, initial encounter for closed fracture - Salter-Harris Type II physeal fracture of lower end of left fibula, sequela
S89.391A - S89.392S	Other physeal fracture of lower end of right fibula, initial encounter for closed fracture - Other physeal fracture of lower end of left fibula, sequela
T84.012A - T84.013S	Broken internal right knee prosthesis, initial encounter - Broken internal left knee prosthesis, sequela
T84.022A - T84.023S	Instability of internal right knee prosthesis, initial encounter - Instability of internal left knee prosthesis, sequela
T84.032A - T84.033S	Mechanical loosening of internal right knee prosthetic joint, initial encounter - Mechanical loosening of internal left knee prosthetic joint, sequela
T84.052A - T84.053S	Periprosthetic osteolysis of internal prosthetic right knee joint, initial encounter - Periprosthetic osteolysis of internal prosthetic left knee joint, sequela
T84.062A - T84.063S	Wear of articular bearing surface of internal prosthetic right knee joint, initial encounter - Wear of articular bearing surface of internal prosthetic left knee joint, sequela
T84.092A - T84.093S	Other mechanical complication of internal right knee prosthesis, initial encounter - Other mechanical complication of internal left knee prosthesis, sequela

ICD-10 CODE	DESCRIPTION
T84.114A - T84.117S	Breakdown (mechanical) of internal fixation device of right femur, initial encounter - Breakdown (mechanical) of internal fixation device of bone of left lower leg, sequela
T84.124A - T84.127S	Displacement of internal fixation device of right femur, initial encounter - Displacement of internal fixation device of bone of left lower leg, sequela
T84.194A - T84.197S	Other mechanical complication of internal fixation device of right femur, initial encounter - Other mechanical complication of internal fixation device of bone of left lower leg, sequela
T84.410A - T84.410S	Breakdown (mechanical) of muscle and tendon graft, initial encounter - Breakdown (mechanical) of muscle and tendon graft, sequela
T84.420A - T84.420S	Displacement of muscle and tendon graft, initial encounter - Displacement of muscle and tendon graft, sequela
T84.498A - T84.498S	Other mechanical complication of other internal orthopedic devices, implants and grafts, initial encounter - Other mechanical complication of other internal orthopedic devices, implants and grafts, sequela
T84.53XA - T84.54XS	Infection and inflammatory reaction due to internal right knee prosthesis, initial encounter - Infection and inflammatory reaction due to internal left knee prosthesis, sequela
T84.81XA - T84.89XS	Embolism due to internal orthopedic prosthetic devices, implants and grafts, initial encounter - Other specified complication of internal orthopedic prosthetic devices, implants and grafts, sequela
Z96.651 - Z96.653	Presence of right artificial knee joint - Presence of artificial knee joint, bilateral

**Group 3 Paragraph:**

**For HCPCS Codes L1840:**

**Group 3 Codes:**

ICD-10 CODE	DESCRIPTION
M22.2X1	Patellofemoral disorders, right knee
M22.2X2	Patellofemoral disorders, left knee
M22.3X1	Other derangements of patella, right knee
M22.3X2	Other derangements of patella, left knee
M22.8X1	Other disorders of patella, right knee
M22.8X2	Other disorders of patella, left knee
M22.91	Unspecified disorder of patella, right knee
M22.92	Unspecified disorder of patella, left knee
M23.51	Chronic instability of knee, right knee
M23.52	Chronic instability of knee, left knee

ICD-10 CODE	DESCRIPTION
M23.601	Other spontaneous disruption of unspecified ligament of right knee
M23.602	Other spontaneous disruption of unspecified ligament of left knee
M23.611	Other spontaneous disruption of anterior cruciate ligament of right knee
M23.612	Other spontaneous disruption of anterior cruciate ligament of left knee
M23.621	Other spontaneous disruption of posterior cruciate ligament of right knee
M23.622	Other spontaneous disruption of posterior cruciate ligament of left knee
M23.631	Other spontaneous disruption of medial collateral ligament of right knee
M23.632	Other spontaneous disruption of medial collateral ligament of left knee
M23.641	Other spontaneous disruption of lateral collateral ligament of right knee
M23.642	Other spontaneous disruption of lateral collateral ligament of left knee
M23.671	Other spontaneous disruption of capsular ligament of right knee
M23.672	Other spontaneous disruption of capsular ligament of left knee
M23.8X1	Other internal derangements of right knee
M23.8X2	Other internal derangements of left knee
M23.91	Unspecified internal derangement of right knee
M23.92	Unspecified internal derangement of left knee

**Group 4 Paragraph:**

**For HCPCS Codes L1832, L1833, L1843, L1844, L1845, L1846, L1851 and L1852:**

**Group 4 Codes:**

ICD-10 CODE	DESCRIPTION
G04.1	Tropical spastic paraplegia
G35	Multiple sclerosis
G57.01	Lesion of sciatic nerve, right lower limb
G57.02	Lesion of sciatic nerve, left lower limb
G57.03	Lesion of sciatic nerve, bilateral lower limbs
G57.21	Lesion of femoral nerve, right lower limb
G57.22	Lesion of femoral nerve, left lower limb
G57.23	Lesion of femoral nerve, bilateral lower limbs
G80.9	Cerebral palsy, unspecified
G81.91 - G81.94	Hemiplegia, unspecified affecting right dominant side - Hemiplegia, unspecified affecting left nondominant side

ICD-10 CODE	DESCRIPTION
G82.20 - G82.22	Paraplegia, unspecified - Paraplegia, incomplete
M05.061	Felty's syndrome, right knee
M05.062	Felty's syndrome, left knee
M05.261	Rheumatoid vasculitis with rheumatoid arthritis of right knee
M05.262	Rheumatoid vasculitis with rheumatoid arthritis of left knee
M05.361	Rheumatoid heart disease with rheumatoid arthritis of right knee
M05.362	Rheumatoid heart disease with rheumatoid arthritis of left knee
M05.461	Rheumatoid myopathy with rheumatoid arthritis of right knee
M05.462	Rheumatoid myopathy with rheumatoid arthritis of left knee
M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee
M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee
M05.661	Rheumatoid arthritis of right knee with involvement of other organs and systems
M05.662	Rheumatoid arthritis of left knee with involvement of other organs and systems
M05.761	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement
M05.762	Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement
M05.861	Other rheumatoid arthritis with rheumatoid factor of right knee
M05.862	Other rheumatoid arthritis with rheumatoid factor of left knee
M06.061	Rheumatoid arthritis without rheumatoid factor, right knee
M06.062	Rheumatoid arthritis without rheumatoid factor, left knee
M06.1	Adult-onset Still's disease
M06.261	Rheumatoid bursitis, right knee
M06.262	Rheumatoid bursitis, left knee
M06.361	Rheumatoid nodule, right knee
M06.362	Rheumatoid nodule, left knee
M06.861	Other specified rheumatoid arthritis, right knee
M06.862	Other specified rheumatoid arthritis, left knee
M08.061	Unspecified juvenile rheumatoid arthritis, right knee
M08.062	Unspecified juvenile rheumatoid arthritis, left knee
M08.261	Juvenile rheumatoid arthritis with systemic onset, right knee
M08.262	Juvenile rheumatoid arthritis with systemic onset, left knee

ICD-10 CODE	DESCRIPTION
M08.3	Juvenile rheumatoid polyarthritis (seronegative)
M08.461	Pauciarticular juvenile rheumatoid arthritis, right knee
M08.462	Pauciarticular juvenile rheumatoid arthritis, left knee
M08.861	Other juvenile arthritis, right knee
M08.862	Other juvenile arthritis, left knee
M08.961	Juvenile arthritis, unspecified, right knee
M08.962	Juvenile arthritis, unspecified, left knee
M12.061	Chronic postrheumatic arthropathy [Jaccoud], right knee
M12.062	Chronic postrheumatic arthropathy [Jaccoud], left knee
M17.0	Bilateral primary osteoarthritis of knee
M17.11	Unilateral primary osteoarthritis, right knee
M17.12	Unilateral primary osteoarthritis, left knee
M17.2	Bilateral post-traumatic osteoarthritis of knee
M17.31	Unilateral post-traumatic osteoarthritis, right knee
M17.32	Unilateral post-traumatic osteoarthritis, left knee
M17.4	Other bilateral secondary osteoarthritis of knee
M17.5	Other unilateral secondary osteoarthritis of knee
M17.9	Osteoarthritis of knee, unspecified
M22.2X1	Patellofemoral disorders, right knee
M22.2X2	Patellofemoral disorders, left knee
M22.3X1	Other derangements of patella, right knee
M22.3X2	Other derangements of patella, left knee
M22.41	Chondromalacia patellae, right knee
M22.42	Chondromalacia patellae, left knee
M22.8X1	Other disorders of patella, right knee
M22.8X2	Other disorders of patella, left knee
M22.91	Unspecified disorder of patella, right knee
M22.92	Unspecified disorder of patella, left knee
M23.000	Cystic meniscus, unspecified lateral meniscus, right knee
M23.001	Cystic meniscus, unspecified lateral meniscus, left knee
M23.003	Cystic meniscus, unspecified medial meniscus, right knee
M23.004	Cystic meniscus, unspecified medial meniscus, left knee



ICD-10 CODE	DESCRIPTION
M23.006	Cystic meniscus, unspecified meniscus, right knee
M23.007	Cystic meniscus, unspecified meniscus, left knee
M23.011	Cystic meniscus, anterior horn of medial meniscus, right knee
M23.012	Cystic meniscus, anterior horn of medial meniscus, left knee
M23.021	Cystic meniscus, posterior horn of medial meniscus, right knee
M23.022	Cystic meniscus, posterior horn of medial meniscus, left knee
M23.031	Cystic meniscus, other medial meniscus, right knee
M23.032	Cystic meniscus, other medial meniscus, left knee
M23.041	Cystic meniscus, anterior horn of lateral meniscus, right knee
M23.042	Cystic meniscus, anterior horn of lateral meniscus, left knee
M23.051	Cystic meniscus, posterior horn of lateral meniscus, right knee
M23.052	Cystic meniscus, posterior horn of lateral meniscus, left knee
M23.061	Cystic meniscus, other lateral meniscus, right knee
M23.062	Cystic meniscus, other lateral meniscus, left knee
M23.200	Derangement of unspecified lateral meniscus due to old tear or injury, right knee
M23.201	Derangement of unspecified lateral meniscus due to old tear or injury, left knee
M23.203	Derangement of unspecified medial meniscus due to old tear or injury, right knee
M23.204	Derangement of unspecified medial meniscus due to old tear or injury, left knee
M23.206	Derangement of unspecified meniscus due to old tear or injury, right knee
M23.207	Derangement of unspecified meniscus due to old tear or injury, left knee
M23.211	Derangement of anterior horn of medial meniscus due to old tear or injury, right knee
M23.212	Derangement of anterior horn of medial meniscus due to old tear or injury, left knee
M23.221	Derangement of posterior horn of medial meniscus due to old tear or injury, right knee
M23.222	Derangement of posterior horn of medial meniscus due to old tear or injury, left knee
M23.231	Derangement of other medial meniscus due to old tear or injury, right knee
M23.232	Derangement of other medial meniscus due to old tear or injury, left knee
M23.241	Derangement of anterior horn of lateral meniscus due to old tear or injury, right knee
M23.242	Derangement of anterior horn of lateral meniscus due to old tear or injury, left knee
M23.251	Derangement of posterior horn of lateral meniscus due to old tear or injury, right

ICD-10 CODE	DESCRIPTION
	knee
ICD-10 CODE	DESCRIPTION
M23.252	Derangement of posterior horn of lateral meniscus due to old tear or injury, left knee
M23.261	Derangement of other lateral meniscus due to old tear or injury, right knee
M23.262	Derangement of other lateral meniscus due to old tear or injury, left knee
M23.300	Other meniscus derangements, unspecified lateral meniscus, right knee
M23.301	Other meniscus derangements, unspecified lateral meniscus, left knee
M23.303	Other meniscus derangements, unspecified medial meniscus, right knee
M23.304	Other meniscus derangements, unspecified medial meniscus, left knee
M23.306	Other meniscus derangements, unspecified meniscus, right knee
M23.307	Other meniscus derangements, unspecified meniscus, left knee
M23.311	Other meniscus derangements, anterior horn of medial meniscus, right knee
M23.312	Other meniscus derangements, anterior horn of medial meniscus, left knee
M23.321	Other meniscus derangements, posterior horn of medial meniscus, right knee
M23.322	Other meniscus derangements, posterior horn of medial meniscus, left knee
M23.331	Other meniscus derangements, other medial meniscus, right knee
M23.332	Other meniscus derangements, other medial meniscus, left knee
M23.341	Other meniscus derangements, anterior horn of lateral meniscus, right knee
M23.342	Other meniscus derangements, anterior horn of lateral meniscus, left knee
M23.351	Other meniscus derangements, posterior horn of lateral meniscus, right knee
M23.352	Other meniscus derangements, posterior horn of lateral meniscus, left knee
M23.361	Other meniscus derangements, other lateral meniscus, right knee
M23.362	Other meniscus derangements, other lateral meniscus, left knee
M23.51	Chronic instability of knee, right knee
M23.52	Chronic instability of knee, left knee
M23.601	Other spontaneous disruption of unspecified ligament of right knee
M23.602	Other spontaneous disruption of unspecified ligament of left knee
M23.611	Other spontaneous disruption of anterior cruciate ligament of right knee
M23.612	Other spontaneous disruption of anterior cruciate ligament of left knee
M23.621	Other spontaneous disruption of posterior cruciate ligament of right knee
M23.622	Other spontaneous disruption of posterior cruciate ligament of left knee

ICD-10 CODE	DESCRIPTION
M23.631	Other spontaneous disruption of medial collateral ligament of right knee
M23.632	Other spontaneous disruption of medial collateral ligament of left knee
M23.641	Other spontaneous disruption of lateral collateral ligament of right knee
M23.642	Other spontaneous disruption of lateral collateral ligament of left knee
M23.671	Other spontaneous disruption of capsular ligament of right knee
M23.672	Other spontaneous disruption of capsular ligament of left knee
M23.8X1	Other internal derangements of right knee
M23.8X2	Other internal derangements of left knee
M23.91	Unspecified internal derangement of right knee
M23.92	Unspecified internal derangement of left knee
M66.251	Spontaneous rupture of extensor tendons, right thigh
M66.252	Spontaneous rupture of extensor tendons, left thigh
M66.261	Spontaneous rupture of extensor tendons, right lower leg
M66.262	Spontaneous rupture of extensor tendons, left lower leg
M80.051A - M80.052S	Age-related osteoporosis with current pathological fracture, right femur, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, left femur, sequela
M80.061A - M80.062S	Age-related osteoporosis with current pathological fracture, right lower leg, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, left lower leg, sequela
M80.851A - M80.852S	Other osteoporosis with current pathological fracture, right femur, initial encounter for fracture - Other osteoporosis with current pathological fracture, left femur, sequela
M80.861A - M80.862S	Other osteoporosis with current pathological fracture, right lower leg, initial encounter for fracture - Other osteoporosis with current pathological fracture, left lower leg, sequela
M84.351A - M84.352S	Stress fracture, right femur, initial encounter for fracture - Stress fracture, left femur, sequela
M84.361A - M84.364S	Stress fracture, right tibia, initial encounter for fracture - Stress fracture, left fibula, sequela
M84.451A - M84.452S	Pathological fracture, right femur, initial encounter for fracture - Pathological fracture, left femur, sequela
M84.461A - M84.464S	Pathological fracture, right tibia, initial encounter for fracture - Pathological fracture, left fibula, sequela
M84.551A - M84.552S	Pathological fracture in neoplastic disease, right femur, initial encounter for fracture

ICD-10 CODE	DESCRIPTION
	- Pathological fracture in neoplastic disease, left femur, sequela
M84.561A - M84.564S	Pathological fracture in neoplastic disease, right tibia, initial encounter for fracture - Pathological fracture in neoplastic disease, left fibula, sequela
M84.651A - M84.652S	Pathological fracture in other disease, right femur, initial encounter for fracture - Pathological fracture in other disease, left femur, sequela
M84.661A - M84.664S	Pathological fracture in other disease, right tibia, initial encounter for fracture - Pathological fracture in other disease, left fibula, sequela
M87.061	Idiopathic aseptic necrosis of right tibia
M87.062	Idiopathic aseptic necrosis of left tibia
M87.064	Idiopathic aseptic necrosis of right fibula
M87.065	Idiopathic aseptic necrosis of left fibula
M87.161	Osteonecrosis due to drugs, right tibia
M87.162	Osteonecrosis due to drugs, left tibia
M87.164	Osteonecrosis due to drugs, right fibula
M87.165	Osteonecrosis due to drugs, left fibula
M87.261	Osteonecrosis due to previous trauma, right tibia
M87.262	Osteonecrosis due to previous trauma, left tibia
M87.264	Osteonecrosis due to previous trauma, right fibula
M87.265	Osteonecrosis due to previous trauma, left fibula
M87.361	Other secondary osteonecrosis, right tibia
M87.362	Other secondary osteonecrosis, left tibia
M87.364	Other secondary osteonecrosis, right fibula
M87.365	Other secondary osteonecrosis, left fibula
M87.861	Other osteonecrosis, right tibia
M87.862	Other osteonecrosis, left tibia
M87.864	Other osteonecrosis, right fibula
M87.865	Other osteonecrosis, left fibula
M90.561	Osteonecrosis in diseases classified elsewhere, right lower leg
M90.562	Osteonecrosis in diseases classified elsewhere, left lower leg
M96.661	Fracture of femur following insertion of orthopedic implant, joint prosthesis, or bone plate, right leg
M96.662	Fracture of femur following insertion of orthopedic implant, joint prosthesis, or bone plate, left leg

ICD-10 CODE	DESCRIPTION
M96.671	Fracture of tibia or fibula following insertion of orthopedic implant, joint prosthesis, or bone plate, right leg
M96.672	Fracture of tibia or fibula following insertion of orthopedic implant, joint prosthesis, or bone plate, left leg
Q68.2	Congenital deformity of knee
Q68.6	Discoid meniscus
Q74.1	Congenital malformation of knee
S72.001A - S72.002S	Fracture of unspecified part of neck of right femur, initial encounter for closed fracture - Fracture of unspecified part of neck of left femur, sequela
S72.011A - S72.012S	Unspecified intracapsular fracture of right femur, initial encounter for closed fracture - Unspecified intracapsular fracture of left femur, sequela
S72.021A - S72.022S	Displaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for closed fracture - Displaced fracture of epiphysis (separation) (upper) of left femur, sequela
S72.024A - S72.025S	Nondisplaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for closed fracture - Nondisplaced fracture of epiphysis (separation) (upper) of left femur, sequela
S72.031A - S72.032S	Displaced midcervical fracture of right femur, initial encounter for closed fracture - Displaced midcervical fracture of left femur, sequela
S72.034A - S72.035S	Nondisplaced midcervical fracture of right femur, initial encounter for closed fracture - Nondisplaced midcervical fracture of left femur, sequela
S72.041A - S72.042S	Displaced fracture of base of neck of right femur, initial encounter for closed fracture - Displaced fracture of base of neck of left femur, sequela
S72.044A - S72.045S	Nondisplaced fracture of base of neck of right femur, initial encounter for closed fracture - Nondisplaced fracture of base of neck of left femur, sequela
S72.051A - S72.052S	Unspecified fracture of head of right femur, initial encounter for closed fracture - Unspecified fracture of head of left femur, sequela
S72.061A - S72.062S	Displaced articular fracture of head of right femur, initial encounter for closed fracture - Displaced articular fracture of head of left femur, sequela
S72.064A - S72.065S	Nondisplaced articular fracture of head of right femur, initial encounter for closed fracture - Nondisplaced articular fracture of head of left femur, sequela
S72.091A - S72.092S	Other fracture of head and neck of right femur, initial encounter for closed fracture - Other fracture of head and neck of left femur, sequela
S72.101A - S72.102S	Unspecified trochanteric fracture of right femur, initial encounter for closed fracture - Unspecified trochanteric fracture of left femur, sequela
S72.111A - S72.112S	Displaced fracture of greater trochanter of right femur, initial encounter for closed fracture - Displaced fracture of greater trochanter of left femur, sequela

ICD-10 CODE	DESCRIPTION
S72.114A - S72.115S	Nondisplaced fracture of greater trochanter of right femur, initial encounter for closed fracture - Nondisplaced fracture of greater trochanter of left femur, sequela
S72.121A - S72.122S	Displaced fracture of lesser trochanter of right femur, initial encounter for closed fracture - Displaced fracture of lesser trochanter of left femur, sequela
ICD-10 CODE	DESCRIPTION
S72.124A - S72.125S	Nondisplaced fracture of lesser trochanter of right femur, initial encounter for closed fracture - Nondisplaced fracture of lesser trochanter of left femur, sequela
S72.131A - S72.132S	Displaced apophyseal fracture of right femur, initial encounter for closed fracture - Displaced apophyseal fracture of left femur, sequela
S72.134A - S72.135S	Nondisplaced apophyseal fracture of right femur, initial encounter for closed fracture - Nondisplaced apophyseal fracture of left femur, sequela
S72.141A - S72.142S	Displaced intertrochanteric fracture of right femur, initial encounter for closed fracture - Displaced intertrochanteric fracture of left femur, sequela
S72.144A - S72.145S	Nondisplaced intertrochanteric fracture of right femur, initial encounter for closed fracture - Nondisplaced intertrochanteric fracture of left femur, sequela
S72.21XA - S72.22XS	Displaced subtrochanteric fracture of right femur, initial encounter for closed fracture - Displaced subtrochanteric fracture of left femur, sequela
S72.24XA - S72.25XS	Nondisplaced subtrochanteric fracture of right femur, initial encounter for closed fracture - Nondisplaced subtrochanteric fracture of left femur, sequela
S72.301A - S72.302S	Unspecified fracture of shaft of right femur, initial encounter for closed fracture - Unspecified fracture of shaft of left femur, sequela
S72.321A - S72.322S	Displaced transverse fracture of shaft of right femur, initial encounter for closed fracture - Displaced transverse fracture of shaft of left femur, sequela
S72.324A - S72.325S	Nondisplaced transverse fracture of shaft of right femur, initial encounter for closed fracture - Nondisplaced transverse fracture of shaft of left femur, sequela
S72.331A - S72.332S	Displaced oblique fracture of shaft of right femur, initial encounter for closed fracture - Displaced oblique fracture of shaft of left femur, sequela
S72.334A - S72.335S	Nondisplaced oblique fracture of shaft of right femur, initial encounter for closed fracture - Nondisplaced oblique fracture of shaft of left femur, sequela
S72.341A - S72.342S	Displaced spiral fracture of shaft of right femur, initial encounter for closed fracture - Displaced spiral fracture of shaft of left femur, sequela
S72.344A - S72.345S	Nondisplaced spiral fracture of shaft of right femur, initial encounter for closed fracture - Nondisplaced spiral fracture of shaft of left femur, sequela
S72.351A - S72.352S	Displaced comminuted fracture of shaft of right femur, initial encounter for closed fracture - Displaced comminuted fracture of shaft of left femur, sequela
S72.354A - S72.355S	Nondisplaced comminuted fracture of shaft of right femur, initial encounter for closed fracture - Nondisplaced comminuted fracture of shaft of left femur, sequela

ICD-10 CODE	DESCRIPTION
S72.361A - S72.362S	Displaced segmental fracture of shaft of right femur, initial encounter for closed fracture - Displaced segmental fracture of shaft of left femur, sequela
S72.364A - S72.365S	Nondisplaced segmental fracture of shaft of right femur, initial encounter for closed fracture - Nondisplaced segmental fracture of shaft of left femur, sequela
S72.391A - S72.392S	Other fracture of shaft of right femur, initial encounter for closed fracture - Other fracture of shaft of left femur, sequela
S72.401A - S72.402S	Unspecified fracture of lower end of right femur, initial encounter for closed fracture - Unspecified fracture of lower end of left femur, sequela
S72.411A - S72.412S	Displaced unspecified condyle fracture of lower end of right femur, initial encounter for closed fracture - Displaced unspecified condyle fracture of lower end of left femur, sequela
S72.414A - S72.415S	Nondisplaced unspecified condyle fracture of lower end of right femur, initial encounter for closed fracture - Nondisplaced unspecified condyle fracture of lower end of left femur, sequela
S72.421A - S72.422S	Displaced fracture of lateral condyle of right femur, initial encounter for closed fracture - Displaced fracture of lateral condyle of left femur, sequela
S72.424A - S72.425S	Nondisplaced fracture of lateral condyle of right femur, initial encounter for closed fracture - Nondisplaced fracture of lateral condyle of left femur, sequela
S72.431A - S72.432S	Displaced fracture of medial condyle of right femur, initial encounter for closed fracture - Displaced fracture of medial condyle of left femur, sequela
S72.434A - S72.435S	Nondisplaced fracture of medial condyle of right femur, initial encounter for closed fracture - Nondisplaced fracture of medial condyle of left femur, sequela
S72.441A - S72.442S	Displaced fracture of lower epiphysis (separation) of right femur, initial encounter for closed fracture - Displaced fracture of lower epiphysis (separation) of left femur, sequela
S72.444A - S72.445S	Nondisplaced fracture of lower epiphysis (separation) of right femur, initial encounter for closed fracture - Nondisplaced fracture of lower epiphysis (separation) of left femur, sequela
S72.451A - S72.452S	Displaced supracondylar fracture without intracondylar extension of lower end of right femur, initial encounter for closed fracture - Displaced supracondylar fracture without intracondylar extension of lower end of left femur, sequela
S72.454A - S72.455S	Nondisplaced supracondylar fracture without intracondylar extension of lower end of right femur, initial encounter for closed fracture - Nondisplaced supracondylar fracture without intracondylar extension of lower end of left femur, sequela
S72.461A - S72.462S	Displaced supracondylar fracture with intracondylar extension of lower end of right femur, initial encounter for closed fracture - Displaced supracondylar fracture with intracondylar extension of lower end of left femur, sequela
S72.464A - S72.465S	Nondisplaced supracondylar fracture with intracondylar extension of lower end of

ICD-10 CODE	DESCRIPTION
	right femur, initial encounter for closed fracture - Nondisplaced supracondylar fracture with intracondylar extension of lower end of left femur, sequela
S72.471A - S72.472S	Torus fracture of lower end of right femur, initial encounter for closed fracture - Torus fracture of lower end of left femur, sequela
S72.491A - S72.492S	Other fracture of lower end of right femur, initial encounter for closed fracture - Other fracture of lower end of left femur, sequela
S72.8X1A - S72.8X2S	Other fracture of right femur, initial encounter for closed fracture - Other fracture of left femur, sequela
S72.91XA - S72.92XS	Unspecified fracture of right femur, initial encounter for closed fracture - Unspecified fracture of left femur, sequela
S76.111A	Strain of right quadriceps muscle, fascia and tendon, initial encounter
S76.111D	Strain of right quadriceps muscle, fascia and tendon, subsequent encounter
S76.111S	Strain of right quadriceps muscle, fascia and tendon, sequela
S76.112A	Strain of left quadriceps muscle, fascia and tendon, initial encounter
S76.112D	Strain of left quadriceps muscle, fascia and tendon, subsequent encounter
S76.112S	Strain of left quadriceps muscle, fascia and tendon, sequela
S76.121A	Laceration of right quadriceps muscle, fascia and tendon, initial encounter
S76.121D	Laceration of right quadriceps muscle, fascia and tendon, subsequent encounter
S76.121S	Laceration of right quadriceps muscle, fascia and tendon, sequela
S76.122A	Laceration of left quadriceps muscle, fascia and tendon, initial encounter
S76.122D	Laceration of left quadriceps muscle, fascia and tendon, subsequent encounter
S76.122S	Laceration of left quadriceps muscle, fascia and tendon, sequela
S79.001A - S79.002S	Unspecified physeal fracture of upper end of right femur, initial encounter for closed fracture - Unspecified physeal fracture of upper end of left femur, sequela
S79.011A - S79.012S	Salter-Harris Type I physeal fracture of upper end of right femur, initial encounter for closed fracture - Salter-Harris Type I physeal fracture of upper end of left femur, sequela
S79.091A - S79.092S	Other physeal fracture of upper end of right femur, initial encounter for closed fracture - Other physeal fracture of upper end of left femur, sequela
S79.101A - S79.102S	Unspecified physeal fracture of lower end of right femur, initial encounter for closed fracture - Unspecified physeal fracture of lower end of left femur, sequela
S79.111A - S79.112S	Salter-Harris Type I physeal fracture of lower end of right femur, initial encounter for closed fracture - Salter-Harris Type I physeal fracture of lower end of left femur, sequela
S79.121A - S79.122S	Salter-Harris Type II physeal fracture of lower end of right femur, initial encounter



ICD-10 CODE	DESCRIPTION
	for closed fracture - Salter-Harris Type II physeal fracture of lower end of left femur, sequela
S79.131A - S79.132S	Salter-Harris Type III physeal fracture of lower end of right femur, initial encounter for closed fracture - Salter-Harris Type III physeal fracture of lower end of left femur, sequela
S79.141A - S79.142S	Salter-Harris Type IV physeal fracture of lower end of right femur, initial encounter for closed fracture - Salter-Harris Type IV physeal fracture of lower end of left femur, sequela
S79.191A - S79.192S	Other physeal fracture of lower end of right femur, initial encounter for closed fracture - Other physeal fracture of lower end of left femur, sequela
S82.001A - S82.002S	Unspecified fracture of right patella, initial encounter for closed fracture - Unspecified fracture of left patella, sequela
S82.011A - S82.012S	Displaced osteochondral fracture of right patella, initial encounter for closed fracture - Displaced osteochondral fracture of left patella, sequela
S82.014A - S82.015S	Nondisplaced osteochondral fracture of right patella, initial encounter for closed fracture - Nondisplaced osteochondral fracture of left patella, sequela
S82.021A - S82.022S	Displaced longitudinal fracture of right patella, initial encounter for closed fracture - Displaced longitudinal fracture of left patella, sequela
S82.024A - S82.025S	Nondisplaced longitudinal fracture of right patella, initial encounter for closed fracture - Nondisplaced longitudinal fracture of left patella, sequela
S82.031A - S82.032S	Displaced transverse fracture of right patella, initial encounter for closed fracture - Displaced transverse fracture of left patella, sequela
S82.034A - S82.035S	Nondisplaced transverse fracture of right patella, initial encounter for closed fracture - Nondisplaced transverse fracture of left patella, sequela
S82.041A - S82.042S	Displaced comminuted fracture of right patella, initial encounter for closed fracture - Displaced comminuted fracture of left patella, sequela
S82.044A - S82.045S	Nondisplaced comminuted fracture of right patella, initial encounter for closed fracture - Nondisplaced comminuted fracture of left patella, sequela
S82.091A - S82.092S	Other fracture of right patella, initial encounter for closed fracture - Other fracture of left patella, sequela
S82.101A - S82.102S	Unspecified fracture of upper end of right tibia, initial encounter for closed fracture - Unspecified fracture of upper end of left tibia, sequela
S82.111A - S82.112S	Displaced fracture of right tibial spine, initial encounter for closed fracture - Displaced fracture of left tibial spine, sequela
S82.114A - S82.115S	Nondisplaced fracture of right tibial spine, initial encounter for closed fracture - Nondisplaced fracture of left tibial spine, sequela
S82.121A - S82.122S	Displaced fracture of lateral condyle of right tibia, initial encounter for closed fracture - Displaced fracture of lateral condyle of left tibia, sequela

ICD-10 CODE	DESCRIPTION
S82.124A - S82.125S	Nondisplaced fracture of lateral condyle of right tibia, initial encounter for closed fracture - Nondisplaced fracture of lateral condyle of left tibia, sequela
S82.131A - S82.132S	Displaced fracture of medial condyle of right tibia, initial encounter for closed fracture - Displaced fracture of medial condyle of left tibia, sequela
S82.134A - S82.135S	Nondisplaced fracture of medial condyle of right tibia, initial encounter for closed fracture - Nondisplaced fracture of medial condyle of left tibia, sequela
S82.141A - S82.142S	Displaced bicondylar fracture of right tibia, initial encounter for closed fracture - Displaced bicondylar fracture of left tibia, sequela
S82.144A - S82.145S	Nondisplaced bicondylar fracture of right tibia, initial encounter for closed fracture - Nondisplaced bicondylar fracture of left tibia, sequela
S82.151A - S82.152S	Displaced fracture of right tibial tuberosity, initial encounter for closed fracture - Displaced fracture of left tibial tuberosity, sequela
S82.154A - S82.155S	Nondisplaced fracture of right tibial tuberosity, initial encounter for closed fracture - Nondisplaced fracture of left tibial tuberosity, sequela
S82.161A - S82.162S	Torus fracture of upper end of right tibia, initial encounter for closed fracture - Torus fracture of upper end of left tibia, sequela
S82.191A - S82.192S	Other fracture of upper end of right tibia, initial encounter for closed fracture - Other fracture of upper end of left tibia, sequela
S82.201A - S82.202S	Unspecified fracture of shaft of right tibia, initial encounter for closed fracture - Unspecified fracture of shaft of left tibia, sequela
S82.221A - S82.222S	Displaced transverse fracture of shaft of right tibia, initial encounter for closed fracture - Displaced transverse fracture of shaft of left tibia, sequela
S82.224A - S82.225S	Nondisplaced transverse fracture of shaft of right tibia, initial encounter for closed fracture - Nondisplaced transverse fracture of shaft of left tibia, sequela
S82.231A - S82.232S	Displaced oblique fracture of shaft of right tibia, initial encounter for closed fracture - Displaced oblique fracture of shaft of left tibia, sequela
S82.234A - S82.235S	Nondisplaced oblique fracture of shaft of right tibia, initial encounter for closed fracture - Nondisplaced oblique fracture of shaft of left tibia, sequela
S82.241A - S82.242S	Displaced spiral fracture of shaft of right tibia, initial encounter for closed fracture - Displaced spiral fracture of shaft of left tibia, sequela
S82.244A - S82.245S	Nondisplaced spiral fracture of shaft of right tibia, initial encounter for closed fracture - Nondisplaced spiral fracture of shaft of left tibia, sequela
S82.251A - S82.252S	Displaced comminuted fracture of shaft of right tibia, initial encounter for closed fracture - Displaced comminuted fracture of shaft of left tibia, sequela
S82.254A - S82.255S	Nondisplaced comminuted fracture of shaft of right tibia, initial encounter for closed fracture - Nondisplaced comminuted fracture of shaft of left tibia, sequela
S82.261A - S82.262S	Displaced segmental fracture of shaft of right tibia, initial encounter for closed

ICD-10 CODE	DESCRIPTION
	fracture - Displaced segmental fracture of shaft of left tibia, sequela
S82.264A - S82.265S	Nondisplaced segmental fracture of shaft of right tibia, initial encounter for closed fracture - Nondisplaced segmental fracture of shaft of left tibia, sequela
S82.291A - S82.292S	Other fracture of shaft of right tibia, initial encounter for closed fracture - Other fracture of shaft of left tibia, sequela
S82.301A - S82.302S	Unspecified fracture of lower end of right tibia, initial encounter for closed fracture - Unspecified fracture of lower end of left tibia, sequela
S82.311A - S82.312S	Torus fracture of lower end of right tibia, initial encounter for closed fracture - Torus fracture of lower end of left tibia, sequela
S82.391A - S82.392S	Other fracture of lower end of right tibia, initial encounter for closed fracture - Other fracture of lower end of left tibia, sequela
S82.401A - S82.402S	Unspecified fracture of shaft of right fibula, initial encounter for closed fracture - Unspecified fracture of shaft of left fibula, sequela
S82.421A - S82.422S	Displaced transverse fracture of shaft of right fibula, initial encounter for closed fracture - Displaced transverse fracture of shaft of left fibula, sequela
S82.424A - S82.425S	Nondisplaced transverse fracture of shaft of right fibula, initial encounter for closed fracture - Nondisplaced transverse fracture of shaft of left fibula, sequela
S82.431A - S82.432S	Displaced oblique fracture of shaft of right fibula, initial encounter for closed fracture - Displaced oblique fracture of shaft of left fibula, sequela
S82.434A - S82.435S	Nondisplaced oblique fracture of shaft of right fibula, initial encounter for closed fracture - Nondisplaced oblique fracture of shaft of left fibula, sequela
ICD-10 CODE	DESCRIPTION
S82.441A - S82.442S	Displaced spiral fracture of shaft of right fibula, initial encounter for closed fracture - Displaced spiral fracture of shaft of left fibula, sequela
S82.444A - S82.445S	Nondisplaced spiral fracture of shaft of right fibula, initial encounter for closed fracture - Nondisplaced spiral fracture of shaft of left fibula, sequela
S82.451A - S82.452S	Displaced comminuted fracture of shaft of right fibula, initial encounter for closed fracture - Displaced comminuted fracture of shaft of left fibula, sequela
S82.454A - S82.455S	Nondisplaced comminuted fracture of shaft of right fibula, initial encounter for closed fracture - Nondisplaced comminuted fracture of shaft of left fibula, sequela
S82.461A - S82.462S	Displaced segmental fracture of shaft of right fibula, initial encounter for closed fracture - Displaced segmental fracture of shaft of left fibula, sequela
S82.464A - S82.465S	Nondisplaced segmental fracture of shaft of right fibula, initial encounter for closed fracture - Nondisplaced segmental fracture of shaft of left fibula, sequela
S82.491A - S82.492S	Other fracture of shaft of right fibula, initial encounter for closed fracture - Other fracture of shaft of left fibula, sequela
S82.51XA - S82.52XS	Displaced fracture of medial malleolus of right tibia, initial encounter for closed

ICD-10 CODE	DESCRIPTION
	fracture - Displaced fracture of medial malleolus of left tibia, sequela
S82.54XA - S82.55XS	Nondisplaced fracture of medial malleolus of right tibia, initial encounter for closed fracture - Nondisplaced fracture of medial malleolus of left tibia, sequela
S82.61XA - S82.62XS	Displaced fracture of lateral malleolus of right fibula, initial encounter for closed fracture - Displaced fracture of lateral malleolus of left fibula, sequela
S82.64XA - S82.65XS	Nondisplaced fracture of lateral malleolus of right fibula, initial encounter for closed fracture - Nondisplaced fracture of lateral malleolus of left fibula, sequela
S82.811A - S82.812S	Torus fracture of upper end of right fibula, initial encounter for closed fracture - Torus fracture of upper end of left fibula, sequela
S82.821A - S82.822S	Torus fracture of lower end of right fibula, initial encounter for closed fracture - Torus fracture of lower end of left fibula, sequela
S82.831A - S82.832S	Other fracture of upper and lower end of right fibula, initial encounter for closed fracture - Other fracture of upper and lower end of left fibula, sequela
S82.841A - S82.842S	Displaced bimalleolar fracture of right lower leg, initial encounter for closed fracture - Displaced bimalleolar fracture of left lower leg, sequela
S82.844A - S82.845S	Nondisplaced bimalleolar fracture of right lower leg, initial encounter for closed fracture - Nondisplaced bimalleolar fracture of left lower leg, sequela
S82.851A - S82.852S	Displaced trimalleolar fracture of right lower leg, initial encounter for closed fracture - Displaced trimalleolar fracture of left lower leg, sequela
S82.854A - S82.855S	Nondisplaced trimalleolar fracture of right lower leg, initial encounter for closed fracture - Nondisplaced trimalleolar fracture of left lower leg, sequela
S82.861A - S82.862S	Displaced Maisonneuve's fracture of right leg, initial encounter for closed fracture - Displaced Maisonneuve's fracture of left leg, sequela
S82.864A - S82.865S	Nondisplaced Maisonneuve's fracture of right leg, initial encounter for closed fracture - Nondisplaced Maisonneuve's fracture of left leg, sequela
S82.871A - S82.872S	Displaced pilon fracture of right tibia, initial encounter for closed fracture - Displaced pilon fracture of left tibia, sequela
S82.874A - S82.875S	Nondisplaced pilon fracture of right tibia, initial encounter for closed fracture - Nondisplaced pilon fracture of left tibia, sequela
S82.891A - S82.892S	Other fracture of right lower leg, initial encounter for closed fracture - Other fracture of left lower leg, sequela
S82.91XA - S82.92XS	Unspecified fracture of right lower leg, initial encounter for closed fracture - Unspecified fracture of left lower leg, sequela
S83.001A - S83.002S	Unspecified subluxation of right patella, initial encounter - Unspecified subluxation of left patella, sequela
S83.004A - S83.005S	Unspecified dislocation of right patella, initial encounter - Unspecified dislocation of left patella, sequela

ICD-10 CODE	DESCRIPTION
S83.011A - S83.012S	Lateral subluxation of right patella, initial encounter - Lateral subluxation of left patella, sequela
S83.014A - S83.015S	Lateral dislocation of right patella, initial encounter - Lateral dislocation of left patella, sequela
S83.091A - S83.092S	Other subluxation of right patella, initial encounter - Other subluxation of left patella, sequela
S83.094A - S83.095S	Other dislocation of right patella, initial encounter - Other dislocation of left patella, sequela
S83.101A - S83.102S	Unspecified subluxation of right knee, initial encounter - Unspecified subluxation of left knee, sequela
S83.104A - S83.105S	Unspecified dislocation of right knee, initial encounter - Unspecified dislocation of left knee, sequela
S83.111A - S83.112S	Anterior subluxation of proximal end of tibia, right knee, initial encounter - Anterior subluxation of proximal end of tibia, left knee, sequela
S83.114A - S83.115S	Anterior dislocation of proximal end of tibia, right knee, initial encounter - Anterior dislocation of proximal end of tibia, left knee, sequela
S83.121A - S83.122S	Posterior subluxation of proximal end of tibia, right knee, initial encounter - Posterior subluxation of proximal end of tibia, left knee, sequela
S83.124A - S83.125S	Posterior dislocation of proximal end of tibia, right knee, initial encounter - Posterior dislocation of proximal end of tibia, left knee, sequela
S83.131A - S83.132S	Medial subluxation of proximal end of tibia, right knee, initial encounter - Medial subluxation of proximal end of tibia, left knee, sequela
S83.134A - S83.135S	Medial dislocation of proximal end of tibia, right knee, initial encounter - Medial dislocation of proximal end of tibia, left knee, sequela
S83.141A - S83.142S	Lateral subluxation of proximal end of tibia, right knee, initial encounter - Lateral subluxation of proximal end of tibia, left knee, sequela
S83.144A - S83.145S	Lateral dislocation of proximal end of tibia, right knee, initial encounter - Lateral dislocation of proximal end of tibia, left knee, sequela
S83.191A - S83.192S	Other subluxation of right knee, initial encounter - Other subluxation of left knee, sequela
S83.194A - S83.195S	Other dislocation of right knee, initial encounter - Other dislocation of left knee, sequela
S83.200A - S83.201S	Bucket-handle tear of unspecified meniscus, current injury, right knee, initial encounter - Bucket-handle tear of unspecified meniscus, current injury, left knee, sequela
S83.203A - S83.204S	Other tear of unspecified meniscus, current injury, right knee, initial encounter - Other tear of unspecified meniscus, current injury, left knee, sequela

ICD-10 CODE	DESCRIPTION
S83.206A - S83.207S	Unspecified tear of unspecified meniscus, current injury, right knee, initial encounter - Unspecified tear of unspecified meniscus, current injury, left knee, sequela
S83.211A - S83.212S	Bucket-handle tear of medial meniscus, current injury, right knee, initial encounter - Bucket-handle tear of medial meniscus, current injury, left knee, sequela
S83.221A - S83.222A	Peripheral tear of medial meniscus, current injury, right knee, initial encounter - Peripheral tear of medial meniscus, current injury, left knee, initial encounter
S83.231A - S83.232S	Complex tear of medial meniscus, current injury, right knee, initial encounter - Complex tear of medial meniscus, current injury, left knee, sequela
S83.241A - S83.242S	Other tear of medial meniscus, current injury, right knee, initial encounter - Other tear of medial meniscus, current injury, left knee, sequela
S83.251A - S83.252S	Bucket-handle tear of lateral meniscus, current injury, right knee, initial encounter - Bucket-handle tear of lateral meniscus, current injury, left knee, sequela
S83.261A - S83.262S	Peripheral tear of lateral meniscus, current injury, right knee, initial encounter - Peripheral tear of lateral meniscus, current injury, left knee, sequela
S83.271A - S83.272S	Complex tear of lateral meniscus, current injury, right knee, initial encounter - Complex tear of lateral meniscus, current injury, left knee, sequela
S83.281A - S83.282S	Other tear of lateral meniscus, current injury, right knee, initial encounter - Other tear of lateral meniscus, current injury, left knee, sequela
S83.31XA - S83.32XS	Tear of articular cartilage of right knee, current, initial encounter - Tear of articular cartilage of left knee, current, sequela
S83.401A - S83.402S	Sprain of unspecified collateral ligament of right knee, initial encounter - Sprain of unspecified collateral ligament of left knee, sequela
S83.411A - S83.412S	Sprain of medial collateral ligament of right knee, initial encounter - Sprain of medial collateral ligament of left knee, sequela
S83.421A - S83.422S	Sprain of lateral collateral ligament of right knee, initial encounter - Sprain of lateral collateral ligament of left knee, sequela
S83.501A - S83.502S	Sprain of unspecified cruciate ligament of right knee, initial encounter - Sprain of unspecified cruciate ligament of left knee, sequela
S83.511A - S83.512S	Sprain of anterior cruciate ligament of right knee, initial encounter - Sprain of anterior cruciate ligament of left knee, sequela
S83.521A - S83.522S	Sprain of posterior cruciate ligament of right knee, initial encounter - Sprain of posterior cruciate ligament of left knee, sequela
S83.8X1A - S83.8X2S	Sprain of other specified parts of right knee, initial encounter - Sprain of other specified parts of left knee, sequela
S86.111A - S86.112S	Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, initial encounter - Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, sequela

ICD-10 CODE	DESCRIPTION
S86.211A - S86.212S	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, initial encounter - Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, sequela
S86.311A - S86.312S	Strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, right leg, initial encounter - Strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, left leg, sequela
S86.811A - S86.812S	Strain of other muscle(s) and tendon(s) at lower leg level, right leg, initial encounter - Strain of other muscle(s) and tendon(s) at lower leg level, left leg, sequela
S89.001A - S89.002S	Unspecified physeal fracture of upper end of right tibia, initial encounter for closed fracture - Unspecified physeal fracture of upper end of left tibia, sequela
S89.011A - S89.012S	Salter-Harris Type I physeal fracture of upper end of right tibia, initial encounter for closed fracture - Salter-Harris Type I physeal fracture of upper end of left tibia, sequela
S89.021A - S89.022S	Salter-Harris Type II physeal fracture of upper end of right tibia, initial encounter for closed fracture - Salter-Harris Type II physeal fracture of upper end of left tibia, sequela
S89.031A - S89.032S	Salter-Harris Type III physeal fracture of upper end of right tibia, initial encounter for closed fracture - Salter-Harris Type III physeal fracture of upper end of left tibia, sequela
S89.041A - S89.042S	Salter-Harris Type IV physeal fracture of upper end of right tibia, initial encounter for closed fracture - Salter-Harris Type IV physeal fracture of upper end of left tibia, sequela
S89.091A - S89.092S	Other physeal fracture of upper end of right tibia, initial encounter for closed fracture - Other physeal fracture of upper end of left tibia, sequela
S89.101A - S89.102S	Unspecified physeal fracture of lower end of right tibia, initial encounter for closed fracture - Unspecified physeal fracture of lower end of left tibia, sequela
S89.111A - S89.112S	Salter-Harris Type I physeal fracture of lower end of right tibia, initial encounter for closed fracture - Salter-Harris Type I physeal fracture of lower end of left tibia, sequela
S89.121A - S89.122S	Salter-Harris Type II physeal fracture of lower end of right tibia, initial encounter for closed fracture - Salter-Harris Type II physeal fracture of lower end of left tibia, sequela
S89.131A - S89.132S	Salter-Harris Type III physeal fracture of lower end of right tibia, initial encounter for closed fracture - Salter-Harris Type III physeal fracture of lower end of left tibia, sequela
S89.141A - S89.142S	Salter-Harris Type IV physeal fracture of lower end of right tibia, initial encounter for closed fracture - Salter-Harris Type IV physeal fracture of lower end of left tibia, sequela
S89.191A - S89.192S	Other physeal fracture of lower end of right tibia, initial encounter for closed

ICD-10 CODE	DESCRIPTION
	fracture - Other physeal fracture of lower end of left tibia, sequela
S89.201A - S89.202S	Unspecified physeal fracture of upper end of right fibula, initial encounter for closed fracture - Unspecified physeal fracture of upper end of left fibula, sequela
S89.211A - S89.212S	Salter-Harris Type I physeal fracture of upper end of right fibula, initial encounter for closed fracture - Salter-Harris Type I physeal fracture of upper end of left fibula, sequela
S89.221A - S89.222S	Salter-Harris Type II physeal fracture of upper end of right fibula, initial encounter for closed fracture - Salter-Harris Type II physeal fracture of upper end of left fibula, sequela
S89.291A - S89.292S	Other physeal fracture of upper end of right fibula, initial encounter for closed fracture - Other physeal fracture of upper end of left fibula, sequela
S89.301A - S89.302S	Unspecified physeal fracture of lower end of right fibula, initial encounter for closed fracture - Unspecified physeal fracture of lower end of left fibula, sequela
S89.311A - S89.312S	Salter-Harris Type I physeal fracture of lower end of right fibula, initial encounter for closed fracture - Salter-Harris Type I physeal fracture of lower end of left fibula, sequela
S89.321A - S89.322S	Salter-Harris Type II physeal fracture of lower end of right fibula, initial encounter for closed fracture - Salter-Harris Type II physeal fracture of lower end of left fibula, sequela
S89.391A - S89.392S	Other physeal fracture of lower end of right fibula, initial encounter for closed fracture - Other physeal fracture of lower end of left fibula, sequela
T84.012A - T84.013S	Broken internal right knee prosthesis, initial encounter - Broken internal left knee prosthesis, sequela
T84.022A - T84.023S	Instability of internal right knee prosthesis, initial encounter - Instability of internal left knee prosthesis, sequela
T84.032A - T84.033S	Mechanical loosening of internal right knee prosthetic joint, initial encounter - Mechanical loosening of internal left knee prosthetic joint, sequela
T84.052A - T84.053S	Periprosthetic osteolysis of internal prosthetic right knee joint, initial encounter - Periprosthetic osteolysis of internal prosthetic left knee joint, sequela
T84.062A - T84.063S	Wear of articular bearing surface of internal prosthetic right knee joint, initial encounter - Wear of articular bearing surface of internal prosthetic left knee joint, sequela
T84.092A - T84.093S	Other mechanical complication of internal right knee prosthesis, initial encounter - Other mechanical complication of internal left knee prosthesis, sequela
T84.114A - T84.117S	Breakdown (mechanical) of internal fixation device of right femur, initial encounter - Breakdown (mechanical) of internal fixation device of bone of left lower leg, sequela
T84.124A - T84.127S	Displacement of internal fixation device of right femur, initial encounter - Displacement of internal fixation device of bone of left lower leg, sequela



ICD-10 CODE	DESCRIPTION
T84.194A - T84.197S	Other mechanical complication of internal fixation device of right femur, initial encounter - Other mechanical complication of internal fixation device of bone of left lower leg, sequela
T84.410A - T84.410S	Breakdown (mechanical) of muscle and tendon graft, initial encounter - Breakdown (mechanical) of muscle and tendon graft, sequela
T84.420A - T84.420S	Displacement of muscle and tendon graft, initial encounter - Displacement of muscle and tendon graft, sequela
T84.498A - T84.498S	Other mechanical complication of other internal orthopedic devices, implants and grafts, initial encounter - Other mechanical complication of other internal orthopedic devices, implants and grafts, sequela
T84.53XA - T84.54XS	Infection and inflammatory reaction due to internal right knee prosthesis, initial encounter - Infection and inflammatory reaction due to internal left knee prosthesis, sequela
T84.81XA - T84.89XS	Embolism due to internal orthopedic prosthetic devices, implants and grafts, initial encounter - Other specified complication of internal orthopedic prosthetic devices, implants and grafts, sequela
Z96.651 - Z96.653	Presence of right artificial knee joint - Presence of artificial knee joint, bilateral
ICD-10 CODE	DESCRIPTION

**Group 5 Paragraph:**

**For HCPCS Codes L1850, L1860:**

**Group 5 Codes:**

ICD-10 CODE	DESCRIPTION
M21.861	Other specified acquired deformities of right lower leg
M21.862	Other specified acquired deformities of left lower leg
Q68.2	Congenital deformity of knee

**ICD-10 Codes that DO NOT Support Medical Necessity**

**Group 1 Paragraph:**

For the specific HCPCS codes indicated above, all ICD-10 codes that are not specified in the previous section.

**Group 1 Codes:**

N/A

**Additional ICD-10 Information**

N/A

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

**Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2020	R10	<p>Revision Effective Date: 01/01/2020</p> <p>NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:  Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS</p> <p>REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):  Added: Section and related information based on Final Rule 1713</p> <p>CODING GUIDELINES:  Revised: L1845, L1846 and L1852 rotation control to include "and posterior"</p> <p>ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:  Revised: Section header "ICD-10 Codes that are Covered" updated to "ICD-10 Codes that Support Medical Necessity"</p> <p>ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:  Revised: Section header "ICD-10 Codes that are Not Covered" updated to "ICD-10 Codes that DO NOT Support Medical Necessity"</p> <p><i>02/27/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.</i></p>
01/01/2019	R9	<p>Revision Effective Date: 01/01/2019</p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		<p>CODING GUIDELINES: Clarified: Custom fit requirements</p> <p><i>03/28/2019: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.</i></p>
01/01/2019	R8	<p>Revision Effective Date: 01/01/2019</p> <p>CODING GUIDELINES: Revised: Coding instructions for prefabricated orthoses without distinction of OTS or custom-fit. Revised: RT and LT modifier billing instructions (Effective 03/01/2019)</p> <p>ICD-10 CODES THAT ARE COVERED: Added: All diagnosis codes formerly listed in the LCD</p> <p>ICD-10 CODES THAT ARE NOT COVERED: Added: Notation excluding all unlisted diagnosis codes for specified HCPCS codes from coverage</p> <p><i>02/21/2019: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.</i></p>
01/01/2017	R7	<p>Revision Effective Date: 01/01/2017</p> <p>NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES: Revised: "Spinal" to "knee", in reference to OTS language</p> <p>CODING GUIDELINES: Update: Velcro and Kevlar to include trademark</p> <p><i>04/05/2018: At this time 21st Century Cures Act applies to new and revised LCDs that restrict coverage, which require comment and notice. This revision is to an article that is not a local coverage determination.</i></p>
01/01/2017	R6	<p>Revision Effective Date: 01/01/2017</p> <p>NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES: Revised: Brace Benefit explanation to remove reference to "counterforce" that is no longer applicable Revised: Prefabricated and off-the-shelf (OTS) "minimal self-adjustment" regulatory definition discussion to improve consistency with regulatory definition of minimal self-adjustment</p> <p>Deleted: A4466 Added: A4467 Deleted: K0901 &amp; K0902 from the Reasonable Useful Lifetime table</p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		<p>Added: L1851 &amp; L1852 to the Reasonable Useful Lifetime table</p> <p>POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:</p> <p>Added: Modifiers</p> <p>CODING GUIDELINES:</p> <p>Removed: Reference to classification algorithm summary</p> <p>Revised: OTS and custom-fit definitions to improve consistency with regulatory definition of "minimal self-adjustment"</p> <p>Added: Section on coding of elastic and similar materials</p> <p>Deleted: A4466</p> <p>Deleted: K0901 &amp; K0902</p> <p>Added: A4467</p> <p>Added: L1851</p> <p>Added: L1852</p> <p>Deleted: K0901 &amp; K0902 from the Not Separately Payable table</p> <p>Added: L1851 &amp; L1852 to the Not Separately Payable table</p> <p>RELATED LOCAL COVERAGE DOCUMENTS:</p> <p>Added: LCD-related Standard Documentation Requirements Language Article</p>
10/01/2016	R5	<p>Revision Effective Date: 10/01/2016</p> <p>NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:</p> <p>Removed: Counterforce coverage requirement (does not apply to this policy)</p> <p>CODING GUIDELINES:</p> <p>Removed: Counterforce from the description of the brace</p>
07/01/2016	R4	<p>Effective July 1, 2016 oversight for DME MAC Articles is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the Articles.</p>
06/02/2016	R3	<p>Revision Effective Date: 06/02/2016</p> <p>NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:</p> <p>Added: Definitions from CMS DMEPOS Quality Standards (42 CFR 424.57) and 42 CFR 414.402</p> <p>CODING GUIDELINES:</p> <p>Added: Custom fabricated orthosis definitions</p> <p>Added: Definition of K0672</p>
10/01/2015	R2	<p>Revision Effective Date: 10/01/2015</p> <p>NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:</p> <p>Added: Information for hospital and SNF reimbursement</p>
10/01/2015	R1	<p>Revision Effective Date: 10/01/2015</p> <p>NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:</p> <p>Added: Codes K0901 and K0902 to Correct coding of prefabricated knee orthoses</p> <p>Added: Reasonable Useful Lifetime for codes K0901 and K0902</p> <p>CODING GUIDELINES:</p> <p>Added: Codes K0901 and K0902 to coding guidelines</p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		Added: Base Codes K0901 and K0902 to Addition Codes table

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## Associated Documents

### Related Local Coverage Document(s)

Article(s)

A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs

LCD(s)

L33318 - Knee Orthoses

### Related National Coverage Document(s)

N/A

### Statutory Requirements URL(s)

N/A

### Rules and Regulations URL(s)

N/A

### CMS Manual Explanations URL(s)

N/A

### Other URL(s)

N/A

### Public Version(s)

Updated on 02/21/2020 with effective dates 01/01/2020 - N/A

Updated on 03/21/2019 with effective dates 01/01/2019 - N/A

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## Keywords

N/A