

**Patient Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Sex  M  F

City \_\_\_\_\_ Zip Code \_\_\_\_\_ / / / / / DOB \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone Emergency Phone

Insurance Company Name / Insurance ID \_\_\_\_\_

**Prescriber Information**

Doctor's Last Name \_\_\_\_\_ Doctor's First Name \_\_\_\_\_

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone Fax

Doctor's License # \_\_\_\_\_ Doctor's NPI # \_\_\_\_\_



**Knee Orthosis Brace L1832**

Adjustable knee brace allows for progressive rehabilitation. The polycentric ROM hinges have flexion and extension settings that can be adjusted in 20 degree increments to control movement of the joint, preventing further injury and speeding the healing process. The dual axis polycentric hinges track more closely with knee joint motion than a single axis hinge and provide medial and lateral stabilization to the joint. The Tri-Permalon™ material is latex free and neoprene free for breathable, compressive support. The universal, two-way adjustable design fits a wide range of sizes and gives a custom-like fit. Features an open popliteal, adjustable support straps, and a wrap-around design.

**ITEM DESCRIPTION: L1832 Knee orthosis, adjustable knee joints (unicentric / polycentric), positional orthosis, rigid support, prefabricated, Includes fitting and adjustment.**

**INDICATIONS FOR USE:**

- Mild to moderate ligament strains and sprains (ACL/PCL/MCL/LCL)
- Osteoarthritis
- Meniscal cartilage derangement
- Post-op range of motion control
- Meniscal strains and tears
- Mild fractures
- Medial/lateral knee instability
- Rheumatoid Arthritis
- Chronic knee instability

**COVERED FOR: Beneficiary's with a recent injury to or a surgical procedure on the knee(s) and has one of the following ICD-9 diagnoses;**

<input type="checkbox"/> 714.0-714.4 Rheumatoid arthritis	<input type="checkbox"/> 727.65 Rupture of tendon, nontraumatic- quadiceps tendon	<input type="checkbox"/> 823.00 Fracture of tibia alone, upper end, closed
<input type="checkbox"/> 715.16 Osteoarthritis – primary lower leg	<input type="checkbox"/> 733.15 Pathologic fracture of femur	<input type="checkbox"/> 823.02 Fracture of fibula with tibia, upper end, closed
<input type="checkbox"/> 715.26 Osteoarthritis – secondary lower leg	<input type="checkbox"/> 733.16 Pathologic fracture of tibia or fibula	<input type="checkbox"/> 823.10 Fracture of tibia alone, upper end, open
<input type="checkbox"/> 715.36 Osteoarthritis – not specified lower leg	<input type="checkbox"/> 733.49 Other aseptic necrosis of bone	<input type="checkbox"/> 823.12 Fracture of fibula with tibia, upper end, open
<input type="checkbox"/> 715.96 Osteoarthritis – involving lower leg	<input type="checkbox"/> 733.93 Stress fracture of tibia or fibula	<input type="checkbox"/> 836.0-836.69 Dislocation of knee
<input type="checkbox"/> 717.0 - 717.5 Internal derangement of knee	<input type="checkbox"/> 755.64 Congenital deformity of knee	<input type="checkbox"/> 844.0-844.9 Sprains and strains of knee and leg
<input type="checkbox"/> 717.7 Chondromalacia of patella	<input type="checkbox"/> 821.20-821.39 Fracture of femur – lower end	
<input type="checkbox"/> 717.81 - 717.9 Other internal derangement of knee	<input type="checkbox"/> 822.0-822.1 Fracture of patella	
<input type="checkbox"/> 719.46 Knee pain		

**Ambulatory beneficiary's with knee instability due to one of the following ICD-9 diagnoses:**

<input type="checkbox"/> 342.90, 342.91, 342.92 Hemiplegia, unspecified; dominant side; nondominant side	<input type="checkbox"/> 344.1 Paraplegia of both lower limbs
<input type="checkbox"/> 343.9 Infantile cerebral palsy, unspecified	<input type="checkbox"/> 355.0, 355.2 Mononeuritis of lower limb, unspecified

**The reasonable useful lifetime of prefabricated L1832 knee orthosis : 2years**

Replacement during the "The reasonable useful lifetime" is covered if the item is lost or irreparably damaged. Replacement for other reason, including but not limited to irreparable wear, during the period of reasonable useful lifetime is denied as non covered.

PLEASE SPECIFY KNEE FOR TREATMENT:  RIGHT  LEFT  BILATERAL

Length of need is 99 months (unless specified) Other: \_\_\_\_\_ Month(s)

UNIVERSAL REGULAR 12 - 20"  UNIVERSAL PLUS 18 - 26" Measure around center of kneecap. Brace fits right or left knee.