

**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 Brace L1845**

Knee brace is constructed to comfortably maximize knee support. This easy to use, double vertical orthosis is designed to offer stability and ease pain, while assisting the patient in returning to an active lifestyle. Features a fully adjustable range of motion hinge and also provides rotation control. This comfortable and lightweight knee brace promotes patient compliance in a safe, non-invasive manner.

**ITEM DESCRIPTION: 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.**

**Documentation requirements include objective description of joint laxity (e.g., varus/valgus instability, anterior/posterior Drawer test).**

**INDICATIONS FOR USE:**

- Osteoarthritis
- Mild to severe ligament instabilities
- Rheumatoid arthritis
- Closed fracture of patella
- Meniscal cartilage derangement
- Sprains and strains of knee

**The reasonable useful lifetime of prefabricated L1845 knee orthosis : 3 years**

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.

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

<input type="checkbox"/> 714.0 - 714.4 Rheumatoid arthritis	<input type="checkbox"/> 733.93 Stress fracture of tibia or fibula	<input type="checkbox"/> 342.90, 342.91, 342.92 Hemiplegia, unspecified; dominant side;
<input type="checkbox"/> 715.16 Osteoarthritis – primary lower leg	<input type="checkbox"/> 755.64 Congenital deformity of knee	nondominant side
<input type="checkbox"/> 715.26 Osteoarthritis-secondary lower leg	<input type="checkbox"/> 821.20 - 821.39 Fracture of femur – lower end	<input type="checkbox"/> 343.9 Infantile cerebral palsy, unspecified
<input type="checkbox"/> 715.36 Osteoarthritis-not specified lower leg	<input type="checkbox"/> 822.0 - 822.1 Fracture of patella	<input type="checkbox"/> 344.1 Paraplegia of both lower limbs
<input type="checkbox"/> 715.96 Osteoarthritis- involving lower leg	<input type="checkbox"/> 823.00 Fracture of tibia alone, upper end, closed	<input type="checkbox"/> 355.0, 355.2 Mononeuritis of lower limb, unspecified
<input type="checkbox"/> 717.0 - 717.5 Internal derangement of knee	<input type="checkbox"/> 823.02 Fracture of fibula with tibia, upper end, closed	<input type="checkbox"/> 905.4 Late effect of fracture of lower extremities
<input type="checkbox"/> 717.7 Chondromalacia of patella	<input type="checkbox"/> 823.10 Fracture of tibia alone, upper end, open	<input type="checkbox"/> 996.40 – 996.49, 996.66, 996.77, V43.65
<input type="checkbox"/> 717.81 - 717.9 Other internal derangement of knee	<input type="checkbox"/> 823.12 Fracture of fibula with tibia, upper end, open	Failed total knee arthroplasty
<input type="checkbox"/> 727.65 Rupture of tendon, nontraumatic-quadriceps tendon	<input type="checkbox"/> 836.0 - 836.69 Dislocation of knee	
<input type="checkbox"/> 733.15 Pathologic fracture of femur	<input type="checkbox"/> 844.0 - 844.9 Sprains and strains of knee and leg	
<input type="checkbox"/> 733.16 Pathologic fracture of tibia or fibula		
<input type="checkbox"/> 733.49 Other aseptic necrosis of bone		

PLEASE SPECIFY KNEE FOR TREATMENT:  RIGHT  LEFT  BILATERAL

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

S 15-18"  M 17-20"  L 19-22"  XL 21-24"  XXL 23-26"  XXXL 25-28"  XXXXL 27-30"