



## Medicare Required Clinical Documentation for Knee Orthoses

Document the following in the face-to-face clinical note.

- Patient is **ambulatory** AND has a desire to **ambulate** (*Required for all KO's*)
  - Documentation of **weakness or deformity** of the knee AND requires **stabilization** of the knee. (*Required for all KO's*)
  - **Knee instability** must be documented by examination of the patient and description of joint laxity (e.g., **varus/valgus instability, anterior/posterior Drawer and or Lackman's test**) (*Required for most KO's but not all*) Please note that **Knee deformity does not = instability**)
  - Document that a knee brace has been ordered. (*Required for all KO's*)
  - If patient currently has a knee brace that is being replaced, document the **functional deficiency** of that brace and the functional goal of the new brace. **Medicare does not consider comfort, convenience, or brace is old & worn out as a justifiable reason for replacement of an orthosis.**
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- In addition to the above - If **custom** is required, document that the patient cannot wear an "off the shelf" due to one of the following:
    1. **Deformity of the leg or knee**
    2. **Size of the thigh and calf**
    3. **Minimal muscle mass upon which to suspend an orthosis**

Coverage for knee orthoses is very complex but the above covers the basic criteria for a simple non range of motion hinged knee orthosis.

If a patient requires an "OA" unloader brace or a more advanced type of bracing; please don't hesitate to contact our office and we will be more than happy to assist you. This will alleviate multiple patient visits or requests to your office. We are here to make the documentation requirements as seamless and least time consuming as possible.

***Thank you for addressing each bullet point and helping reduce the client's financial obligation for the prescribed brace.***



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*complete orthotic and prosthetic service*