



1809 E Indian Wells Lane
 Draper, UT 84020-8301
 801-450-6940
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Statement of Medical Necessity for Knee Brace

Patient Name _____ DOB: ____/____/____ Date: ____/____/____

This patient is being prescribed left knee brace right knee brace bilateral knee braces

for the following medically necessary reasons:

- To reduce knee pain by offloading pressure from compartmental knee arthritis
- To provide stability to a weakened knee during exercise
- To provide stability to a knee with ligamentous damage
- To correct for Genu Valgum/Varum deformity of the knee
- To provide support during walking
- To provide support during activities or daily living
- To promote tracking of the patella

HCPCS

- 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, prefabrication Item that has been trimmed, bent, molded, assembled, or otherwise customized to fit specific patients
- L1851: 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
- L2397: Knee suspension wrap, addition to lower extremity orthosis, suspension sleeve
- 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
- 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.
- L1845: 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, prefabrication item that has been trimmed, bent, molded, assembled, or otherwise customized to fit specific patients
- 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

PRIMARY DIAGNOSIS:

M21.061 Valgus deformity right knee	M21.062 Valgus deformity left knee
M21.161 Varus deformity right knee	M21.162 Varus deformity left knee

SECONDARY DIAGNOSIS:

M25.561 Pain in right knee	M25.562 Pain in left knee
M25.661 Stiffness of right knee	M25.662 Stiffness of left knee
M60.861 Other myositis, right lower leg	M60.862 Other myositis, left lower leg
M17.11 Osteo-arthritis, right knee	M17.12 Osteo-arthritis, left knee
M22.41 Chondromalacia, right knee	M22.42 Chondromalacia, left knee
M23.91 Internal derangement, right knee	M23.92 Internal derangement, left knee
R26.2 Difficulty in walking	

I, the undersigned, confirm the order for the above named patient. I also certify that the prescribed treatment is medically necessary for this patient's well-being. In my opinion, the prescribed treatment is both reasonable and necessary in reference to accepted standards of medical practice within the community in treatment of this patient's condition.

Provider Name: _____ Provider Signature: _____