

POLICY TITLE	KNEE BRACES
POLICY NUMBER	MP- 6.012

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I. POLICY

Custom-made *unloader* knee braces may be considered **medically necessary** in the treatment of patients with painful osteoarthritis involving the medial compartment of the knee.

Off-the-shelf (custom-fitted) functional knee braces may be considered **medically necessary** in patients with knee instability due to injury (including patients who have had surgery for the injury) or in patients with painful osteoarthritis of the medial compartment of the knee.

Custom-made functional knee braces are considered **not medically necessary**. However, the medical necessity of a custom-made knee brace may be given individual consideration in any of the following situations:

- Patients with abnormal limb contour;
- Knee deformity; or
- Large knee size.

Prophylactic knee braces are considered **not medically necessary**.

Note: The provider requesting/ordering the DME should be a provider with whom the member has established a relationship and is involved in the ongoing care of the member and the condition for which the DME/orthotic is prescribed.

II. PRODUCT VARIATIONS

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This policy is only applicable to certain programs and products administered by Capital BlueCross and subject to benefit variations as discussed in Section VI. Please see additional information below.

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III. DESCRIPTION/BACKGROUND

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Knee braces may be custom made or available off-the-shelf in a variety of sizes. Knee braces may be intended for rehabilitation, to reduce pain, or to prevent injury in either stable or unstable knees.

Knee braces typically consist of 3 components: a superstructure (usually a rigid shell), a hinge, and a strap system. The superstructure extends proximally and distally to a hinge centered around the knee axis of motion. The strapping system secures the brace to the limb. Knee braces can be subdivided into 4 categories that are based on their intended use:

- Prophylactic braces are those that attempt to prevent or reduce the severity of knee ligament injuries. These braces are primarily designed to prevent injuries to the medial collateral ligament, which is the area of the most common athletic knee injuries.
- Rehabilitation braces are designed to allow protected motion of injured knees that have been treated operatively or non-operatively. These braces allow for controlled joint motion and typically consist of hinges that can be locked into place to limit range of motion. Rehabilitation braces are commonly used for 6 to 12 weeks after an injury. Rehabilitation braces are usually purchased off-the-shelf and not custom-made.
- Functional braces are designed to assist or provide stability for unstable knees during activities of daily living (ADL) or sports and may be either off-the-shelf or custom made. Derotation braces are typically used after injuries to ligaments and have medial and lateral bars with varying hinge and strap designs. These derotation braces are designed to permit significant motion and speed; in many instances, the braces are worn only during elective activities, such as sports. Braces made of graphite, titanium, or other lightweight materials are specifically designed for high-performance sports allowing them to be worn during elective high performance sports activities. Functional knee braces have also be used in patients with osteoarthritis to help decrease the weight on painful joints.
- Unloader knee braces are specifically designed to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee by bracing the knee in the valgus position to unload the compressive forces on the medial compartment.

IV. RATIONALE

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Summary of Evidence

Evidence of efficacy is limited for off-the-shelf bracing for osteoarthritis, ligamentous instability, or patellofemoral pain.

2017

Review of the literature revealed no new information that would alter the conclusions reached above. Therefore, the policy statements are unchanged.

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2018

Review of the literature revealed no new information that would alter the conclusions reached above. Therefore, the policy statements are unchanged.

2019

Review of the literature revealed no new information that would alter the conclusions reached above. Therefore, the policy statements are unchanged.

2020

Review of the literature revealed no new information that would alter the conclusions reached above. Therefore, the policy statements are unchanged.

V. DEFINITIONS

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BASIC ACTIVITIES OF DAILY LIVING include and are limited to walking in the home, eating, bathing, dressing, and homemaking.

CUSTOM-MADE BRACE describes a brace that is made according to precise measurements or molds/casts of an individual patient. Thus, this type of a brace can only be worn by the individual patient for whom it was customized. A custom-fabricated or molded-to-patient-model is often referred to as a customized brace.

OFF-THE-SHELF BRACE refers to a brace that is obtained from a selection of readily available braces. Most often, simple adjustments are made to ensure proper fit.

VI. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits and which require preauthorization. There are different benefit plan designs in each product administered by Capital BlueCross. Members and providers should consult the member's health benefit plan for information or contact Capital BlueCross for benefit information.

VII. DISCLAIMER

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Capital BlueCross's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital BlueCross' Provider Services or Member Services. Capital BlueCross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

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VIII. CODING INFORMATION

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Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Custom-made functional knee braces are considered not medically necessary*:

** Individual consideration is given for select indications (see policy statement for criteria)*

** Prophylactic knee braces are considered not medically necessary*

HCPCS Code	Description
L1834	Knee orthotic (KO), without knee joint, rigid, custom fabricated
L1840	Knee orthotic (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated
L1846	Knee orthotic, 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

Custom made unloader knee braces are covered when medically necessary for painful osteoarthritis*:

** Prophylactic knee braces are considered not medically necessary*

HCPCS Code	Description
L1844	Knee orthotic (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, custom fabricated

ICD-10-CM Diagnosis Code*	Description
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

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Prefabricated/off-the-shelf custom fitted knee braces are covered when medically necessary*:

** Prophylactic knee braces are considered not medically necessary*

HCPCS Code	Description
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 orthotic, 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 orthotic, locking knee joint(s), positional orthotic, 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
L1836	Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf
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
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
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

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ICD-10-CM Diagnosis Codes*	Description
M17.0	Bilateral primary osteoarthritis of 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
M22.01	Recurrent dislocation of patella, right knee
M22.02	Recurrent dislocation of patella, left knee
M22.11	Recurrent subluxation of patella, right knee
M22.12	Recurrent subluxation of patella, left knee
M22.2X1	Patellofemoral disorders, right knee
M22.2X2	Patellofemoral disorders, left knee
M22.41	Chondromalacia patellae, right knee
M22.42	Chondromalacia patellae, 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
M23.221	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 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

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ICD-10-CM Diagnosis Codes*	Description
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
M23.321	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
M23.41	Loose body in knee, right knee
M23.42	Loose body in knee, left knee
M23.51	Chronic instability of knee, right knee
M23.52	Chronic instability of knee, 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
M25.261	Flail joint, right knee
M25.262	Flail joint, left knee
M25.361	Other instability, right knee
M25.362	Other instability, left knee
S82.011A	Displaced osteochondral fracture of right patella, initial encounter for closed fracture
S82.012A	Displaced osteochondral fracture of left patella, initial encounter for closed fracture
S82.014A	Nondisplaced osteochondral fracture of right patella, initial encounter for closed fracture

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ICD-10-CM Diagnosis Codes*	Description
S82.015A	Nondisplaced osteochondral fracture of left patella, initial encounter for closed fracture
S82.016A	Nondisplaced osteochondral fracture of unspecified patella, initial encounter for closed fracture
S82.021A	Displaced longitudinal fracture of right patella, initial encounter for closed fracture
S82.022A	Displaced longitudinal fracture of left patella, initial encounter for closed fracture
S82.024A	Nondisplaced longitudinal fracture of right patella, initial encounter for closed fracture
S82.025A	Nondisplaced longitudinal fracture of left patella, initial encounter for closed fracture
S82.031A	Displaced transverse fracture of right patella, initial encounter for closed fracture
S82.032A	Displaced transverse fracture of left patella, initial encounter for closed fracture
S82.034A	Nondisplaced transverse fracture of right patella, initial encounter for closed fracture
S82.035A	Nondisplaced transverse fracture of left patella, initial encounter for closed fracture
S82.041A	Displaced comminuted fracture of right patella, initial encounter for closed fracture
S82.042A	Displaced comminuted fracture of left patella, initial encounter for closed fracture
S82.044A	Nondisplaced comminuted fracture of right patella, initial encounter for closed fracture
S82.045A	Nondisplaced comminuted fracture of left patella, initial encounter for closed fracture
S82.091A	Other fracture of right patella, initial encounter for closed fracture
S82.092A	Other fracture of left patella, initial encounter for closed fracture
S83.011A	Lateral subluxation of right patella, initial encounter
S83.012A	Lateral subluxation of left patella, initial encounter
S83.014A	Lateral dislocation of right patella, initial encounter
S83.015A	Lateral dislocation of left patella, initial encounter
S83.091A	Other subluxation of right patella, initial encounter
S83.092A	Other subluxation of left patella, initial encounter
S83.094A	Other dislocation of right patella, initial encounter
S83.095A	Other dislocation of left patella, initial encounter
S83.111A	Anterior subluxation of proximal end of tibia, right knee, initial encounter
S83.112A	Anterior subluxation of proximal end of tibia, left knee, initial encounter
S83.114A	Anterior dislocation of proximal end of tibia, right knee, initial encounter
S83.115A	Anterior dislocation of proximal end of tibia, left knee, initial encounter
S83.121A	Posterior subluxation of proximal end of tibia, right knee, initial encounter
S83.122A	Posterior subluxation of proximal end of tibia, left knee, initial encounter
S83.124A	Posterior dislocation of proximal end of tibia, right knee, initial encounter
S83.125A	Posterior dislocation of proximal end of tibia, left knee, initial encounter
S83.131A	Medial subluxation of proximal end of tibia, right knee, initial encounter
S83.132A	Medial subluxation of proximal end of tibia, left knee, initial encounter
S83.134A	Medial dislocation of proximal end of tibia, right knee, initial encounter

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ICD-10-CM Diagnosis Codes*	Description
S83.135A	Medial dislocation of proximal end of tibia, left knee, initial encounter
S83.141A	Lateral subluxation of proximal end of tibia, right knee, initial encounter
S83.142A	Lateral subluxation of proximal end of tibia, left knee, initial encounter
S83.144A	Lateral dislocation of proximal end of tibia, right knee, initial encounter
S83.145A	Lateral dislocation of proximal end of tibia, left knee, initial encounter
S83.191A	Other subluxation of right knee, initial encounter
S83.192A	Other subluxation of left knee, initial encounter
S83.194A	Other dislocation of right knee, initial encounter
S83.195A	Other dislocation of left knee, initial encounter
S83.211A	Bucket-handle tear of medial meniscus, current injury, right knee, initial encounter
S83.212A	Bucket-handle tear of medial meniscus, current injury, left knee, initial encounter
S83.221A	Peripheral tear of medial meniscus, current injury, right knee, initial encounter
S83.222A	Peripheral tear of medial meniscus, current injury, left knee, initial encounter
S83.231A	Complex tear of medial meniscus, current injury, right knee, initial encounter
S83.232A	Complex tear of medial meniscus, current injury, left knee, initial encounter
S83.241A	Other tear of medial meniscus, current injury, right knee, initial encounter
S83.242A	Other tear of medial meniscus, current injury, left knee, initial encounter
S83.251A	Bucket-handle tear of lateral meniscus, current injury, right knee, initial encounter
S83.252A	Bucket-handle tear of lateral meniscus, current injury, left knee, initial encounter
S83.261A	Peripheral tear of lateral meniscus, current injury, right knee, initial encounter
S83.262A	Peripheral tear of lateral meniscus, current injury, left knee, initial encounter
S83.271A	Complex tear of lateral meniscus, current injury, right knee, initial encounter
S83.272A	Complex tear of lateral meniscus, current injury, left knee, initial encounter
S83.281A	Other tear of lateral meniscus, current injury, right knee, initial encounter
S83.282A	Other tear of lateral meniscus, current injury, left knee, initial encounter
S83.411A	Sprain of medial collateral ligament of right knee, initial encounter
S83.412A	Sprain of medial collateral ligament of left knee, initial encounter
S83.421A	Sprain of lateral collateral ligament of right knee, initial encounter
S83.422A	Sprain of lateral collateral ligament of left knee, initial encounter
S83.501A	Sprain of unspecified cruciate ligament of right knee, initial encounter
S83.502A	Sprain of unspecified cruciate ligament of left knee, initial encounter
S83.511A	Sprain of anterior cruciate ligament of right knee, initial encounter
S83.512A	Sprain of anterior cruciate ligament of left knee, initial encounter
S83.521A	Sprain of posterior cruciate ligament of right knee, initial encounter
S83.522A	Sprain of posterior cruciate ligament of left knee, initial encounter
S83.61XA	Sprain of the superior tibiofibular joint and ligament, right knee, initial encounter

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ICD-10-CM Diagnosis Codes*	Description
S83.62XA	Sprain of the superior tibiofibular joint and ligament, left knee, initial encounter
S83.8X1A	Sprain of other specified parts of right knee, initial encounter
S83.8X2A	Sprain of other specified parts of left knee, initial encounter
T84.012A	Broken internal right knee prosthesis
T84.013A	Broken internal left knee prosthesis
T84.022A	Instability of internal right knee prosthesis
T84.023A	Instability of internal left knee prosthesis
T84.032A	Mechanical loosening of internal right knee prosthetic joint
T84.033A	Mechanical loosening of internal left knee prosthetic joint
Z47.89	Encounter for other orthopedic aftercare

IX. REFERENCES

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X. POLICY HISTORY

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MP-6.012	CAC 2/25/03
	CAC 9/28/04
	CAC 9/27/05
	CAC 11/28/06
	CAC 2/27/07
	CAC 1/29/08 Consensus review
	CAC 7/29/08
	CAC 7/28/09
	CAC 7/27/10 Consensus review.
	CAC 10/25/11 Adopt BCBSA. Information related to individual consideration for custom-made functional knee braces was retained in the policy.

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	CAC 10/30/12 Consensus review. No change to policy statements. References updated. Codes reviewed 10/23/12
	CAC 11/26/13 Consensus review. No change to policy statements. References updated. Rationale added.
	CAC 11/25/14 Consensus review. No change to policy statements. Reference and rationale sections updated.
	Consensus review coding reviewed 11/06/2014
	CAC 11/24/15 Consensus review. No changes to the policy statements. Reference and rationale update. LCD revised to L33318. Coding reviewed and updated.
	CAC 9/27/16 Consensus review. No changes to the policy statements. Reference and Rationale sections updated. Coding reviewed. Added new codes L1851, L1852 and removed end dated codes K0901, K0902; effective 1/1/17. Variation reformatting completed.
	CAC 9/26/17 Consensus review. Policy statements unchanged. Note added that “The provider requesting/ordering the DME should be a provider with whom the member has established a relationship and is involved in the ongoing care of the member and the condition for which the DME/orthotic is prescribed.” Rationale and Reference sections updated. Coding updated.
	1/1/18 Admin Update. Medicare variations removed from Commercial Policies.
	6/6/18 Consensus review. No changes to the policy statements. References reviewed and updated.
	4/8/19 Consensus review. No change to policy statements. References reviewed and updated.
	6/26/19 Consensus code review completed for July 2019. No changes.
	4/22/20- Consensus review. No change to policy statements. References reviewed. Language revised under Product Variations, Benefit Variations and Disclaimer sections.

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