# Custom Knee Orthotics
## DME-022

| | | | |
|---|---|---|---|
| **Iowa Medicaid Program** | Prior Authorization | **Effective Date** | 07/15/2022 |
| **Revision Number** | 5 | **Last Reviewed** | 07/17/2026 |
| **Reviewed By** | Medicaid Medical Director | **Next Review** | 07/16/2027 |
| **Approved By** | Medicaid Clinical Advisory Committee | **Approved Date** | 07/15/2022 |

## Descriptive Narrative

Custom-made (custom molded, custom fabricated) unloader knee braces are fabricated specifically for an individual. These braces generally use basic materials, including, but not limited to, plastic, metal, leather, or cloth in the form of sheets or bars. Fabrication involves substantial work such as cutting, bending, molding, or sewing and may involve the incorporation of some prefabricated components.

Constructing a custom-made knee brace involves much more work than a predominantly prefabricated item. A custom orthosis is fabricated for a specific individual based on clinically derived castings, tracings, molds, or images of the body part. It would only be appropriate when specific fit issues cannot be addressed by adjusting a prefabricated brace or orthosis (e.g., cutting, bending, adding extra straps).

If a brace is requested solely for use during athletic activities, the brace would not be considered necessary for the performance of activities of daily living and is, therefore, not medically necessary or covered by these criteria.

## Criteria

Custom-made (custom fabricated, custom molded) functional knee braces may be medically necessary as an alternative to a prefabricated (custom-fitted) knee brace when **ANY** of the following, but not limited to, are met:

1. Abnormal limb contour (disproportionate size of thigh and calf); **OR**
2. Knee deformity that interferes with fitting (valgus or varus limb); **OR**
3. Minimal muscle mass upon which to suspend an orthosis.

## Coding

The following list of codes is provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS/CPT code is inappropriate.

| HCPCS | Description |
|---|---|
| L1834 | Knee orthosis; without knee joint, rigid, custom fabricated. |
| L1840 | Knee orthosis; derotation, medial-lateral, anterior cruciate ligament, custom fabricated. |
| 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 fabricate. |
| L1846 | 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, custom fabricated. |
| L1860 | Knee orthosis; modification of supracondylar prosthetic socket, custom fabricated (SK). |
| L2861 | Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each [when specified as knee]. |

## Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

## References

Duivenvoorden T, Brouwer RW, van Raaij TM, Verhagen AP, Verhaar JAN, Bierma-Zeinstra SMA. Braces and orthoses for treating osteoarthritis of the knee. Cochrane Database of Systematic Reviews 2015, Issue 3. Art. No.: CD004020. DOI: 10.1002/14651858.CD004020.pub3.
Knee Orthosis – Policy Article. Medicare Coverage Database. A52465. Revision effective date January 1, 2026. Article - Knee Orthoses - Policy Article (A52465)

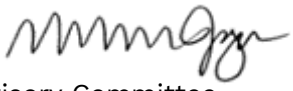
Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

## Criteria Change History

| Change Date | Changed By | Description of Change | Version |
|---|---|---|---|
| [mm/dd/yyyy] | | | [#] |
| **Signature** | | | |

| Change Date | Changed By | Description of Change | Version |
|---|---|---|---|
| [mm/dd/yyyy] | | | [#] |
| **Signature** | | | |

| Change Date | Changed By | Description of Change | Version |
|---|---|---|---|
| 07/17/2026 | CAC | Annual Review. | 5 |
| **Signature** | | | |
| William (Bill) Jagiello, DO | |  | |
| **Change Date** | **Changed By** | **Description of Change** | **Version** |
| 07/18/2025 | CAC | Annual Review. References updated. | 4 |
| **Signature** | | | |
| William (Bill) Jagiello, DO | |  | |
| **Change Date** | **Changed By** | **Description of Change** | **Version** |
| 07/19/2024 | CAC | Annual Review. | 3 |
| **Signature** | | | |
| William (Bill) Jagiello, DO | |  | |
| **Change Date** | **Changed By** | **Description of Change** | **Version** |
| 07/21/2023 | CAC | Annual Review. | 2 |
| **Signature** | | | |
| William (Bill) Jagiello, DO | |  | |
| **Change Date** | **Changed By** | **Description of Change** | **Version** |
| 07/15/2022 | CAC | Criteria implementation. | 1 |
| **Signature** | | | |
| William (Bill) Jagiello, DO | | | |



CAC = Medicaid Clinical Advisory Committee