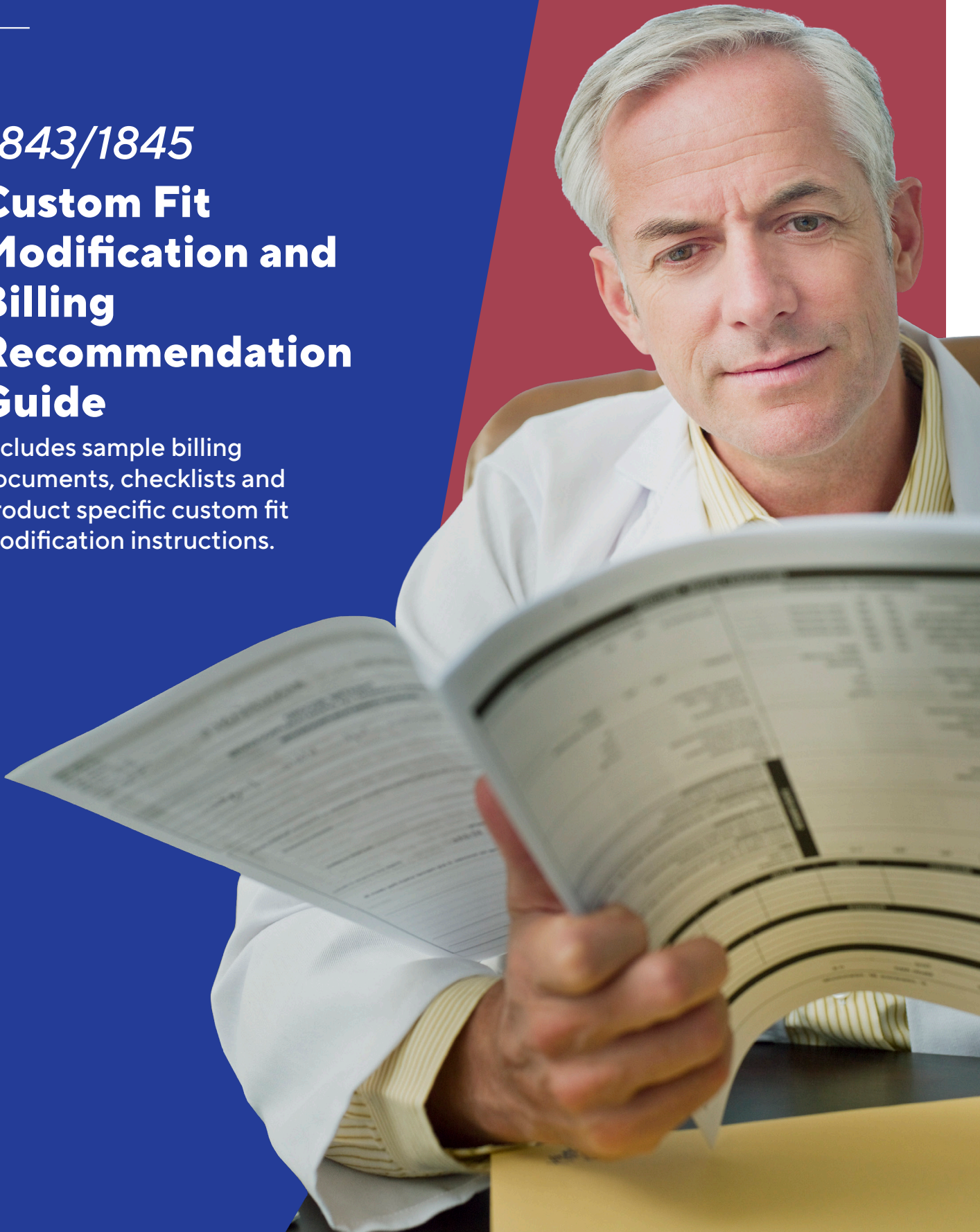




THUASNE®

1843/1845 Custom Fit Modification and Billing Recommendation Guide

Includes sample billing documents, checklists and product specific custom fit modification instructions.



Modifications & Billing Guidelines



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Why L1845?

A three-measurement custom fit for patients with billing support for providers

Measurements

The use of the knee M-L width, thigh circumference (6" above knee center) and calf circumference (6" below knee center) captures your patient's unique morphology, ensuring a custom fitted brace.

Modification and Documentation

Shells are hand bent to match the patient's measurements and accommodate any additional special requests (i.e. relief for prominent fibula head, adapting to disproportionate anatomy etc.) Using specifically calibrated tools, Thuasne USA ensures a proper fit and function of components. These modifications are documented for ease of billing and sent to the provider.

Built by Experts

Trained professionals with years of experience bend and square the devices. Each technician has received specialized training in the fabrication of the orthosis and all modifications made take place under the supervision of a Certified Prosthetist/Orthotist (CPO).

Disclaimer. The information set forth in this document is provided for informational purposes only, is either publicly available and/or cited herein, and is correct to the best of THUASNE USA's knowledge at the time this document was prepared. There may be other or more recent information that has not been reviewed in connection with the preparation of this document. Neither you nor any third party should rely solely on the information set forth herein and it is important that you and any other provider conduct independent research on the subject and consult with attorneys and other professional advisors of your choice who possess expertise in this area. THUASNE USA is under no duty or obligation to update this document in response to any changes in the relevant information. THUASNE USA will have no responsibility or liability whatsoever if you or any other party use or rely upon any of the information set forth herein or if the information proves to be inaccurate or outdated in any manner whatsoever.



OA Knee Bracing Checklist For Medicare Billing

Off the Shelf (OTS) codes are used to bill the brace when there is “minimal self-adjustment” at the time of fitting.

- Thuasne USA , OTS, Action Reliever L1851
- Thuasne USA , OTS, Dynamic Reliever L1851
- Thuasne USA , OTS, Reliever One L1851
- Thuasne USA , OTS, UniReliever L1851
- Thuasne USA , OTS, Rebel Reliever L1852

Custom-fit codes are used when there are substantial modifications made to achieve an individualized fit of the item. The substantial modifications must be documented and performed by a certified orthotist or an individual who has equivalent specialized training.

- Thuasne USA , Custom-Fit, Action Reliever L1843
- Thuasne USA , Custom-Fit, Dynamic Reliever L1843
- Thuasne USA , Custom-Fit, Reliever One L1843
- Thuasne USA , Custom-Fit, UniReliever L1843
- Thuasne USA , Custom-Fit, Rebel Reliever L1845

Coverage “May be covered when the following criteria is documented in the medical record:”

Patient is ambulatory

Knee joint laxity, documented by at least one of the following objective tests:

- Varus/valgus instability with stress testing,
- anterior/posterior drawer test,
- Pivot/shift test,
- Internal/external tibial rotation

Functional instability, as reported by patient

- “Knee gives away” during ADLs
- “Knee buckles and gives away”

Modifiers - All Knee Orthoses claims require the following modifiers:

- KX - Requirements specified in the medical policy have been met
- LT - Left side and/or
- RT - Right side

Suspension Sleeve - HCPCS L2397 - A suspension sleeve may be billed separately as a component

Reasonable Useful Lifetime - L1851/L1843- have a three year Reasonable Useful Lifetime, according to Medicare

Sample Medical Record Documentation:

PATIENT is a AGE year old MALE/FEMALE who presents with SYMPTOMS. HE/SHE is experiencing increased sensation of the knee “giving away” during normal activities. HE/SHE reports experiencing SYMPTOMS for LENGTH OF TIME. In the past, NAME OF PATIENT has tried LIST OF OTHER TREATMENTS. HE/SHE is currently taking LIST OF MEDICATIONS.

PATIENT ambulates with GAIT (antalgic/guarded/flexed knee/limited range of motion, varus or valgus thrust/unstable). Upon examination, the knee appears incongruent due to OA disease.

There is obvious symptomatic instability as evidenced by:

- varus/valgus instability with stress testing,
- anterior/posterior drawer test,
- pivot/shift test,
- internal/external tibial rotation

PATIENT will benefit from the use of an off-loader brace, which maximizes stability and support for knee osteoarthritis. The brace will assist in correcting alignment, providing stability to the knee, and decreasing the chances of injury from a fall.

Clinic Name
Address
City, State, Zip
Ph: (000) 000-0000 Fx: (000) 000-0000

Sample; Clinical Application for Custom Fit Knee brace

Patient Name: _____
Product fitted: L1832 L1843 L1845

Medical Necessity:

- Deformity of the leg or knee;
- Disproportionate Size of thigh and calf
- Minimal muscle mass upon which to suspend an orthosis
- Facilitate healing following a surgical procedure to the Knee or related ligament instabilities

Need for Custom-fitting:

- Thigh to calf ratio/disparity Obesity Multi-ligament level injury/surgery
- Knee deformity Compromised cognitive/physical ability Other _____

Additional notes: _____

Substantial modifications required to meet above medical necessity and need for custom fitting:

Gross Modifications:

Brace assembled/modified to fit patient circumference:
 _____ " Thigh; _____ " Calf

Measurement of the knee;
 _____ " Knee M-L

Brace/component Modifications:

	Proximal	Distal	Anterior	Posterior	
Assembled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Purpose: _____
Trimmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Molded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Accessories/Other Modifications:

Description _____
 Purpose _____

- Assembled and angulated brace/support components to accommodate:
 - Deformity of the leg or knee Thigh to Calf ratio/disparity Minimal muscle mass

Patient Education:

- Donning and doffing
- Proper application to maximize compression and support
- Proper location inferior/superior

Signature: _____ Date: ____ / ____ / ____

Sample Letter of Medical Necessity

L1843/ 1845 Custom Fit OA Knee Bracing



Custom Fit L1843/ 1845
OA Knee Bracing :
Sample Letter of Medical Necessity

Date:
Patient:
Date of Birth:
Prescribing Physician:
Medical Diagnoses & ICD-10 Codes:

NAME OF PATIENT is a AGE year old MALE/ FEMALE who presents with SYMPTOMS. HE/SHE is experiencing increased pain in the knee due to osteoarthritis, the patient is ambulatory. HE/SHE states that they are experiencing SYMPTOMS for DURATION OF TIME. In the past, NAME OF PATIENT has tried LIST OF OTHER TREATMENTS. HE/SHE is currently taking LIST OF MEDICATIONS.

Examination:

NAME OF PATIENT is APPEARING patient. Patient ambulates with GAIT (antalgic/ guarded/ flexed knee/ limited range of motion, varus or valgus thrust/ unstable). Upon examination, HE/SHE has SWELLING (erythema, swelling, bruising, and discoloration), PALPATION/ LOCATION of PAIN, AROM/PROM*, +/- CREPITUS, Laxity/ Tissue instability Grade 1-3 Ant/Post Drawer, Grade 1-3 Lachmans, Grade 1-3 a varus/ valgus stress test, Varus/ Valgus malalignment, Patellofemoral ROM/+/-Apprehension Test, +/- McMurray's Test.

Diagnostics:

Xray/MRI findings include:

Joint space narrowing in the MEDIAL/ LATERAL Compartment
Joint space narrowing
Subchondral sclerosis
Subchondral cysts
Periarticular osteophytes
Joint subluxation

Diagnosis:

715.16 Osteoarthritis localized primary involving lower leg

NAME OF PATIENT will benefit from the use of an off-loading brace, which maximizes stability and support for knee osteoarthritis.

At this time, a custom-fit off-loading brace is required for the knee due to Deformity of the leg or knee; OR Size of thigh and calf; OR Minimal muscle mass upon which to suspend an orthosis. The custom-fit device is required versus a prefabricated device due to REASON FOR CUSTOM-FIT. NAME OF PATIENT will require the use of the orthosis for an extended time. The custom-fit orthoses is required in an attempt to alleviate the need for surgery.

EXPECTED IMPROVEMENT INCLUDES:

Significant improvement in pain, stiffness, and physical function; preventing or reducing degenerative changes in the knee; allowing the patient to return to reasonable activities which may help them maintain a healthy weight; preserving the long-term viability of the knee; and increased resistance to injury from valgus, varus, rotational or anterior-posterior translation forces.

This brace has been clinically proven to improve patient's function and decrease pain medication usage and anti-inflammatory (NSAIDs) usage that can have negative GI side effects.

I am prescribing a clinically appropriate orthotic appliance that adheres to accepted medical standards and practices in the treatment of this condition, and is part of the medically necessary treatment for the NAME OF PATIENT well-being. If further assistance or questions are needed, please do not hesitate to contact me.

Regards,
Physician Name
Date

Custom Fit L1843/1845

OA Knee Bracing:

Example Chart Notes

Jane Smith is a 57 year old female who presents with left knee pain and swelling. She has been diagnosed with OA of the left knee and her physician, Dr. Jeffrey Greenbaum, has prescribed a Thuasne USA Action Reliever custom-fit knee brace.

The custom-fit brace has required several modifications to appropriately fit and treat Mrs. Smith. The thigh and calf shells has been heat molded to contour and distribute pressure to adjust for Mrs. Smith valgus knee. The flexion and extension control has been set to limit range of motion. The off-loading force system has been sized and custom-fit to Mrs. Smith left leg for optimal dosing and relief.

Mrs. Smith has been instructed on the proper use and maintenance of the brace. She is extremely satisfied with the comfort and fit.

Signature-----

John Doe, CFO

Tips & Suggestions to Patients: What to do if insurance denies your Custom-Fit OA Knee Brace. You the patient can be the best advocate for your own health needs. Work with your clinician to appeal the denial by following these suggested steps that insure a successful claim.

1) Determine the reason for denial

- Call the Customer Service Department. Have record number or ID ready
- Request written explanation of the reason for denial
- Request copies of the clinical policies/ documents used to determine denial
- Request name of person who reviewed file
- Request information on the Appeal process and time frames

2) Prepare the Appeal

- Write an appeal letter
- Obtain letter of medical necessity from your clinician
- Obtain supporting notes/ letters from your physician and other healthcare providers involved in your care
- Notify your employer's HR dept (or HR dept of source of your insurance) that the insurance company has denied your knee brace claim and inform them how this impacts you and your ability to perform physical tasks.

3) File the Appeal

- Meet all deadlines established by the insurance company
- Request your appeal be reviewed by a bracing expert
- Keep detailed copies of everything you send to the insurance

4) Second Appeal, if necessary

If your insurance company continues to deny the claim after your first appeal, you will be notified of the next step in the appeal process. After you gather facts, set a strategy. You may want to start by seeking help from one of the many non-profit and for-profit entities that offer assistance. Many states have health insurance consumer advocates, the advocacy group Families USA offers a list of state resources.

Key resources:

Patient Advocate Foundation: Non-profit organization that health-insurance appeals for free.

The office of Medicare Ombudsman (OMO) Helps with complaints, grievances, and information requests.

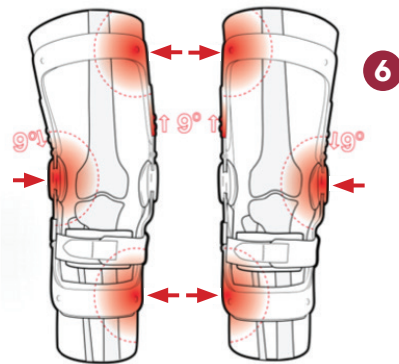
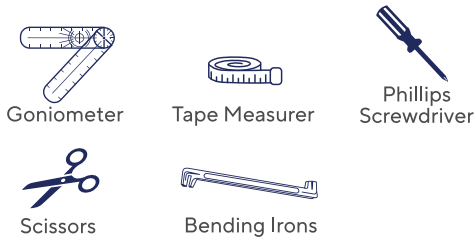
1-800-MEDICARE (800-633-4227)



Rebel Reliever –L1845

Custom Fit Modification Guide

TOOLS NEEDED

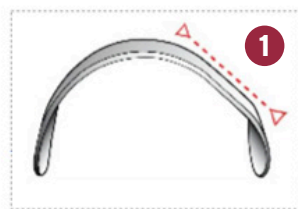
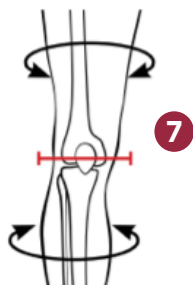


1. Contoured Tibia Shell promotes rotation control & anterior/posterior control
2. Widen/ narrow the fit at the knee joint with multiple thickness condyle pads for personalized comfort and intimate fit.
3. Positioning and orientation of the exclusive Synergistic Suspension Strap (posterior proximal calf strap) enhances suspension.
4. Adjustment of range of motion with extension/ flexion control stops.
5. Adjust the Medial/Lateral LoadShifter(s) to increase or decrease the amount of varus or valgus force applied
6. Adjust the Medial/ Lateral Loadshifter(s) so uprights can be set to specific height range or angulation to distribute pressure accordingly.
7. Thuasne USA's 3-measurement Assembly-Guarantees Custom Fit.

Custom Fit Measurement Data

These measurements are required to fabricate a custom fit knee brace and to ensure accuracy at the time of fitting.

- _____ Circumference 6 inches above mid-patella
- _____ **Medial-Lateral Knee Width (not circumference) at knee center**
- _____ Circumference 6 inches below mid-patella



Contoured Tibia Shell



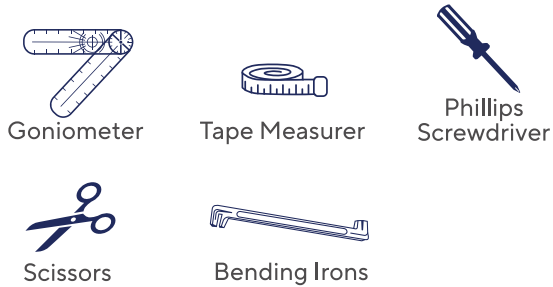


Rebel Series -L1845

(Rebel Pro, Rebel, Rebel Lite)

Custom Fit Modification Guide

TOOLS NEEDED

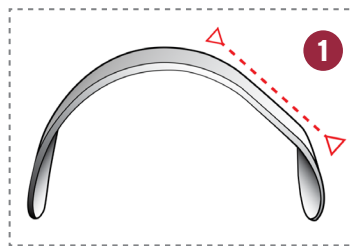
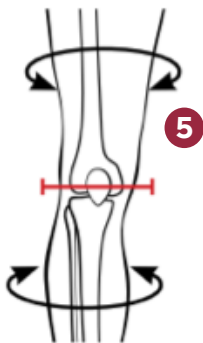


1. Contoured Tibia Shell-Promotes Rotation Control &Anterior/ Posterior Control
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3. Positioning and orientation of the exclusive Synergistic Suspension Strap (posterior proximal calf strap) enhances suspension
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5. 3-measurement Assembly-Guarantees Custom Fit

Custom Fit Measurement Data

These measurements are required to fabricate a custom fit knee brace and to ensure accuracy at the time of fitting.

- _____ Circumference 6 inches above mid-patella
- _____ **Medial-Lateral Knee Width (not circumference) at knee center**
- _____ Circumference 6 inches below mid-patella



Contoured Tibia Shell

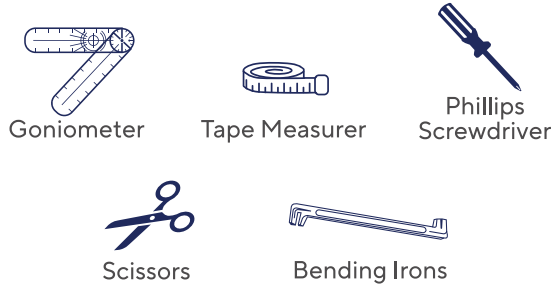




UniReliever -L1843

Custom Fit Modification Guide

TOOLS NEEDED



Custom-fit L1843 code is used when there are substantial modifications made to achieve an individualized fit of the item. The substantial modifications must be documented and performed by a certified orthotist or an individual who has equivalent specialized training.

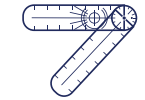
1. Self-contouring Nylon shells offered individually for assembly in clinic
2. Position, trim and orientate Cross Strapping system for optimal efficacy and off-loading
3. Adjustment of range-of-motion at hinge with extension/flexion control stops
4. Formable uprights allow for comfortable correction and adaptation to varus/valgus angle
5. Dial technology allows for comfortable and precise distribution of corrective force dosing on patient





Action Reliever –L1843 Modification Guide

TOOLS NEEDED



Goniometer



Tape Measurer



Scissors

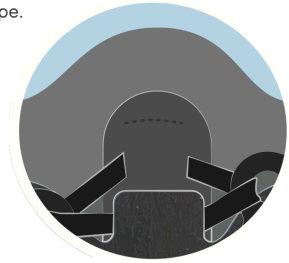


1. Cross strap system adjustment for optimal efficacy and off-loading dosing on patient
2. Evaluate proper positioning and orientation of the distal posterior strap to enhance suspension
3. Add condylar pads
4. Trim and shape the exterior thigh or tibia shell
5. Adjust range-of-motion by installing hinge extension/flexion control stops

Removable Shells

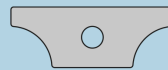
If required you may remove the exterior thigh or tibia shell and trim the shape.

1. Remove the shell from the brace.
2. Trim with scissors. You can use sand paper to smooth the edges if required.
3. Re-apply the shell with the attached hook.
4. When re-attaching the shell, make sure the cut outs match carefully with the black laces.

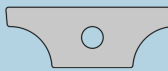


Extension Stops

0° Stop
(Installed)

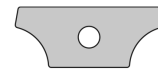


10° Stop

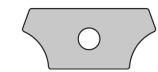


actual size

Flexion Stops



20° Stop



40° Stop

actual size

MEDICARE REIMBURSEMENT AT A GLANCE



This document is intended to provide a brief overview of the process required to bill OA and functional knee orthoses. This guide is not a guarantee of payment. Please refer to the following link for all necessary information on how to bill for these knee orthoses. Local Coverage Determination/Article (LCD): Knee Orthosis

Coverage Requirements

- An OA or Functional knee orthosis is covered when it is ordered for one of the following indications:
 - Recent injury to or a surgical procedure on the knee(s)
 - The patient is ambulatory and has documented knee instability

Diagnosis Requirement

- A knee orthosis requires a diagnosis/condition specified in the Group 4 ICD-10 coding. For approved coding please refer to the above Knee Orthosis link.

Custom Fitted VS Off-The-Shelf Coding

- Off-the-Shelf requires minimal self-adjustment and can be done by beneficiary, caretaker, or supplier. Coding is L1851/L1852.
- Custom Fitted requires more than minimal self-adjustment, by a qualified practitioner, at the time of delivery, to provide an individualized fit. The orthosis must be trimmed, bent, molded (with or without heat). Coding is L1843/L1845.

Documentation Requirements

- When applicable, knee instability must be documented by examination of the beneficiary and an objective description of joint laxity must be documented in the medical record.
- The knee orthosis being dispensed must be documented within the notes
- If a custom-fit L-Code (L1843 or L1845) is selected, a detailed description of the modifications must be in the notes and available upon request.

Billing Requirements

- Appropriate modifiers are required for billing knee orthosis (extremity modifiers alone are not sufficient)
 - LT or RT
 - KX requirements specified in the medical policy have been met
 - GA ABN on file/waiver of liability issued
 - GZ ABN not on file/item expected to be denied as not medically necessary
 - EY No physician or other licensed healthcare provider order for this item or service



LINK TO LCD