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The Following is the exact verbiage from the Medicare LCD for qualifying coverage criteria for a HINGED KNEE BRACE:

A knee orthosis with joints (L1810) is covered for ambulatory beneficiaries who have weakness or deformity of the knee and require stabilization.

MEDICARE REQUIRES CURRENT CHART NOTES THAT STATE THE ABOVE QUALIFYING INFORMATION

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**OFF THE SHELF
HINGED KNEE BRACE
Rx**

Dr. _____

NPI # _____

Patient Name _____ DOB _____

Diagnosis (ICD-10) _____

Y N The patient is ambulatory?

Y N The patient has a weakness or deformity of the knee and
requires stabilization?

Quantity: _____ **For RIGHT or LEFT Limb:** _____

Length of Need (*99 = Lifetime*): _____ Months

Physician Signature

Date