

# Medicare Knee Policy Update 2011

Medicare has recently updated their Knee Policy. Claims will be denied as not medically necessary when the patient's condition does not meet certain criteria for coverage.

Claims for

- **L1832**(Playmaker, Breg T-Scope, and KO Adj jnt pos rigid Support) or ROADRUNNER
- **L1843** (KO Single Upright Custom Fit )
- **L1845** (KO w/Adj Flex/Ext Rotat Prefab and OTS ACL Brace) BREG FUSION
- or **L1850** (KO Swedish type)

will be **denied** as not medically necessary when the patient does not meet the criteria for coverage. For example, they will be **denied** if only pain or a subjective description of joint instability is documented.

The following tests will be acceptable to allow Medicare to cover the costs of the aforementioned knee braces.

**Physicians MUST document these tests in their dictation or Mary Free Bed will NOT be able to provide these braces for your patients without written consent from the patient that they understand that their prescribed brace will not be a covered benefit and that they will be responsible for the cost of the brace.** Mary Free Bed will work out

payment arrangements, upon patient qualification. Please be aware of this change, and let your patient know that they will be responsible for the cost of the brace.

- **Lachman Test** The Lachman test is the best test to diagnose an anterior cruciate ligament (ACL) tear. With the patient lying flat and relaxed, the examiner bend the knee slightly, about 20 degrees. The examiner then stabilizes the thigh while pulling the shin forward. Both the amount of translation (shifting) as well as the feel of the endpoint offer information about the ACL.
- **Anterior Drawer Test** The anterior drawer test is also performed with the patient lying flat. The knee is bent 90 degrees and the shin is pulled forward to check the stability of the ACL. An intact ACL will only allow the shin to come forward slightly. A torn ACL will allow the shin to move further forward.
- **Pivot Shift Test** The pivot shift test is a difficult maneuver to perform on a patient who is not under anesthesia. This test places a stress on the knee joint that forces a subluxation (partial dislocation) in patients who do not have an ACL. This test recreates the type of instability that caused the ACL injury.
- **Posterior Drawer Test** The posterior drawer is performed similarly to the anterior drawer test. This test detects injury to the posterior cruciate ligament (PCL). By pushing the shin backward, the integrity of the PCL is tested. Excessive movement of the shin backwards is a sign of PCL injury.
- **Varus and Valgus Instability** Varus and valgus instability tests check the Lateral collateral ligament (LCL) and medial collateral ligament (MCL), respectively. With the patient lying flat, and the knee held at about 30 degrees of flexion, the shin is shifted to each side. Insufficiency of the LCL or MCL will allow the knee to "open up" excessively. The test is repeated with the leg straight. If the knee still opens up excessively, then more than just the LCL or MCL was torn.

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- **Varus Stress Test** The varus stress test is slightly more difficult to perform than the valgus test because the table begins to get in the way of performing the test correctly. For this reason, the patient's thigh is placed slightly more away from the table (abducted) and one hand is placed with the thumb stabilizing the lower extremity and the fingers or thumb placed directly over the lateral jointline. In this position, the amount of joint line opening that occurs can be palpated. It is important that this hand also serve to stabilize the extremity such that true amount of instability can be felt. The other hand is placed over the patient's foot and is used to apply varus stress with the knee flexed at 30 degrees. Increased varus opening is assessed and compared to the normal contralateral knee. Mild (0–5mm), Moderate (5–10mm), or severe (>10mm) lateral compartment opening, compared to the normal knee is usually indicative of at least a posterolateral knee injury and potentially an ACL and/or PCL injury.
- **Dial Test** The dial test checks the rotation allowed at the knee joint. Patients who have posterolateral rotatory instability may have excessive rotation at the knee joint. The test is done with the patient lying face down, and the knees bent about 30 degrees. The feet are turned outwards and compared to each other. Excessive rotation is a sign of posterolateral corner injury.
- **External Rotation Recurvatum Test (Hughston Test)** With a slight downward pressure to the femur, the great toe is lifted and the amount of recurvatum (hyperextension) of the knee is assessed.
- **Failed Total Knee Arthroplasty** Test documentation of failed recovery post total knee arthroplasty. Affected leg quadriceps weakness documentation (e.g., quadriceps circumference variance affected vs. nonaffected leg).  
**Neurologically Impaired Gait Test** For MS, hemiplegia, unspecified, cerebral palsy, paraplegia of both lower limbs and mononeuritis of lower limb, unspecified documentation of gait abnormality must be documented (e.g., hemiplegic gait with circumduction of the lower leg during gait).

If you have questions, or would like more information regarding this policy, please contact our Orthotic Office at 616-242-0315 or 800-474-0324.