SUBJECT: KNEE BRACES

INCLUDED PRODUCT(S):

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<th>Medicaid</th>
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<tr>
<td>☑ BadgerCare Plus</td>
<td>☑ Together with CCHP</td>
<td>☑ Together with CCHP</td>
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PURPOSE OR DESCRIPTION:
The purpose of this policy is to define criteria for the medically necessary use of knee braces.

POLICY:

Knee braces will be considered medical necessary when the following criteria are present:

1. For knee braces prescribed for osteoarthritis ALL of the following must be present:
   a. Knee pain and functional disability
   b. Radiographic evidence of advanced osteoarthritis, as indicated by 1 or more of the following:
      i. Angular deformity
      ii. Knee joint destruction
      iii. Severe joint space narrowing
   c. No bicompartamental arthritic changes in tibiofemoral joint
   d. No injury or chronic stretch of medial or lateral collateral ligaments or other structures of knee
2. For post operative treatment a knee brace may be indicated if:
   a. When prescribed as part of post operative rehabilitation plan during the healing phase within three months of surgery, OR
   b. There is clinical documentation of ongoing instability anytime after surgery as indicated by:
      i. Symptoms of instability, AND
      ii. Physical findings of instability

3. For knee injuries a knee brace may be indicated if:
   a. A physician evaluation has occurred which includes:
      i. Documentation of a history consistent with symptoms of instability
      ii. Documentation of physical findings consistent with joint instability

Knee braces will not be considered medical necessary for:
   a. Reduction of pain only
   b. Prevention of further injury if no current instability exists (see requirements for instability in “3. For knee injuries” above
   c. Return to participation in sports if no current instability exists

REFERENCES:

1. MCG Guideline A-0332 (AC); MCG Health: Ambulatory Care 23rd Edition. Copyright © 2019 MCG Health, LLC