Medical Utilization Management Policy

SUBJECT: KNEE BRACES

INCLUDED PRODUCT(S):

Medicaid
- BadgerCare Plus
- Care4Kids Program

Individual and Family
- Commercial
- Marketplace

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 medically 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 bicompartmental arthritic changes in the tibiofemoral joint
2. For postoperative care, a knee brace may be indicated if:
   a. When prescribed as part of a postoperative rehabilitation plan during the healing phase within three months of surgery, OR
   b. There is clinical documentation of ongoing instability any time after surgery, as indicated by:
      i. Symptoms of joint instability, AND
      ii. Physical findings of joint instability

3. For knee injuries, a knee brace may be indicated if:
   a. A physician evaluation shows:
      i. Documentation of a history consistent with symptoms of instability
      ii. Documentation of physical exam 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
   c. Return to participation in sports, if no current instability exists

REFERENCES:

Q: CCHP Leadership\Utilization Management Medical Policies\APPROVED MEDICAL UM POLICIES\Knee Brace Policy Medical UM Policy

Developed by: CCHP Medical Directors


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


