

# Children's Hospital and Health System Children's Community Health Plan Policy and Procedure

This policy applies to the following entity(s):

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|--|--|
| <input type="checkbox"/> CHW – Milwaukee                         | <input type="checkbox"/> CHW - Fox Valley                            |
| <input type="checkbox"/> CHHS Foundation                         | <input type="checkbox"/> CHW - Surgicenter                           |
| <input type="checkbox"/> CHW – Community Services Division       | <input checked="" type="checkbox"/> Children's Community Health Plan |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group                  |
| <input type="checkbox"/> Children's Medical Group - Urgent Care  | <input type="checkbox"/> CHHS Corporate Departments                  |

## Medical Utilization Management Policy

### SUBJECT: KNEE BRACES

#### INCLUDED PRODUCT(S):

##### Medicaid

BadgerCare Plus

Care4Kids Program

##### Commercial

Together with CCHP

##### Marketplace

Together with CCHP

#### PURPOSE OR DESCRIPTION:

The purpose of this policy is to define criteria for the medically necessary use of knee braces.

#### POLICY:

1. For knee braces prescribed for osteoarthritis, CCHP will use Milliman Care Guidelines to determine medical necessity:
  - a. Knee braces may be indicated when **ALL** of the following are present:
  - b. Knee pain and functional disability
  - c. 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
  - d. No bicompartamental arthritic changes in tibiofemoral joint
  - e. No injury or chronic stretch of medial or lateral collateral ligaments or other structures of knee
  
2. For post operative treatment:

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Reviewed:

Revised: None

Developed by: CCHP Medical Directors and Director Health Plan Clinical Services

- a. Knee braces may be indicated if:
  - b. When prescribed as part of post operative rehabilitation plan during the healing phase at least within three months of surgery, OR
  - c. Ongoing instability anytime after surgery as indicated by:
    - i. Symptoms of instability, AND
    - ii. Physical findings of instability
3. For knee injuries:
- a. Knee braces may be indicated if:
  - b. 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

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