

**Knee Orthosis
Prior Authorization (PA) Request Form**
(Incomplete Form May Delay Processing)

Provider Information		Member Information
Ordering Physician Name:	NPI #:	Member Name:
Office Phone#: Office Fax#:	Contact Name:	Member ID #:
Vendor Name:	NPI #:	Member's Date of Birth:
Vendor Phone #: Vendor Fax #:	Contact Name:	Member's Phone #:

ICD-10 Code(s):

Please answer questions below

HCPCS code(s) (REQUIRED): _____

Please provide the following information.

1. What is the date of delivery/purchase? __/__/____
2. Why is the rigid or semi-rigid support device needed?

3. If this is a **prefabricated orthosis (K0901, K0902, L1810, L1812, L1820, L1830, L1833, L1836, L1843, L1845, L1847, L1848 or L1850)**, please also answer the following questions:

- a. Is there weakness or deformity of the affected knee requiring stabilization? Yes No
- b. Is there flexion or extension contractures with movement on passive range of motion of at least 10 degrees?..... Yes No
- c. Was there a recent injury to or a surgical procedure of the affected knee? Yes No
- d. Is the member ambulatory with knee instability due to genu recurvatum (hyperextended knee)? Yes No

4. If this is a **custom fabricated orthosis (L1834, L1840, L1844, L1846 and L1860)**, please also answer the following questions:

- a. Is there weakness or deformity of the affected knee requiring stabilization? Yes No
- b. Is there flexion or extension contractures with movement on passive range of motion of at least 10 degrees?..... Yes No
- c. Was there a recent injury to or a surgical procedure of the affected knee? Yes No
- d. Is the member ambulatory with knee instability due to genu recurvatum (hyperextended knee)? Yes No
- e. Is there instability due to internal ligamentous disruption of the knee? Yes No

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f. Why is customization required?	
i. Deformity of the leg and knee.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Size of the calf or thigh requires customization	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Minimal muscle mass to suspend the orthosis.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Other (explain) _____	
5. If this is a heavy duty knee joint (L2385, L2395) , does the member weigh > 300?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If this is a concentric adjustable torsion style mechanism (L2999) , does the member require knee extension assist in the absence of any co-existing joint contracture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>I certify that I have appropriate authority to request an organization determination for the item(s) indicated on this request. I further certify that the patient's medical records accurately reflect the information provided. I understand that Blue Cross NC may request medical records for this patient at any time in order to verify this information.</p> <p>Signature: _____ Date: _____</p>	

Please Return Completed Form to:

Fax: 1-336-794-1556

For questions please call Care Management at 1-888-296-9790.

Blue Cross and Blue Shield of North Carolina is an HMO/PPO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.