Medical Utilization Management Policy

SUBJECT: KNEE BRACES

INCLUDED PRODUCT(S):

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<thead>
<tr>
<th>Medicaid</th>
<th>Commercial</th>
<th>Marketplace</th>
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<tbody>
<tr>
<td>☒ BadgerCare Plus</td>
<td>☒ Together with CCHP</td>
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<td>☒ Care4Kids Program</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:
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 bicompartmental 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:
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

REFERENCES:


