

# INSURANCE COVERAGE

In order for a custom *Ascender* to be covered by a patient's insurance, specific documentation is **required**. Please provide the information listed for either Medicare or Non-Medicare claims, depending on your patients coverage in the clinical notes. *The information must be documented and clearly detailed within the clinical notes.*

## NON-MEDICARE INSURANCE PATIENTS

*For the patient to receive a custom brace through insurance, both of the following must be clearly detailed in your clinical notes.*

1. Add diagnosis code that supports knee orthosis
2. Indicate that the patient needs a **CUSTOM** knee brace because of one of the following conditions:
  - a. The leg is too large or small for an off the shelf brace to properly fit the patient
  - b. Knee or calf deformity
  - c. Muscle atrophy

For acute injuries, please document the need for a custom brace as outlined above.

## MEDICARE PATIENTS

*For the patient to receive a custom brace through insurance, all 3 of the following must be clearly detailed in your office notes.*

1. **OSTEOARTHRITIS** (primary) AND
2. **KNEE INSTABILITY** (secondary) must document *objective description of joint laxity shown by varus/valgus instability test, anterior/posterior DRAWER test, Lachman test.*
3. Indicate that the patient needs a **CUSTOM** knee brace because of one of the following conditions:
  - a. The leg is too large or small for an off the shelf brace to properly fit the patient
  - b. Knee or calf deformity
  - c. Muscle atrophy

For acute injuries, please document the need for a custom brace as outlined above.