STAR DME
Medical & Surgical Supply

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Hinged Knee Brace

HCPCS L1833

Standard Written Order (SWO) and documentation guide. Fax this order with the patient's most recent visit note to **844-438-5893**.

Patient Information

Name _____ **DOB** _____

Address _____

Phone _____ **Cell** _____

Primary Insurance _____ **ID#** _____

Secondary Insurance _____ **ID#** _____

Order

	CODE	ITEM	QUANTITY
☐	**L1833**	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the-shelf	**1 per knee**

☐ **Right** ☐ **Left** ☐ **Both** **Length of need** _____

Diagnosis / ICD-10 _____

Coverage Criteria

Check only what is documented in the chart. Medicare LCD L33318 (Knee Orthoses). The patient meets one of these:

- ☐ Recent injury to the knee or recent surgical procedure on the knee
- ☐ Ambulatory, with knee instability documented by an objective exam

What the Visit Note Must Show

In the treating practitioner's own words, from a recent visit:

- Which knee (right, left or both) and the diagnosis
- Knee exam with an objective description of joint laxity (for example varus/valgus stress test or anterior/posterior drawer test)
- That the patient is ambulatory, and how the knee limits walking, stairs or daily activities
- For a recent injury or surgery: the date and type of injury or procedure
- Note: "feels unstable" or an X-ray report alone does not document instability

FACE-TO-FACE VISIT, ORDER BEFORE DELIVERY, PRIOR AUTHORIZATION

Since October 28, 2026, Medicare requires a face-to-face visit with the treating practitioner within 6 months before this order, this signed order before delivery, and prior authorization. Please fax the visit note with this order.

Practitioner

Signature _____ **Order date** _____

Printed name _____ **NPI** _____

Signature and date stamps are not acceptable. This form does not replace the practitioner's own medical record.