

Medicare Expands Coverage for Knee Orthoses in Osteoarthritis *Effective January 25, 2026

Dear Valued Customer,

We're pleased to share an important update to Medicare coverage policy that directly benefits patients with knee osteoarthritis and the providers and suppliers who treat them.

What's Happening

The DME MACs have finalized a revised Knee Orthoses Local Coverage Determination (LCD) and accompanying Policy Article, effective for dates of service on or after January 25, 2026. This is the most significant update to knee bracing policy in over a decade, and it directly addresses a long-standing coverage gap for patients with tibiofemoral osteoarthritis.

Why It Matters

Previously, Medicare coverage for unloader-style knee orthoses under HCPCS codes: **L1843, L1844, L1845, L1846, L1851, and L1852**, required either a recent injury/surgery history or documented joint instability (laxity). Because osteoarthritis is a chronic condition that often doesn't present with laxity, many clinically appropriate patients were routinely denied coverage despite strong clinical evidence supporting the use of unloader bracing for OA symptom relief.

What's New: A Third Coverage Pathway

CMS has now established a new pathway specifically for tibiofemoral osteoarthritis. To qualify, all of the following must be true and documented in the patient's medical record:

- The patient is ambulatory
- The patient is experiencing pain and/or reduced mobility/function due to medial or lateral tibiofemoral osteoarthritis

- A physical exam plus imaging (x-ray, MRI, or CT) confirms arthritic changes (e.g., joint space narrowing, bone spurs, cysts) consistent with tibiofemoral arthritis
- The knee orthosis provides varus or valgus adjustment
- The patient expresses willingness to use the brace as part of the provider's plan of care
- An approved diagnosis code is documented per the policy

What This Means for You

This update removes one of the biggest barriers to appropriate reimbursement for unloader bracing in OA patients. No more forcing a laxity narrative that often didn't reflect the clinical reality. **For ordering providers**, thorough documentation of the exam, imaging findings, and patient willingness will be key to a clean claim. **For DME suppliers**, this opens the door to serving a much broader population of appropriate candidates with confidence.

Next Steps

We encourage your team to review and align documentation workflows with the policy requirements now in effect. Thuasne's OA line of products such as, [UniReliever](#) and [Rebel Reliever](#), are well-positioned to support patients qualifying under this new pathway.

If you have questions about how this policy change affects your practice or product selection, please reach out to your Thuasne representative.

