

Medical Policy



Cervical-Thoracic Orthosis (Halo Brace), Cervical Orthosis (Cervical Collar)

▼ Description

A cervical-thoracic orthosis (CTLSO) or Halo brace is used to stabilize the upper spine following surgery or an injury to the cervical or thoracic vertebrae. A Cervical Orthosis (cervical collar) is a device used to support the neck.

▼ Policy

Cervical-thoracic orthoses are considered **reasonable and necessary** to stabilize the upper spine following surgery or an injury to the cervical or thoracic vertebrae

Cervical-thoracic orthoses are considered **not reasonable and necessary** for all other indications.

A Cervical orthosis (cervical collar) is considered **reasonable and necessary** to support the neck. (HCPCS codes L0120-L0200). There are various types of cervical orthoses, including soft and rigid devices. Soft collars that are made of lightweight material are very flexible and can be easily removed. However, they offer minimal immobilization and primarily act as reminders to limit neck motion. Soft collars are typically indicated for mild cervical sprains or, in some cases, to provide comfort after a stable internal fixation. More rigid collars such as the Philadelphia collar and Miami collar are utilized post-fusion for cervical strain or for unstable fractures.

▼ Policy Guidelines

1. The CTLSO (Halo brace) L0810, L0820, L0830 and L0860 are surgically implanted. Therefore all components of the brace (L0700 and L0710) are covered under the hospital benefit and not provided in the home setting.

▼ HCPCS Level II Codes and Description

L0120	Cervical, flexible, nonadjustable (foam collar)
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L0130	Cervical, flexible, thermoplastic collar, molded to patient
L0140	Cervical, semi-rigid, adjustable (plastic collar)
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support
L0170	Cervical, collar, molded to patient model
L0172	Cervical, collar, semi-rigid thermoplastic foam, two piece
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension
L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types)
L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension
L0700	CTLSSO, anterior-posterior-lateral control, molded to patient model (Minerva type)
L0710	CTLSSO, anterior-posterior-lateral control, molded to patient model, with interface material (Minerva type)
L0810	Halo procedure, cervical halo incorporated into jacket vest
L0820	Halo procedure, cervical halo incorporated into a plaster body jacket
L0830	Halo procedure, cervical halo incorporated into Milwaukee type of orthosis
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material
L0861	Addition to halo procedure, replacement liner/interface material

▼ **Important Note:**

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

▼ **References**

1. Cigna: Spinal Orthoses
https://secure.cigna.com/health/provider/medical/procedural/coverage_positions/medical/mm_0394_coveragepositioncriteria_spinal_orthoses.pdf
2. Gennis P, Miller L, Gallagher EJ, Giglio J, Carter W, Nathanson N. The effect of soft cervical collars on persistent neck pain in patients with whiplash injury. Acad Emerg Med. 1996 Jun;3(6):568-73.

Applicable URAC Standard

Core 8	Staff operational tools and support
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Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:
A	11-20-06	Initial Release	Rosanne Brugnoli	Ken Fasse	n/a

01		Annual Review – no changes	Susan Glomb	Ken Fasse	12-2008
02	12-22-09	Annual Review-no changes	Susan Glomb	Ken Fasse	Dec.2009
03	11-19-10	Annual Review – No Changes	Susan Glomb	Ken Fasse	Nov.2010
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	
05	11-22-11	Annual Review. Added references to policy.	Susan Glomb	Dr. B. Almasri	
06	11-28-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012
07	12-18-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri	
08	12-29-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	
09	12-14-15	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	12-14-15
10	12-09-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016
11	12-11-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2017
12	12-3-18	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2018