

Medical Policy



Spinal Orthoses

▼ Description

Thoracic, lumbar and/or sacral spinal orthosis are used to support weak spinal muscles and/or deformity, facilitate healing following an injury or surgical procedure on the spine or related tissue or reduce pain by restricting mobility of the trunk.

Sacroiliac Supports are fabric supports or braces. They do not restrict motion of the spine, and are used primarily to stabilize the sacroiliac and symphysis pubis joints following an injury or surgery.

A **Rib Belt** is used to provide support to the chest following injury or surgery to the ribs or chest wall.

A **Scoliosis brace** is a custom back brace which is used to assist in the correction of the curvature of the spine caused by Scoliosis, Kyphosis or Lordosis.

▼ Policy

A thoracic, lumbar and/or sacral spinal orthosis is considered **reasonable and necessary** for Members meeting coverage criteria.

▼ Policy Guidelines

Coverage Criteria:

Must be ordered by the Member's treating physician.

1. A spinal orthosis - **thoracic-lumbar-sacral orthosis** (L0450-L0492), lumbar orthosis (L0625-L0627), lumbar-sacral orthosis (L0628-L0640), sacroiliac supports (L0621 – L0624) or rib belts (L0220) are considered

reasonable and necessary when it is ordered for one of the following indications:

- a. To reduce pain by restricting mobility of the trunk; or
 - b. To facilitate healing following an injury to the spine or related soft tissues; or
 - c. To facilitate healing following a surgical procedure on the spine or related soft tissue; or
 - d. To otherwise support weak spinal muscles and/or a deformed spine.
2. A spinal orthosis - **scoliosis brace** is considered reasonable and necessary for members with one of the following ICD-9 codes, including, but not limited to:
- M40.00, M40.209 Kyphosis
 - M40.40, Q76.425
-Q76.428 Lordosis
 - M41.20 Scoliosis, idiopathic
 - M41.00 Resolving infantile scoliosis
 - M41.00 Progressive infantile idiopathic scoliosis
 - M41.30 Thoracogenic scoliosis
 - M43.8X9 Curvature of the spine, unspecified
 - M41.40, M41.50 Scoliosis
 - Q67.5, Q76.3 Congenital postural scoliosis

▼ **Exclusions:**

A spinal orthosis used for the following conditions are generally considered not reasonable and necessary:

- Obesity
- Exclusive treatment of keloids or to reduce scarring following burns or surgical procedures.
- A sacroiliac support that is intended to be used for the sole purpose of allowing for participation in work, recreation or sporting activities prophylactic bracing or bracing to prevent or reduce the severity of injuries is not considered reasonable and necessary.
- Duplicate orthosis for use as spare devices.
- As a preoperative diagnostic tool prior to lumbar fusion surgery.

If a spinal orthosis is provided and the coverage criteria are not met, the item will be considered as not reasonable and necessary.

Maternity support garments, which are products that are designed to provide support for the abdomen during pregnancy, do not meet the definition of a brace. These products are coded using A9270 (NON-COVERED ITEM OR SERVICE). L codes for orthoses must not be used for these items.

There is no separate payment if CAD-CAM technology is used to fabricate an orthosis. Reimbursement is included in the allowance of the codes for custom fabricated orthosis.

A protective body sock (L0984) will be considered not reasonable and necessary since it is not required for the proper functioning of the brace.

Addition to CTLSO or scoliosis orthosis, cover for upright (L1120) is not considered reasonable and necessary.

▼ HCPCS Level II Codes and Description

A4467	BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANELS(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, CUSTOM FABRICATED
L0454	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L0456 TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L0458 TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L0460 TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L0462 TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L0464 TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L0466 TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L0468 TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, AND CORONAL PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND

ADJUSTMENT

- L0470 TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO SCAPULA, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, ROTATIONAL STRENGTH PROVIDED BY SUBCLAVICULAR EXTENSIONS, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANVERSE PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
- L0472 TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH WITH TWO ANTERIOR COMPONENTS (ONE PUBIC AND ONE STERNAL), POSTERIOR AND LATERAL PADS WITH STRAPS AND CLOSURES, LIMITS SPINAL FLEXION, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANVERSE PLANES, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
- L0480 TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED
- L0482 TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN

SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED

L0484 TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED

L0486 TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED

L0488 TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L0490 TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING REINFORCED ANTERIOR, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES AT OR BEFORE THE T-9 VERTEBRA, ANTERIOR EXTENDS

FROM SYMPHYSIS PUBIS TO XIPHOID, ANTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL AND CORONAL PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L0491 TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL AND CORONAL PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L0492 TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL AND CORONAL PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L0621 SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF

L0622 SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED

L0623 SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN

DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L0624 SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS PLACED OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED

L0629 LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED

L0630 LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L0631 LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L0632 LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS,

CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED

L0633 LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L0634 LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED

L0635 LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANEL(S), LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, ANTERIOR PANEL, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L0636 LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON

INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, ANTERIOR PANEL, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED

L0637 LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L0638 LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED

L0639 LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L0640 LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS

PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED

L0984	PROTECTIVE BODY SOCK, EACH
L1000	CTL SO (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL
L1001	CTL SO, IMMOBILIZER, INFANT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT
L1010	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, AXILLA SLING
L1020	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD
L1025	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING
L1030	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD
L1040	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD
L1050	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, STERNAL PAD
L1060	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, THORACIC PAD
L1070	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, TRAPEZE SLING
L1080	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, OUTRIGGER
L1085	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS
L1090	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING
L1100	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER
L1110	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL
L1200	THORACIC-LUMBAR-SACRAL ORTHOSIS (TL SO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY

L1210	ADDITION TO TLSO, LATERAL THORACIC EXTENSION'
L1220	ADDITION TO TLSO, ANTERIOR THORACIC EXTENSION
L1230	ADDITION TO TLSO, MILWAUKEE TYPE SUPERSTRUCTURE
L1240	ADDITION TO TLSO, LUMBAR DEROTATION PAD
L1250	ADDITION TO TLSO, ANTERIOR ASIS PAD
L1260	ADDITION TO TLSO, ANTERIOR THORACIC DEROTATION PAD
L1270	ADDITION TO TLSO, ABDOMINAL PAD
L1280	ADDITION TO TLSO, RIG GUSSET (ELASTIC), EACH
L1290	ADDITION TO TLSO, LATERAL TROCHANTERIC PAD
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL
L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED
L4000	REPLACE GIRDLE FOR MILWAUKEE ORTHOSIS

▼ Coding Guidelines

1. Thoracic-lumbar-sacral orthosis (TLSO) described by codes, and L0450-L0492, lumbar orthosis (LO) described by codes, L0625 - L0627 and lumbar-sacral orthosis (LSO) described by codes L0628 - L0640 have the following characteristics:
 - a. Used to immobilize the specified areas of the spine.
 - b. Intimate fit and generally designed to be worn under clothing.
 - c. Not specifically designed for Members in wheelchairs.
2. In addition to (1) and (2), the body jacket type orthosis (, L0458-L0464, L0480-L0492, L0639, L0640) are characterized by a rigid plastic shell that encircles the trunk with overlapping edges and stabilizing closures and provides a high degree of immobility. The entire circumference of the plastic shell must be the same rigid material.
3. For an item to be classified as a TLSO the posterior portion of the brace must extend from the sacrococcygeal junction to just inferior to the scapular spine. This excludes elastic or equal shoulder straps or other strapping. The anterior must at a minimum extend from the symphysis pubis to the xiphoid. Some TLSOs may require the anterior portion to extend up to the sternal notch.
4. A flexible garment which is made primarily of elastic material (e.g. neoprene or spandex [elastane, Lycra], is billed with code A4467. These

items were previously billed with code L0450, L0454, L0625, or L0628 and if a modifier is used, the GY modifier.

5. Codes L0450, L0454, L0455, L0621, L0625, and L0628 may only be used for orthosis that are made primarily of nonelastic material (e.g., canvas, cotton or nylon) or that have a rigid posterior panel. (Refer to the Documentation Requirement section of the LCD for instructions concerning use of the CG modifier for these products in cases where modifiers are utilized.
6. A spinal orthosis can be designed to control gross movement of the trunk and intersegmental motion of the vertebrae in one or more planes of motion: Lateral/flexion (side bending) in the coronal/frontal plane, flexion (forward bending) or extension (backward bending) in the sagittal plane and axial rotation (twisting) in the transverse plane.
7. If the product does not provide control of motion in one or more planes or does not provide intracavitary pressure, then the item is not considered a spinal orthosis and should be coded as A9270.
8. Sagittal control is achieved by a rigid posterior panel. Coronal control is achieved by a rigid panel in the mid-axillary line which is either an integral part of a posterior or anterior panel or a separate panel. Transverse control is achieved one of several possible structural features:
 - a. A rigid panel in the upper sternal area which is an integral part of an anterior shell, or
 - b. A rigid panel in the upper sternal area which is rigidly attached to rigid abdominal or posterior panel, or
 - c. Rigid extensions from a rigid posterior panel to the upper anterior chest bilaterally.Straps over the shoulders attaching to a posterior panel do not provide transverse control
9. A prefabricated orthosis is one which is manufactured in quantity without a specific Member in mind. It is preformed with a shape that generally conforms to the body part. A prefabricated orthosis may be trimmed, bent, molded (with or without heat), or otherwise modified for use by a specific Member (i.e., custom fitted). A preformed orthosis is considered prefabricated even if it requires the attachment of straps and/or the addition of a lining and/or other finishing work. Multiple measurements may be taken of the body part to determine which stock size of a prefabricated orthosis will provide the best fit. An orthosis that is assembled from prefabricated components is considered prefabricated. Any orthosis that does not meet the definition of a custom fabricated orthosis is considered prefabricated. (L0450, L0455, L0457, L0458, L0462, L0464, L0467, L0469, L0470, L0472, L0488, L0490, L0491,

L0492, L0621, L0623, L0625, L0628, L0635, L0641, L0642, L0643, L0648, L0649, L0650, L0651).

10. A custom fabricated orthosis is one which is individually made for a specific Member (no other Member would be able to use this orthosis) starting with basic materials including, but not limited to, plastic, metal, leather, or cloth in the form of sheets, bars, etc. It involves substantial work such as vacuum forming, cutting, bending, molding, sewing, etc. It requires more than trimming, bending, or making other modifications to a substantially prefabricated item. A molded-to-patient-model orthosis is a particular type of custom fabricated orthosis in which either:

- a. An impression of the specific body part is made (usually by means of a plaster or fiberglass cast) and this impression is then used to make a positive model (usually of plaster) of the body part; or
- b. Detailed measurements are taken of the Member's torso and are used to modify a positive model (which has been selected from a large library of models) to make it conform to the Member's body shape and dimensions; or
- c. A digital image of the Member's torso is made using computer (CAD-CAM) software which then directs the carving of a positive model.

The orthosis is then individually fabricated and molded over the positive model of the Member.

Classification as custom fitted requires substantial modification for fitting at the time of delivery in order to provide an individualized fit, i.e., the item must be trimmed, bent, molded (with or without heat), or otherwise modified resulting in alterations beyond minimal self-adjustment. Substantial modification is defined as changes made to achieve an individualized fit of the item that requires the expertise of a certified orthotist or an individual who has equivalent specialized training in the provision of orthotics a physician, treating practitioner, an OT or PT in compliance with all applicable Federal and State licensure and regulatory requirements.

For custom fabricated orthoses (L0452, L0480, L0482, L0484, L0486, L0622, L0624, L0629, L0632, L0634, L0636, L0638 and L0640), there must be detailed documentation in the treating practitioner's records to support the medical necessity of custom fabricated rather than a prefabricated orthosis as described in the Coverage Indications, Limitations and/or Medical Necessity section of the related LCD. This information will be corroborated by the functional evaluation in the orthotist's or prosthetist's records. This information must be available upon request.

There is no separate billing if CAD-CAM technology is used to fabricate an orthosis.

Effective for claims with dates of service on or after July 1, 2010, the only products that may be billed using codes L0450, L0454-L0472, L0488-L0492, L0625-L0628, L0630, L0631, L0633, L0635, L0637, and L0639 for prefabricated orthosis are those that are specified in the PDAC contractor web site.

There are two categories of custom fabricated spinal orthosis (codes L0452, L0480-L0486, L0622, L0624, L0629, L0632, L0634, L0636, L0638, and L0640):

- Orthosis that are custom fabricated by a manufacturer/central fabrication facility and then sent to someone other than the member. Effective for claims with dates of service on or after July 1, 2010, these items may be billed using one of these codes only if they are listed in the PDAC website.
- Orthosis that are custom fabricated from raw materials and are dispensed directly to the member by the entity that fabricated the orthosis. These items do not have to be listed on the PDAC web site in order to be billed using a custom fabricated spinal orthosis code. However, the supplier must provide a list of the materials that were used and a description of the custom fabrication process on request.

Effective for claims with dates of service on or after July 1, 2010, prefabricated spinal orthosis and spinal orthosis that are custom fabricated by a manufacturer/central fabrication facility which have not received coding verification review from PDAC must be billed with code A9270.

▼ **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. Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; November 2011.
2. CGS Administrators, LLC. Jurisdiction B DME MAC, Spinal Orthoses: TLSO and LSO. Local Coverage Determination No. L33790; revised date October 1, 2015. Accessed December 2017.
3. Noridian Healthcare Solutions, LLC. Jurisdiction A DME MAC, Spinal Orthoses: TLSO and LSO. Local Coverage Determination No. L33790; revised October 1, 2015. Accessed December 2017
4. Cigna: Spinal Orthoses: http://www.cigna.com/assets/docs/health-care-professionals/coverage_positions/mm_0394_coveragepositioncriteria_spinal_orthoses.pdf

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 Brugnoni	Ken Fasse	n/a
01	12-2008	Changed the description of HCPC code L0631	Susan Glomb	Ken Fasse	n/a
02		Annual Review – no further changes	Susan Glomb	Ken Fasse	Dec. 2008
03	01-01-09	CG and GY modifiers added for use with elastic spinal orthosis. CG – Policy criteria applied. GY – Item or service statutorily excluded, does not meet the definition of benefit.	Susan Glomb	Ken Fasse	
04	July 09	Updated policy according to LCD	Susan Glomb	Ken Fasse	
05	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec. 2009
06	01-05-10	Added code; A4466. Garment, Belt, Sleeve, or other covering, elastic or similar stretchable material, any type, each. (non-covered).	Susan Glomb	Ken Fasse	
07	10-07-10	Policy updated to reflect revisions dated 07-01-10	Susan Glomb	Ken Fasse	
08	12-03-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec. 2010
09	07-20-11	Added Important Note to all Medical Policies and update to reflect current policies.	Susan Glomb	Dr. B. Almasri	
10	11-28-11	Annual Review. Combined Sacroiliac Support, Scoliosis Brace and Rib Belt policy to this policy. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011
11	12-6-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Dec. 2012
12	12-30-13	Annual review. No changes.	Susan Glomb	Dr. B. Almasri	
13	12-29-14	Annual Review. Changed description of L0621. Added codes for Pre-fabricated braces.	Susan Glomb	Dr. B. Almasri	

14	12-17-15	Annual Review. Updated diagnoses codes to ICD-10.	Lisa Wojno	Dr. B. Almasri	
15	12-08-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016
16	12-18-17	Annual Review. Deleted HCPCS code A4466. Added HCPCS code A4467. Updated DME MAC reference name.	Lisa Wojno	Dr. Cheryl Lerchin	December 2017
17	12-7-18	Annual review. Added HCPCS codes L0622, L0624 to custom fabricated codes. Added coding guidelines for maternity support garments. Custom garments require detailed documentation supporting medical necessity and available upon request. Medicare references updated.	Carol Dimech	Dr. C. Lerchin	December 2018