

Medical Policy



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

Description

A cervical-thoracic orthosis (CTO) or halo brace is used to stabilize the upper spine following surgery or an injury to the cervical or thoracic vertebrae.

The cervical-thoracic orthosis (CTO) is typically used to support and immobilize injuries in the high thoracic spine which cannot be treated with a TLSO and is comprised of a cervical collar attached to a fitted vest.

A halo brace utilizes pins that are screwed into the skull and attached to a ring called a halo. The halo is then attached to a molded plastic vest with metal rods called uprights. A halo orthosis is used to stabilize the head and neck for patients with unstable cervical fractures.

A cervical orthosis (CO) or cervical collar is a device used to support and immobilize the neck (cervical spine) for patients with a fracture or other injury.

Policy

A cervical-thoracic orthosis (CTO) or a cervical orthosis (CO) is considered **reasonable and necessary** for ANY of the following indications:

- when mobility restriction is necessary to alleviate pain of spinal origin
- postoperatively or post-injury to facilitate healing of the cervical or thoracic vertebrae or related soft tissues
- as support for weak spinal musculature or a spinal deformity that significantly impacts the ability to perform activities of daily living

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

Policy Guidelines

1. The halo brace (L0810, L0820, L0830) is surgically implanted. Therefore, all components of the brace (L0859 and L0861) are covered under the hospital benefit and not provided in the home setting. The CTLSO (L0700, L0710) would be reviewed under individual consideration.

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2. A cervical orthosis (cervical collar) is considered **reasonable and necessary** to support the neck and/or thoracic region of the spine (L0120-L0200).

HCPCS Level II Codes and Description

L0120	Cervical, flexible, nonadjustable (foam collar)
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	CTLSO, anterior-posterior-lateral control, molded to patient model (Minerva type)
L0710	CTLSO, 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:

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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 practitioner in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

References

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1. Cigna: Spinal Orthoses
https://secure.cigna.com/health/provider/medical/procedural/coverage_positions/medical/mm_0394_coveragepositioncriteria_spinal_orthoses.pdf Cigna combined Spinal Orthoses Policy 0394 and added to Orthotic Devices and Shoes 0543.
https://cignaforhcp.cigna.com/public/content/pdf/coveragePolicies/medical/mm_0543_coveragepositioncriteria_orthotic_devices_shoes.pdf
 Last accessed/reviewed November 7, 2023.
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.

Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	11-20-06	Initial Release	Rosanne Brugnoni	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		

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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	
13	11-19-19	Annual review. Added reference changes to policy.	Carol Dimech	Dr. C. Lerchin	November 2019	11-19-19
14	11-10-20	Annual review. Added cervical orthosis coverage criteria - when mobility restriction is necessary to alleviate pain of spinal origin and as support for weak spinal musculature or a spinal deformity that significantly impacts the ability to perform activities of daily living per Cigna reference.	Carol Dimech	Dr. C. Lerchin	November 10, 2020	November 10, 2020
15	11-02-21	Annual review. No changes	Carol Dimech/Susan Glomb	Dr. C. Lerchin	November 2, 2021	11-2-21
16	11-8-21	Added NCD, LCD verbiage to "Important Note".	Carol Dimech	Dr. C. Lerchin	November 8, 2021	11-8-21
17	11-4-22	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-4-22	11-4-22
18	11-7-23	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-7-23	11-7-23