

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.

Medical Policy



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

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

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| 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:

Medical Policy



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

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.

References

1. Cigna: Spinal Orthoses
https://secure.cigna.com/health/provider/medical/procedural/coverage_positions/medical/mm_0394_coveragepositioncriteria_spinal_orthoses.pdf Accessed 11/19/19 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,

Medical Policy



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

Last accessed/reviewed 11-07-23.

2. National Government Services, Inc., Jurisdiction B DME MAC Provider Manual, March 2008
3. Aetna, CPB 0009, Orthopedic Casts, Braces and Splints; Last accessed and reviewed 11/7/23.

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 | 1-9-12 | Added definition of orthosis | Susan Glomb | Dr. B. Almasri | Jan. 2012 | |
| 07 | 04-03-12 | Added reference to NH Medicaid | Susan Glomb | Dr. B. Almasri | | |
| 08 | 11-28-12 | Annual Review – No changes | Susan Glomb | Dr. B. Almasri | Nov 12 | |

Medical Policy



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

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| 09 | 12-18-13 | Annual review. No changes | Susan Glomb | Dr. B. Almasri | | |
| 10 | 12-29-14 | Annual Review. No changes | Susan Glomb | Dr. B. Almasri | | |
| 11 | 12-14-15 | Annual Review. No changes | Susan Glomb | Dr. B. Almasri | 12-14-15 | |
| 12 | 12-09-16 | Annual Review. No Changes. | Lisa Wojno | Dr. B. Almasri | December 2016 | |
| 13 | 12-11-17 | Annual review. No changes. | Carol Dimech | Dr. C. Lerchin | December 2017 | |
| 14 | 12-3-18 | Annual review. No changes. | Carol Dimech | Dr. C. Lerchin | December 2018 | |
| 15 | 11-19-19 | Annual review. Added reference updates to policy. | Carol Dimech | Dr. C. Lerchin | November 2019 | 11-19-19 |
| 16 | 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 |
| 17 | 11-16-21 | Annual Review. Added NCD/LCD verbiage to "Important Note". | Carol Dimech/Susan Glomb | Dr. C. Lerchin | November 16, 2021 | 11-16-21 |
| 18 | 11-4-22 | Annual review. No changes. | Carol Dimech | Dr. C. Lerchin | 11-4-22 | 11-4-22 |
| 19 | 11-7-23 | Annual review. Added Aetna reference. | Carol Dimech | Dr. L. Lerchin | 11-7-23 | 11-7-23 |