

Spinal Braces, Orthotics and Garments

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Purpose:

This policy addresses Spinal Braces, Orthotics and Garments.

Description & Definitions:

Spinal orthoses can protect the spine to prevent further injury or can correct the position of the spine. A spinal orthosis may be prefabricated, custom-fitted (a prefabricated brace modified to fit a person), or custom-fabricated (individually constructed to fit a specific person).

Benik Shorts are custom, compression shorts to provide additional support to back, stomach, hips and thighs for additional support and alignment during exercise.

Suit Therapy is an orthotic, lycra apparel that provides stability for tone, posture and controlled stability.

Criteria:

Spinal Orthoses is considered medically necessary for **1 or more** of the following:

- An off-the-shelf, unmodified, prefabricated brace when ordered for 1 or more of the following:
 - To reduce pain by restricting mobility of trunk
 - To facilitate healing following injury to spine or related soft tissues when applied within 6 weeks of injury
 - To facilitate healing following surgical procedure on spine or related soft tissue when applied within 6 weeks of surgery
 - To otherwise support weak spinal muscles and/or deformed spine
 - Bracing of children or adolescents with scoliosis
- A custom fitted brace for **1 or more** of the following:

- Individual has a contraindication to, cannot tolerate or there has been a failure of an unmodified, prefabricated (off-the-shelf) back brace
- As the initial brace following surgical stabilization of the spine of a traumatic injury
- As the initial treatment for burst fractures (two or three column injuries) of the thoracic or lumbar spine
- A custom fabricated brace if the individual cannot tolerate or there has been a failure of a custom fitted back brace.
- For Congenital Defects Orthopedic back braces for the treatment of congenital defects of **1 or more** of the following:
 - Adolescent idiopathic scoliosis treatment if utilizing 1 or more of the following approved bracing systems:
 - Boston scoliosis brace
 - Charleston scoliosis brace
 - Milwaukee scoliosis brace
 - Providence brace
 - Rigo-Cheneau brace
 - Risser jacket
 - Standard thoracolumbosacral orthosis (TLSO)

Spinal Braces, Orthotics and Garments **do not meet the definition of medical necessity**, to include but not limited to:

- Benik shorts
- Comfort, non-therapeutic braces
- Copes scoliosis brace
- Rosenberger brace
- ScoliBrace
- ScoliSmart activity suit
- Spinal orthosis for as a preoperative diagnostic tool prior to lumbar fusion surgery
- SpineCor Dynamic Corrective Brace
- Spine and Scapula Stabilizing brace (the S3 brace)
- Suit therapy
- UNYQ customized brace

Coding:

Medically necessary with criteria:

Coding	Description
L0450	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to
L0452	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to
L0454	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, extends from sacrococcygeal junction to above T-9
L0462	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, three rigid plastic shells, posterior
L0470	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures
L0472	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis

L0480	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell without interface liner, with multiple straps and
L0482	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell with interface liner, multiple straps and
L0484	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two-piece rigid plastic shell without interface liner, with multiple straps and
L0486	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two-piece rigid plastic shell with interface liner, multiple straps and closures,
L0488	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell with interface liner, multiple straps and
L0490	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, one-piece rigid plastic shell, with overlapping reinforced anterior,
L0491	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior
L0492	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, modular segmented spinal system, three rigid plastic shells,
L0621	Sacroiliac orthosis (SO), flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures,
L0622	Sacroiliac orthosis (SO), flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures,
L0623	- Sacroiliac orthosis (SO), provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion
L0624	Sacroiliac orthosis (SO), provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces
L0625	Lumbar orthosis (LO), flexible, provides lumbar support, posterior extends from L-1
L0626	Lumbar orthosis (LO), sagittal control, with rigid posterior panel(s), posterior extends from L-1
L0627	Lumbar orthosis (LO), sagittal control, with rigid anterior and posterior panels, posterior extends from L-1
L0628	Lumbar-sacral orthosis (LSO), flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9
L0629	Lumbar-sacral orthosis (LSO), flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9
L0630	Lumbar-sacral orthosis (LSO), sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9
L0631	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction
L0632	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction
L0633	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal
L0634	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal

L0635	Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex
L0636	Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex
L0637	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from
L0639	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9
L0640	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9
L0641	Lumbar orthosis (LO), sagittal control, with rigid posterior panel(s), posterior extends from L-1
L0642	Lumbar orthosis (LO), sagittal control, with rigid anterior and posterior panels, posterior extends from L-1
L0643	Lumbar-sacral orthosis (LSO), sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9
L0648	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction
L0649	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal
L0650	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from
L0651	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9
L1499	Spinal orthotic, not otherwise specified
L2999	Lower extremity orthoses, NOS

Considered Not Medically Necessary:

Coding	Description
	None

Document History:

Revised Dates:

- 2022: June
- 2021: May, July
- 2019: November

Reviewed Dates:

- 2023: June
- 2020: August

Effective Date:

- January 2019

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to “correct or ameliorate” (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

All medically necessary medical equipment and supplies under the Virginia Administrative Code (12VAC30-50-165) may be covered only if they are necessary to carry out a treatment prescribed by a practitioner. Only supplies, equipment, and appliances that are determined medically necessary may be covered for reimbursement by DMAS. (12VAC30-50-165) The following criteria must be satisfied through the submission of adequate and verifiable documentation satisfactory to DMAS, or its contractor. Medically necessary DME and supplies shall be:

- Ordered by the practitioner on the CMN/DMAS-352;
- A reasonable and medically necessary part of the individual’s treatment plan;
- Consistent with the individual’s diagnosis and medical condition, particularly the functional limitations and symptoms exhibited by the individual; • Not furnished for the safety or restraint of the individual, or solely for the convenience of the family, attending practitioner, or other practitioner or supplier;
- Consistent with generally accepted professional medical standards (i.e., not experimental or investigational);
- Furnished at a safe, effective, and cost-effective level; and
- Suitable for use, and consistent with 42 CFR 440.70(b)(3), that treats a diagnosed condition or assists the individual with functional limitations.

Keywords:

SHP Spinal Braces, Orthotics and Garments, TSLO, SDO, SHP Durable Medical Equipment 244, brace, external apparatus, deformity, spine, Benik Shorts, Suit Therapy Dynamic Lycra Suit, Powered and non-powered exoskeleton devices, ReWalk Personal System, Copes spinal scoliosis brace, SpineCor spinal orthosis, Rosenberger brace, ScolioBrace, ScolioSMART, UNYQ customized brace, Cheneau brace, Soft Active Dynamic bracing, Adeli Suit, Penguin Suit, Polish Suit, NeuroSuit, Therapy Suit, Therasuit, TheraTogs, Benik vest/trunk support, Benik dynamic trunk orthosis, Dynamic Movement Orthoses, Dynamic movement TLSO “brace”, Dynamic Lycra Suit, Stabilizing Pressure Input Orthoses, Rigo Cheneau, Custom TSLO, Sensory Dynamic Orthotic, Suit Therapy “Dynamic Lycra Suit”, dynamic spinal brace