



CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all health benefit plans administered by CIGNA Companies including plans formerly administered by Great-West Healthcare, which is now a part of CIGNA.

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Subject Spinal Orthoses

Table of Contents

Coverage Policy	1
General Background	2
Coding/Billing Information	5
References	10
Policy History	12

Hyperlink to Related Coverage Policies

- Lumbar Fusion for Spinal Instability and Degenerative Disc Conditions
- Mechanical Devices for the Treatment of Back Pain
- Minimally Invasive Treatment of Back Pain
- Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty
- Physical Therapy
- Scoliosis Treatments, Idiopathic

INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. Proprietary information of CIGNA. Copyright ©2011 CIGNA

Coverage Policy

Coverage for spinal orthoses is subject to the terms, conditions and limitations of the applicable benefit plan's External Prosthetic Appliances and Devices (EPA) or Durable Medical Equipment (DME) benefit and schedule of copayments. Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage. Under many benefit plans, coverage for EPA and DME is limited to the lowest-cost alternative.

If coverage for spinal orthotic devices (prefabricated, custom-fitted, or custom-fabricated) is available, the following general guidelines apply:

- An unmodified, prefabricated spinal orthosis should be utilized unless there is failure, contraindication or intolerance to the device, prior to consideration of a custom-fitted spinal orthosis (a prefabricated orthosis modified to fit a specific individual).
- Similarly, a custom-fitted spinal orthosis should be utilized unless there is failure, contraindication or intolerance to the device, prior to the consideration of a custom-fabricated spinal orthosis (individually constructed to fit a specific patient from the component materials). A custom-fitted orthosis may be required initially for conditions including, but not limited to:

scoliosis management, after surgical stabilization of the spine following a traumatic injury, and for unstable spinal fractures that are treated non-operatively (e.g., burst fractures).

CIGNA covers a spinal orthosis (e.g., cervical orthosis (CO), cervical-thoracic orthosis (CTO), thoracic orthosis (TO), thoracic-lumbar-sacral orthosis [TLSO], lumbar-sacral orthosis [LSO], and lumbar orthosis [LO]) as medically 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 spine 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 (ADL)

CIGNA covers repair and/or replacement of a spinal orthosis under the following circumstances:

- Repair is covered only when anatomical change or reasonable wear and tear renders the item nonfunctional and the repair will make the equipment usable.
- Replacement is covered only when anatomical change or reasonable wear and tear renders the item nonfunctional and nonrepairable.

CIGNA does not cover repair or replacement if the item becomes unusable or non-functioning because of individual misuse, abuse or neglect.

CIGNA does not cover spinal orthoses for ANY of the following indications as they are considered not medically necessary and specifically excluded under many benefit plans:

- when used primarily for improved athletic performance or sports participation
- to prevent injury in an otherwise uninjured body part
- as a preoperative diagnostic tool prior to lumbar fusion surgery
- duplicate orthoses for use as spare devices

CIGNA does not cover the following items because they do not address the underlying physical condition and are convenience/comfort items that are not primarily medical in nature and not medically necessary (this list may not be all-inclusive):

- prophylactic elastic lumbar supports (e.g., tool belts, lumbar belt)
- inflatable lumbar support pillows/cushions
- back rest supports
- protective body socks

General Background

Back pain is a common ailment that affects individuals of all ages and may result from conditions including, but not limited to, injury, obesity, age, disc disease, spinal stenosis, spinal sprains and strains. Back pain treatments include short-term rest, nonsteroidal anti-inflammatory drugs, muscle relaxants, back braces/spinal orthotics and passive modalities such as heat, cold, massage, ultrasound, electrical stimulation, acupuncture, traction, and spinal manipulation. More invasive treatments may involve anesthetic injections and surgery.

Orthotic devices are orthopedic appliances or apparatuses used to support, align, prevent or correct deformities. A brace is an orthosis or orthopedic appliance that supports or holds in correct position any movable part of the body and that allows for motion of that body part. A spinal orthosis provides an external force to control spine position, applies corrective forces to abnormal curvatures, provides stabilization of spine structures when soft tissue can't, and restricts spine movement after trauma. The biomechanics typically consist of a three-point pressure system directed at trunk and head support, motion control, spinal realignment and partial weight transfer when upright. Spinal orthoses include cervical orthoses (CO), cervical-thoracic orthoses, (CTO), thoracic orthoses (TO), thoracic-lumbar-sacral orthoses, (TLSO), lumbar-sacral orthoses (LSO), and lumbar orthoses (LO).

Spinal orthoses have been recommended for conservative treatment of back pain and to stabilize the spine. Conditions for which spinal orthoses have been recommended for relieving pain, reducing progression of disease/injury, and improving function include but are not limited to spinal stenosis, vertebral fractures, scoliosis, spondylosis, spondylolisthesis, Scheuermann's disease (kyphotic deformity), and sprains.

Lumbosacral supports or back braces have also been used for the treatment of back pain related to degenerative disorders of the lumbar spine, as a predictor of outcome following lumbar fusion surgery, and as an adjunct to lumbar fusion surgery. According to a review and subsequent guideline published by Resnick et al. (2005), the current evidence is insufficient to recommend a treatment standard. However, the following are recommended guidelines/options for brace therapy as an adjunct to or substitute for lumbar fusion:

- The short-term use of a rigid lumbar support (i.e., 1–3 weeks) is recommended as a treatment for low-back pain of relatively short duration (i.e., < six months).
- The use of a lumbar brace for patients with chronic low-back pain is not recommended because there is no pertinent medical evidence of any long-term benefit or evidence that brace therapy is effective in the treatment of patients with chronic (i.e., > six months) low-back pain.
- Lumbar braces are not recommended as a means of decreasing low-back pain in the general working population; however, they are recommended as a means of decreasing the number of sick days lost due to low-back pain among workers with a previous lumbar injury.
- The use of lumbar brace therapy as a preoperative diagnostic tool or transpedicular external fixation to predict outcome following lumbar fusion surgery is not recommended.

Spinal orthoses have also been recommended for use following spinal surgery as a method of restricting excessive spinal motion, allowing for soft tissue healing, and to reduce postoperative pain. In addition, authors suggest spinal bracing results in lower incidence of hardware failure, loss of surgical correction, and pseudoarthrosis. The indications for bracing are dependent on the degree of injury and spinal instability, the presence of neurological deficit, the type and quality of internal fixation, bone quality, and the patient's individual profile (Lindsey, et al., 2003).

Combined with education and training on back mechanics and lifting, elastic rib belts and lumbar supports have been recommended for the prevention of injury in the workplace. However, authors have reported that, despite their use, efficacy is debatable (van Poppel, et al., 1998), and individual workers presenting with no prior history of low-back pain are unlikely to benefit from back belt use (Ammendolia, et al., 2005). Research has not demonstrated these devices are effective when used for the prevention of injury (Bigos, et al., 2009; van Duijvenbode, et al., 2009; van Poppel, 2004).

Types of Spinal Orthoses

Usage of orthotics depends on the amount of stabilization or support required. Spinal orthoses may be flexible, rigid or semi-rigid. Flexible orthoses (LSOs, LOs) consist of cloth belts and elastic corsets with adjustable fasteners, and are used primarily for muscle support in the low back to relieve low-back pain that results from trauma, disc disease or weakened muscles. Lumbar corsets may be used to treat mild spinal instability, painful arthritis, vertebral fractures of the lumbar and lower thoracic spine and may be used immediately after lumbar surgery (e.g., discectomy, fusion) to provide back support. Rigid orthoses (TLSOs, some LSOs) are plastic body jackets. They are often used post-fracture to reduce risk of further injury, or postoperatively for complex spinal surgeries when increased support is required for spinal immobilization. Rigid devices are also recommended for the treatment of scoliosis. Semi-rigid devices combine the support of rigid materials and the comfort of flexible fabrics.

Cervical orthoses (HCPCS codes L0120–L0200) and cervical-thoracic orthoses (HCPCS codes L0210–L0220) may be used as nonoperative management for cervical and/or thoracic trauma. 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. A rigid Halo device provides the most rigid stabilization and is used for multiple level cervical spine surgery. CTOs can add improved motion restriction in

the middle to lower cervical spine and may also be used in unstable fractures. The sternal occipital mandibular immobilizer (SOMI) brace is a low thoracic CTO used for stabilizing the upper cervical vertebrae.

Thoracolumbar orthoses are generally used to treat lower level fractures and immobilization. Available devices include lumbosacral corsets, Jewett braces, and custom-molded devices.

Thoracic-lumbar-sacral orthoses (HCPCS codes L0450–L0492); lumbar orthoses (HCPCS codes L0625–L0627); and lumbar-sacral orthoses (HCPCS codes L0628–L0640) have the following characteristics:

- They are used to immobilize a specified area of the spine.
- They have an intimate fit and are generally worn under clothing.
- They are not specifically designed for patients in wheelchairs (some braces may be worn by a patient in a wheelchair, e.g., neuromuscular scoliosis, post-spinal cord injury).

In addition to the immobilization and intimate fit, the body-jacket type orthoses (HCPCS L0639, L0640, L0458–L0464, and L0480–L0492) are characterized by a rigid plastic shell that encircles the trunk with overlapping edges and stabilizing closures. It provides a high degree of immobility. The entire circumference of the plastic shell must be the same rigid material. These orthoses are often required for scoliosis, postoperatively following spinal stabilization of instability, and for nonoperative management of unstable fractures (e.g., burst fractures).

A TLSO brace must extend from the sacrococcygeal junction to just inferior to the scapular spine, excluding elastic or equal shoulder straps or other strapping. The anterior must, at a minimum, extend from the symphysis pubis to the xiphoid. Some extend up to the sternal notch.

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
- axial rotation (twisting) in the transverse plane

If the device does not provide control of motion in one or more planes, or if it does not provide intracavitary pressure, then the item should not be considered a spinal orthosis.

Sagittal control is achieved by a rigid posterior panel.

Coronal control is achieved by a rigid panel in the mid-axillary line (which may be either an integral part of a posterior or anterior panel or a separate panel).

Transverse control is achieved by one of the following structural features:

- a rigid panel in the upper sternal area which is an integral part of an anterior shell
- a rigid panel in the upper sternal area which is rigidly attached to a rigid abdominal or posterior panel
- rigid extensions form a rigid posterior panel to the upper anterior chest bilaterally

Straps over the shoulders attaching to a posterior panel do not provide transverse control.

A protective body sock, HCPCS code L0984, is a garment made of cloth or similar material that is worn under a spinal orthosis and is not primarily medical in nature. Other items that are not primarily medical in nature and considered convenience items include, but are not limited to, prophylactic elastic lumbar supports (e.g., tool belts, lumbar belt), inflatable lumbar support pillows/cushions and back rest supports.

Spinal orthoses may be prefabricated, prefitted, or custom-fabricated.

A prefabricated orthosis is one that is manufactured in quantity without a specific patient in mind. A prefabricated orthosis can be modified (e.g., trimmed, bent or molded) for use by a specific patient and is then considered a custom-fitted orthosis. An orthosis that is made from prefabricated components is considered a

prefabricated orthosis. Any orthosis that does not meet the standard definition of custom-fabricated is considered to be a prefabricated device.

A custom-fabricated orthosis is one that is specifically made for an individual patient, starting with the most basic materials that may include plastic, metals, leather or various cloths. The construction of these devices requires substantial labor such as cutting, bending, molding and sewing, and may even involve the use of some prefabricated components. A molded-to-patient model orthosis is a type of custom-fabricated device for which an impression of the specific body part is made (e.g., by means of a plaster cast, or CAD-CAM [computer-aided design] technology). The impression is then used to make a specific patient model. The actual orthosis is molded from the patient-specific model. HCPCS codes representing custom-fabricated orthoses are L0622, L0624, L0629, L0632, L0634, L0636, L0640, L0480, L0482 and L0452.

Unmodified, prefabricated orthoses are generally used in treating conditions prior to a custom-fitted orthosis (prefabricated orthoses that are modified by bending or molding for a specific patient). Custom-fitted orthoses are generally attempted prior to the use of custom-fabricated orthoses (individually constructed from materials). A custom-fitted orthosis may be required initially for conditions including, but not limited to: scoliosis management, following surgical stabilization of the spine following trauma, and for unstable spinal fractures that are treated nonoperatively (e.g., burst fractures).

An orthotic device used solely to prevent injury in an otherwise uninjured body part is considered a preventative or prophylactic treatment modality.

Identical, spare orthoses are considered convenience items.

Summary

Conservative treatment for back pain may include the use of a spinal orthotic. These devices are used to alleviate pain by restricting mobility, postoperatively and post-injury to facilitate healing of the spine and/or related tissues, and to support weak spinal muscles or a deformed spine that significantly impacts a patient's ability to perform activities of daily living.

Coding/Billing Information

Note: This list of codes may not be all-inclusive.

Covered when medically necessary:

HCPCS Codes	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
L0220	Thoracic, rib belt, custom fabricated
L0430	Spinal orthosis, anterior-posterior-lateral control, with interface material, custom fitted (DeWall Posture Protector only)
L0450	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, 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 transverse 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 transverse 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 transverse 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 transverse 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 transverse 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 transverse 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 T9 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, includes fitting and adjustment
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
L0625	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment
L0626	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 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
L0627	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 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
L0628	LSO, 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, prefabricated, includes fitting and adjustment
L0629	LSO, 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	LSO, 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	LSO, 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, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0632	LSO, 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	LSO, 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/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays,

	shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0634	LSO, 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	LSO, 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	LSO, 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	LSO, 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	LSO, 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	LSO, 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	LSO, 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
L0970	TLSO, corset front
L0972	LSO, corset front
L0974	TLSO, full corset
L0976	LSO, full corset
L0978	Axillary crutch extension
L0980	Peroneal straps, pair

ICD-9-CM Diagnosis Codes	Description
721.3	Lumbosacral spondylosis without myelopathy
721.42	Spondylosis with myelopathy, lumbar region
724.01	Spinal stenosis of thoracic region
724.02	Spinal stenosis of lumbar region
724.1	Pain in thoracic spine

724.2	Lumbago
724.3	Sciatica
724.4	Thoracic or lumbosacral neuritis or radiculitis, unspecified
	Multiple/varied codes

Not primarily medical in nature/Convenience items/Not Covered:

HCPCS Codes	Description
L0982	Stocking supporter grips, set of four (4)
L0984	Protective body sock, each

***Current Procedural Terminology (CPT®) ©2010 American Medical Association: Chicago, IL.**

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Policy History

<u>Pre-Merger Organizations</u>	<u>Last Review Date</u>	<u>Policy Number</u>	<u>Title</u>
CIGNA HealthCare	7/15/2008	0394	Spinal Orthoses

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