

CLINICIAN CHECKLIST FOR SPINAL ORTHOSES

Policy References:

- Local Coverage Determination (LCD) (L33790)
- Policy Article (A52500)

Documentation References: Standard Documentation Requirements Policy Article (A55426)

The treating clinician must complete the following items:

Standard Written Order (SWO)

Face-to-Face and Written Order Prior to Delivery

Required for HCPCS codes L0648, L0650 - Effective for date of service (DOS) on or after April 13, 2022

Required for HCPCS codes L0631, L0637 - Effective for dates of service (DOS) on or after April 17, 2023

(CMS Required Face-to-Face Encounter and Written Order Prior to Delivery List)

Medical records as noted below

Medical Documentation

A spinal orthosis is covered when it is ordered for one of the following indications:

To reduce pain by restricting mobility of the trunk; or

To facilitate healing following an injury to the spine or related soft tissues; or

To facilitate healing following a surgical procedure on the spine or related soft tissue; or

To support weak spinal muscles and/or a deformed spine.

Custom Fabricated Orthoses

Covered if the basic coverage criteria for a spinal orthosis is met, and the following is also met:

Detailed documentation in the treating clinician's records to support the medical necessity of a custom fabricated rather than a prefabricated orthosis. Please provide this documentation to the supplier/orthotist.

Miscellaneous

Competitive Bid 2021 includes off the shelf back braces



OTS back braces HCPCS codes: L0450, L0455, L0457, L0467, L0469, L0621, L0623, L0625, L0628, L0641, L0642, L0643, L0648, L0649, L0650, and L0651

Prior Authorization - HCPCS codes L0648, L0650 (CMS Required Prior Authorization List)