

LCD for Spinal Orthoses: TLSO and LSO (L11470)

Revision Effective Date

For services performed on or after 01/01/2010

Indications and Limitations of Coverage and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. For an item to be covered by Medicare, a written signed and dated order must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary. A thoracic-lumbar-sacral orthosis (L0450-L0492), lumbar orthosis (L0625-L0627) or lumbar-sacral orthosis (L0628-L0640) is covered when it is ordered for one of the following indications:

- 1. To reduce pain by restricting mobility of the trunk; or**
- 2. To facilitate healing following an injury to the spine or related soft tissues; or**
- 3. To facilitate healing following a surgical procedure on the spine or related soft tissue; or**
- 4. To otherwise support weak spinal muscles and/or a deformed spine.**

The following are the HCPCS codes that Orthotic Solutions, Inc. utilizes:

L0631 = DDS Belt LSO and XBACK Solution LSO Brace

L0627 = Soft Pro Soft LSO

L0454 = Soft Pro Soft TLSO