

**MEDICAL POLICY**

<b>POLICY TITLE</b>	<b>SPINAL ORTHOSES (OTHER THAN FOR SCOLIOSIS)</b>
<b>POLICY NUMBER</b>	<b>MP 6.063</b>

<b>CLINICAL BENEFIT</b>	<input type="checkbox"/> MINIMIZE SAFETY RISK OR CONCERN. <input type="checkbox"/> MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. <input type="checkbox"/> ASSURE APPROPRIATE LEVEL OF CARE. <input type="checkbox"/> ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. <input checked="" type="checkbox"/> ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. <input type="checkbox"/> ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
<b>Effective Date:</b>	<b>2/1/2024</b>

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**I. POLICY**

The use of prefabricated thoracic-lumbar-sacral orthoses (TLSO), lumbar-sacral orthoses (LSO) and lumbar orthoses may be considered **medically necessary** when any of the following conditions are met:

- 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 otherwise support weak spinal muscles

The following additional criteria apply to custom-fitted and custom-fabricated back braces.

- There is a failure, contraindication or intolerance to an unmodified, prefabricated (off-the-shelf) back brace.
- The brace is the initial one issued after surgical stabilization of the spine following traumatic injury.

If the criteria above is not met; both prefabricated and custom TLSO, LSO and lumbar orthoses will be denied as **not medically necessary** as there is insufficient evidence to support a general conclusion supporting the health outcomes or benefits associated with this item.

*Note: Post-operative back braces are considered part of the surgical protocol for certain back operations.*

*The provider requesting/ordering the DME should be a provider with whom the member has established a relationship and is involved in the ongoing care of the member and the condition for which the DME/orthotic is prescribed.*

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**Cross-reference:**

**MP 1.120** Interventions for Progressive Scoliosis

**II. PRODUCT VARIATIONS**

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This policy is only applicable to certain programs and products administered by Capital Blue Cross please see additional information below, and subject to benefit variations as discussed in Section VI below.

**DESCRIPTION/BACKGROUND**

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A spinal orthosis can be designed to control gross movement of the trunk and intersegmental motion of the vertebrae in one of more planes of motion: lateral/flexion (side bending) in the coronal/frontal plane, anterior flexion (forward bending) or posterior extension (backward bending) in the sagittal plane, and axial rotation (twisting) in the transverse plane. Each type of movement is controlled by a placement of specific types of brace sections:

- Sagittal control is achieved by a rigid posterior panel.
- Coronal/frontal control is achieved by a rigid panel in the mid-axillary line which is either an integral part of a posterior or anterior panel or a separate panel.
- Transverse control is achieved by one of several possible structural features:
  - A rigid panel in the upper sternal area which is an integral part of an anterior shell; or
  - A rigid panel in the upper sternal area which is rigidly attached to rigid abdominal or posterior panel; or
  - Rigid extensions from a rigid posterior panel to the upper anterior chest bilaterally.

A prefabricated orthosis is one which is manufactured in quantity without a specific individual in mind. Prefabricated spinal braces may not require the placement or adjustment by a trained orthotist. Examples of prefabricated orthoses include lumbosacral corsets, Knight spinal braces, and the CASH (cruciform anterior spinal hyperextension) brace.

A custom fitted orthosis is a particular type of prefabricated orthosis which is manufactured in quantity without a specific individual in mind, typically as a plastic torso shell, which has been trimmed, bent, molded (with or without heat), or otherwise modified for use by an appropriate licensed and trained medical professional subsequent to the taking of appropriate body measurements. An orthosis that is assembled from prefabricated components is considered prefabricated.

A preformed orthosis is considered prefabricated even if it requires the attachment of straps and/or the addition of a lining and/or other finishing work. Multiple measurements of the body part may be taken to determine which stock size of a prefabricated orthosis will provide the best fit. An orthosis that is assembled from prefabricated components is considered prefabricated. Examples include the Milwaukee scoliosis brace, the Boston scoliosis brace, the Charleston scoliosis brace, and the Wilmington brace. Any orthosis that does not meet the definition of a custom fabricated orthosis is considered prefabricated.

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A custom fabricated or custom molded orthosis is one which is individually made for a specific individual by a trained medical professional starting with basic materials including, but not limited to plastic, metal, leather, or cloth. It involves substantial work such as vacuum forming, cutting, molding, sewing, etc. It involves more than trimming, bending, or making other modifications to a substantially prefabricated plastic shell. A molded-to-individual orthosis is a specific type of custom fabricated or molded orthosis in which an impression of the specific body part is made by a trained medical professional using one of several methods, including plaster casting, anthropometric measurements, or computerized modeling. These methods are all used to create a model of the individual that is used to make a positive model of the body part being fitted with an orthosis. This positive model is used to custom fit a prefabricated orthosis.

### III. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits and which require preauthorization. There are different benefit plan designs in each product administered by Capital Blue Cross. Members and providers should consult the member's health benefit plan for information or contact Capital Blue Cross for benefit information.

### IV. DISCLAIMER

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*Capital Blue Cross's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital Blue Cross' Provider Services or Member Services. Capital Blue Cross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.*

### V. CODING INFORMATION

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**Note:** This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

#### Covered when medically necessary:

Procedure Codes									
L0450	L0452	L0454	L0455	L0456	L0457	L0458	L0460	L0462	L0464

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Procedure Codes									
L0466	L0467	L0468	L0469	L0470	L0472	L0480	L0482	L0484	L0486
L0488	L0490	L0491	L0492	L0621	L0622	L0623	L0624	L0625	L0626
L0627	L0628	L0629	L0630	L0631	L0632	L0633	L0634	L0635	L0636
L0637	L0638	L0639	L0640	L0641	L0642	L0643	L0648	L0649	L0650
L0651	L0970	L0972	L0974	L0976	L0980	L0982	L0984	L4002	

The following Diagnosis Codes as well as Diagnosis Codes for fractures, Subluxations, and Dislocations of Thoracic and Lumbar Vertebrae are applicable for reimbursement for Spinal Orthoses

ICD-10-CM Diagnosis Code	Description
A18.01	Tuberculosis of spine
G90.1	Familial dysautonomia [Riley-Day]
M08.1	Juvenile ankylosing spondylitis
M25.78	Osteophyte, vertebrae
M40.03	Postural kyphosis, cervicothoracic region
M40.04	Postural kyphosis, thoracic region
M40.05	Postural kyphosis, thoracolumbar region
M40.13	Other secondary kyphosis, cervicothoracic region
M40.14	Other secondary kyphosis, thoracic region
M40.15	Other secondary kyphosis, thoracolumbar region
M40.203	Unspecified kyphosis, cervicothoracic region
M40.204	Unspecified kyphosis, thoracic region
M40.205	Unspecified kyphosis, thoracolumbar region
M40.293	Other kyphosis, cervicothoracic region
M40.294	Other kyphosis, thoracic region
M40.295	Other kyphosis, thoracolumbar region
M40.35	Flatback syndrome, thoracolumbar region
M40.36	Flatback syndrome, lumbar region
M40.37	Flatback syndrome, lumbosacral region
M40.45	Postural lordosis, thoracolumbar region
M40.46	Postural lordosis, lumbar region
M40.47	Postural lordosis, lumbosacral region
M40.55	Lordosis, unspecified, thoracolumbar region
M40.56	Lordosis, unspecified, lumbar region

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<b>ICD-10-CM Diagnosis Code</b>	<b>Description</b>
M40.57	Lordosis, unspecified, lumbosacral region
M43.03	Spondylolysis, cervicothoracic region
M43.04	Spondylolysis, thoracic region
M43.05	Spondylolysis, thoracolumbar region
M43.06	Spondylolysis, lumbar region
M43.07	Spondylolysis, lumbosacral region
M43.13	Spondylolisthesis, cervicothoracic region
M43.14	Spondylolisthesis, thoracic region
M43.15	Spondylolisthesis, thoracolumbar region
M43.16	Spondylolisthesis, lumbar region
M43.17	Spondylolisthesis, lumbosacral region
M43.23	Fusion of spine, cervicothoracic region
M43.24	Fusion of spine, thoracic region
M43.25	Fusion of spine, thoracolumbar region
M43.26	Fusion of spine, lumbar region
M43.27	Fusion of spine, lumbosacral region
M43.8X4	Other specified deforming dorsopathies, thoracic region
M43.8X5	Other specified deforming dorsopathies, thoracolumbar region
M43.8X6	Other specified deforming dorsopathies, lumbar region
M43.8X7	Other specified deforming dorsopathies, lumbosacral region
M45.0	Ankylosing spondylitis of multiple sites in spine
M45.3	Ankylosing spondylitis of cervicothoracic region
M45.4	Ankylosing spondylitis of thoracic region
M45.5	Ankylosing spondylitis of thoracolumbar region
M45.6	Ankylosing spondylitis lumbar region
M45.7	Ankylosing spondylitis of lumbosacral region
M45.A0	Non-radiographic axial spondyloarthritis of unspecified sites in spine
M45.A1	Non-radiographic axial spondyloarthritis of occipito-atlanto-axial region
M45.A2	Non-radiographic axial spondyloarthritis of cervical region
M45.A3	Non-radiographic axial spondyloarthritis of cervicothoracic region
M45.A4	Non-radiographic axial spondyloarthritis of thoracic region
M45.A5	Non-radiographic axial spondyloarthritis of thoracolumbar region
M45.A6	Non-radiographic axial spondyloarthritis of lumbar region
M45.A7	Non-radiographic axial spondyloarthritis of lumbosacral region
M45.A8	Non-radiographic axial spondyloarthritis of sacral and sacrococcygeal region

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<b>ICD-10-CM Diagnosis Code</b>	<b>Description</b>
M45.AB	Non-radiographic axial spondyloarthritis of multiple sites in spine
M46.03	Spinal enthesopathy, cervicothoracic region
M46.04	Spinal enthesopathy, thoracic region
M46.05	Spinal enthesopathy, thoracolumbar region
M46.06	Spinal enthesopathy, lumbar region
M46.07	Spinal enthesopathy, lumbosacral region
M46.1	Sacroiliitis, not elsewhere classified
M46.43	Discitis, unspecified, cervicothoracic region
M46.44	Discitis, unspecified, thoracic region
M46.45	Discitis, unspecified, thoracolumbar region
M46.46	Discitis, unspecified, lumbar region
M46.47	Discitis, unspecified, lumbosacral region
M46.53	Other infective spondylopathies, cervicothoracic region
M46.54	Other infective spondylopathies, thoracic region
M46.55	Other infective spondylopathies, thoracolumbar region
M46.56	Other infective spondylopathies, lumbar region
M46.57	Other infective spondylopathies, lumbosacral region
M46.83	Other specified inflammatory spondylopathies, cervicothoracic region
M46.84	Other specified inflammatory spondylopathies, thoracic region
M46.85	Other specified inflammatory spondylopathies, thoracolumbar region
M46.86	Other specified inflammatory spondylopathies, lumbar region
M46.87	Other specified inflammatory spondylopathies, lumbosacral region
M47.13	Other spondylosis with myelopathy, cervicothoracic region
M47.14	Other spondylosis with myelopathy, thoracic region
M47.15	Other spondylosis with myelopathy, thoracolumbar region
M47.16	Other spondylosis with myelopathy, lumbar region
M47.23	Other spondylosis with radiculopathy, cervicothoracic region
M47.24	Other spondylosis with radiculopathy, thoracic region
M47.25	Other spondylosis with radiculopathy, thoracolumbar region
M47.26	Other spondylosis with radiculopathy, lumbar region
M47.27	Other spondylosis with radiculopathy, lumbosacral region
M47.814	Spondylosis without myelopathy or radiculopathy, thoracic region
M47.815	Spondylosis without myelopathy or radiculopathy, thoracolumbar region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region

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<b>ICD-10-CM Diagnosis Code</b>	<b>Description</b>
M47.894	Other spondylosis, thoracic region
M47.895	Other spondylosis, thoracolumbar region
M47.896	Other spondylosis, lumbar region
M47.897	Other spondylosis, lumbosacral region
M48.03	Spinal stenosis, cervicothoracic region
M48.04	Spinal stenosis, thoracic region
M48.05	Spinal stenosis, thoracolumbar region
M48.061	Spinal stenosis, lumbar region without neurogenic claudication
M48.062	Spinal stenosis, lumbar region with neurogenic claudication
M48.07	Spinal stenosis, lumbosacral region
M48.13	Ankylosing hyperostosis [Forestier], cervicothoracic region
M48.14	Ankylosing hyperostosis [Forestier], thoracic region
M48.15	Ankylosing hyperostosis [Forestier], thoracolumbar region
M48.16	Ankylosing hyperostosis [Forestier], lumbar region
M48.17	Ankylosing hyperostosis [Forestier], lumbosacral region
M48.23	Kissing spine, cervicothoracic region
M48.24	Kissing spine, thoracic region
M48.25	Kissing spine, thoracolumbar region
M48.26	Kissing spine, lumbar region
M48.27	Kissing spine, lumbosacral region
M48.33	Traumatic spondylopathy, cervicothoracic region
M48.34	Traumatic spondylopathy, thoracic region
M48.35	Traumatic spondylopathy, thoracolumbar region
M48.36	Traumatic spondylopathy, lumbar region
M48.37	Traumatic spondylopathy, lumbosacral region
M48.8X3	Other specified spondylopathies, cervicothoracic region
M48.8X4	Other specified spondylopathies, thoracic region
M48.8X5	Other specified spondylopathies, thoracolumbar region
M48.8X6	Other specified spondylopathies, lumbar region
M48.8X7	Other specified spondylopathies, lumbosacral region
M49.83	Spondylopathy in diseases classified elsewhere, cervicothoracic region
M49.84	Spondylopathy in diseases classified elsewhere, thoracic region
M49.85	Spondylopathy in diseases classified elsewhere, thoracolumbar region
M49.86	Spondylopathy in diseases classified elsewhere, lumbar region
M49.87	Spondylopathy in diseases classified elsewhere, lumbosacral region



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<b>ICD-10-CM Diagnosis Code</b>	<b>Description</b>
M51.04	Intervertebral disc disorders with myelopathy, thoracic region
M51.05	Intervertebral disc disorders with myelopathy, thoracolumbar region
M51.06	Intervertebral disc disorders with myelopathy, lumbar region
M51.14	Intervertebral disc disorders with radiculopathy, thoracic region
M51.15	Intervertebral disc disorders with radiculopathy, thoracolumbar region
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region
M51.24	Other intervertebral disc displacement, thoracic region
M51.25	Other intervertebral disc displacement, thoracolumbar region
M51.26	Other intervertebral disc displacement, lumbar region
M51.27	Other intervertebral disc displacement, lumbosacral region
M51.34	Other intervertebral disc degeneration, thoracic region
M51.35	Other intervertebral disc degeneration, thoracolumbar region
M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region
M51.44	Schmorl's nodes, thoracic region
M51.45	Schmorl's nodes, thoracolumbar region
M51.46	Schmorl's nodes, lumbar region
M51.47	Schmorl's nodes, lumbosacral region
M51.84	Other intervertebral disc disorders, thoracic region
M51.85	Other intervertebral disc disorders, thoracolumbar region
M51.86	Other intervertebral disc disorders, lumbar region
M51.87	Other intervertebral disc disorders, lumbosacral region
M53.2X3	Spinal instabilities, cervicothoracic region
M53.2X4	Spinal instabilities, thoracic region
M53.2X5	Spinal instabilities, thoracolumbar region
M53.2X6	Spinal instabilities, lumbar region
M53.2X7	Spinal instabilities, lumbosacral region
M53.84	Other specified dorsopathies, thoracic region
M53.85	Other specified dorsopathies, thoracolumbar region
M53.86	Other specified dorsopathies, lumbar region
M53.87	Other specified dorsopathies, lumbosacral region
M54.13	Radiculopathy, cervicothoracic region
M54.14	Radiculopathy, thoracic region
M54.15	Radiculopathy, thoracolumbar region



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<b>ICD-10-CM Diagnosis Code</b>	<b>Description</b>
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M54.31	Sciatica, right side
M54.32	Sciatica, left side
M54.41	Lumbago with sciatica, right side
M54.42	Lumbago with sciatica, left side
M54.5	Low back pain
M54.50	Low back pain, unspecified
M54.51	Vertebrogenic low back pain
M54.59	Other low back pain
M54.6	Pain in thoracic spine
M54.89	Other dorsalgia
M62.830	Muscle spasm of back
M81.0	Age-related osteoporosis without current pathological fracture
M81.6	Localized osteoporosis [Lequesne]
M81.8	Other osteoporosis without current pathological fracture
M96.1	Postlaminectomy syndrome, not elsewhere classified
M96.2	Postradiation kyphosis
M96.3	Postlaminectomy kyphosis
M96.4	Postsurgical lordosis
M96.5	Postradiation scoliosis
M99.02	Segmental and somatic dysfunction of thoracic region
M99.03	Segmental and somatic dysfunction of lumbar region
M99.04	Segmental and somatic dysfunction of sacral region
M99.12	Subluxation complex (vertebral) of thoracic region
M99.13	Subluxation complex (vertebral) of lumbar region
M99.14	Subluxation complex (vertebral) of sacral region
M99.15	Subluxation complex (vertebral) of pelvic region
M99.22	Subluxation stenosis of neural canal of thoracic region
M99.23	Subluxation stenosis of neural canal of lumbar region
M99.24	Subluxation stenosis of neural canal of sacral region
M99.25	Subluxation stenosis of neural canal of pelvic region
M99.29	Subluxation stenosis of neural canal of abdomen and other regions
M99.32	Osseous stenosis of neural canal of thoracic region
M99.33	Osseous stenosis of neural canal of lumbar region

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<b>ICD-10-CM Diagnosis Code</b>	<b>Description</b>
M99.34	Osseous stenosis of neural canal of sacral region
M99.35	Connective tissue stenosis of neural canal of pelvic region
M99.42	Connective tissue stenosis of neural canal of thoracic region
M99.43	Connective tissue stenosis of neural canal of lumbar region
M99.44	Connective tissue stenosis of neural canal of sacral region
M99.45	Connective tissue stenosis of neural canal of pelvic region
M99.52	Intervertebral disc stenosis of neural canal of thoracic region
M99.53	Intervertebral disc stenosis of neural canal of lumbar region
M99.54	Intervertebral disc stenosis of neural canal of sacral region
M99.55	Intervertebral disc stenosis of neural canal of pelvic region
M99.62	Osseous and spondylosis stenosis of intervertebral foramina of thoracic region
M99.63	Osseous and spondylosis stenosis of intervertebral foramina of lumbar region
M99.64	Osseous and spondylosis stenosis of intervertebral foramina of sacral region
M99.65	Osseous and spondylosis stenosis of intervertebral foramina of pelvic region
M99.72	Connective tissue and disc stenosis of intervertebral foramina of thoracic region
M99.73	Connective tissue and disc stenosis of intervertebral foramina of lumbar region
M99.82	Other biomechanical lesions of thoracic region
M99.83	Other biomechanical lesions of lumbar region
M99.84	Other biomechanical lesions of sacral region
M99.85	Other biomechanical lesions of pelvic region
Q05.1	Thoracic spina bifida with hydrocephalus
Q05.2	Lumbar spina bifida with hydrocephalus
Q05.3	Sacral spina bifida with hydrocephalus
Q05.6	Thoracic spina bifida without hydrocephalus
Q05.7	Lumbar spina bifida without hydrocephalus
Q05.8	Sacral spina bifida without hydrocephalus
Q06.1	Hypoplasia and dysplasia of spinal cord
Q06.2	Diastematomyelia
Q06.3	Other congenital cauda equina malformations
Q06.4	Hydromyelia
Q06.8	Other specified congenital malformations of spinal cord
Q07.01	Arnold-Chiari syndrome with spina bifida
Q07.03	Arnold-Chiari syndrome with spina bifida and hydrocephalus
Q07.8	Other specified congenital malformations of nervous system
Q67.5	Congenital deformity of spine

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<b>ICD-10-CM Diagnosis Code</b>	<b>Description</b>
Q76.0	Spina bifida occulta
Q76.2	Congenital spondylolisthesis
Q76.3	Congenital scoliosis due to congenital bony malformation
Q76.413	Congenital kyphosis, cervicothoracic region
Q76.414	Congenital kyphosis, thoracic region
Q76.415	Congenital kyphosis, thoracolumbar region
Q76.425	Congenital lordosis, thoracolumbar region
Q76.426	Congenital lordosis, lumbar region
Q76.427	Congenital lordosis, lumbosacral region
S33.39XA	Dislocation of other parts of lumbar spine and pelvis, initial encounter
S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
S33.6XXA	Sprain of sacroiliac joint, initial encounter
S33.8XXA	Sprain of other parts of lumbar spine and pelvis, initial encounter
S34.01XA	Concussion and edema of lumbar spinal cord, initial encounter
S34.02XA	Concussion and edema of sacral spinal cord, initial encounter
S34.111A	Complete lesion of L1 level of lumbar spinal cord, initial encounter
S34.112A	Complete lesion of L2 level of lumbar spinal cord, initial encounter
S34.113A	Complete lesion of L3 level of lumbar spinal cord, initial encounter
S34.114A	Complete lesion of L4 level of lumbar spinal cord, initial encounter
S34.115A	Complete lesion of L5 level of lumbar spinal cord, initial encounter
S34.121A	Incomplete lesion of L1 level of lumbar spinal cord, initial encounter
S34.122A	Incomplete lesion of L2 level of lumbar spinal cord, initial encounter
S34.123A	Incomplete lesion of L3 level of lumbar spinal cord, initial encounter
S34.124A	Incomplete lesion of L4 level of lumbar spinal cord, initial encounter
S34.125A	Incomplete lesion of L5 level of lumbar spinal cord, initial encounter
S34.21XA	Injury of nerve root of lumbar spine, initial encounter
S34.3XXA	Injury of cauda equina, initial encounter
S34.4XXA	Injury of lumbosacral plexus, initial encounter

## VI. REFERENCES

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1. Resnick DK, Choudhri TF, Dailey AT, et al.; American Association of Neurological Surgeons/Congress of Neurological Surgeons. Guidelines for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 14: brace therapy as an adjunct to or substitute for lumbar fusion. *J Neurosurg Spine*. 2005;2(6):716-724.

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## VII. POLICY HISTORY

[TOP](#)

<b>MP 6.063</b>	<b>CAC 9/26/17 New policy</b> addressing Spinal Orthoses. Information previously addressed in MP 6.028 Orthotics.
	<b>7/23/18 Consensus review.</b> No change to policy statements.
	<b>4/24/19 Consensus review.</b> No change to policy statements.
	<b>4/28/20 Consensus review.</b> No changes to policy statements. References reviewed, added and updated. Codes reviewed, updated.
	<b>5/17/21 Consensus review.</b> No changes to policy statements. References and coding updated.
	<b>9/7/2021: Administrative review.</b> Addition of new ICD-10 codes. Effective date 10/1/2021.
	<b>11/16/2022 Consensus Review.</b> No changes to policy statements. Formatting, references and coding reviewed and updated.
	<b>10/6/2023 Consensus Review.</b> No changes to policy statement. References updated. Coding reviewed, no changes.

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**MEDICAL POLICY**

<b>POLICY TITLE</b>	<b>SPINAL ORTHOSES (OTHER THAN FOR SCOLIOSIS)</b>
<b>POLICY NUMBER</b>	<b>MP 6.063</b>

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