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Lines Of Business: *Self-Funded*

## Spinal Orthoses for Scoliosis

### PURPOSE:

This policy is designed to address the medical necessity criteria for spinal orthoses/braces related to the treatment of scoliosis.

### DEFINITIONS:

**Scoliosis:** Scoliosis is defined as curvature of the spine in the coronal plane . It is accompanied by a variable degree of rotation of the spinal column. By convention,  $>10^\circ$  of curvature (as measured by the Cobb angle ) defines scoliosis. The direction (right or left) of a scoliotic curve is defined by the curve's convexity. The location is defined by the apical vertebra (the one that most deviated and rotated from midline)

**Risser sign of skeletal maturity:** The iliac apophysis ossifies in a stepwise fashion from anterolateral to posteromedial along the iliac crest. The Risser sign is a visual grading of the degree to which the iliac apophysis has undergone ossification and fusion; it is used to assess skeletal maturity. Risser grade 0 corresponds to no ossification. As depicted above, grade 1 describes up to 25 percent ossification; grade 2 describes 26 to 50 percent ossification; grade 3 describes 51 to 75 percent ossification; grade 4 describes greater than 76 percent ossification; and grade 5 describes full bony fusion of the apophysis.

### PROCEDURE:

1. The following orthoses/braces may be considered medically necessary in individuals with scoliosis:
  - a. Boston scoliosis brace (custom or prefabricated)
  - b. Charleston scoliosis brace
  - c. Milwaukee scoliosis brace
  - d. Providence brace
  - e. Rigo-Cheneau brace
  - f. Risser jacket
  - g. Standard thoracolumbosacral orthosis (TLSO).
2. The above braces may be considered medically necessary in any of the following instances:
  - a. In skeletally immature individuals with an idiopathic spinal curve between  $25^\circ$  and  $60^\circ$ , and a Risser grade of 0 to 3; OR

- b. In skeletally immature individuals with an idiopathic spinal curve between 20° and 24° with a documented progression of 5° or more over at least 6 month period, and Risser grade of 0 or 1.

## CODING:

Procedure Codes:

HCPSC Code	Description
L0999	Addition to spinal orthosis, not otherwise specified ( <b>Note: This code should be used only if a more specific code is unavailable.</b> )
L1000	Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee), inclusive of furnishing initial orthotic, including model
L1001	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), immobilizer, infant size, prefabricated, includes fitting and adjustment
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment
L1010	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, axilla sling
L1020	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, kyphosis pad
L1025	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, kyphosis pad, floating
L1030	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, lumbar bolster pad
L1040	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, lumbar or lumbar rib pad
L1050	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, sternal pad
L1060	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, thoracic pad
L1070	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, trapezius sling
L1080	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, outrigger
L1085	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, outrigger, bilateral with vertical extensions
L1090	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, lumbar sling
L1100	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, ring flange, plastic or leather
L1110	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, ring flange, plastic or leather, molded to patient model

L1120	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO), scoliosis orthosis, cover for upright, each
L1200	Thoracic-lumbar-sacral orthosis (TLSO), inclusive of furnishing initial orthosis only
L1210	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lateral thoracic extension
L1220	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), anterior thoracic extension
L1230	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), Milwaukee type superstructure
L1240	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lumbar derotation pad
L1250	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), anterior ASIS pad
L1260	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), anterior thoracic derotation pad
L1270	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), abdominal pad
L1280	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), rib gusset (elastic), each
L1290	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lateral trochanteric pad
L1300	Other scoliosis procedure, body jacket molded to patient model
L1310	Other scoliosis procedure, postoperative body jacket
L1499	Spinal orthosis, not otherwise specified
29010	Application of Risser jacket, localizer, body; only

Diagnosis Codes:

ICD-10 Code	Description
M41.00	Infantile idiopathic scoliosis, site unspecified
M41.02	Infantile idiopathic scoliosis, cervical region
M41.03	Infantile idiopathic scoliosis, cervicothoracic region
M41.04	Infantile idiopathic scoliosis, thoracic region
M41.05	Infantile idiopathic scoliosis, thoracolumbar region
M41.06	Infantile idiopathic scoliosis, lumbar region
M41.07	Infantile idiopathic scoliosis, lumbosacral region
M41.08	Infantile idiopathic scoliosis, sacral and sacrococcygeal region
M41.112	Juvenile idiopathic scoliosis, cervical region
M41.113	Juvenile idiopathic scoliosis, cervicothoracic region
M41.114	Juvenile idiopathic scoliosis, thoracic region
M41.115	Juvenile idiopathic scoliosis, thoracolumbar region
M41.116	Juvenile idiopathic scoliosis, lumbar region
M41.117	Juvenile idiopathic scoliosis, lumbosacral region
M41.119	Juvenile idiopathic scoliosis, site unspecified

M41.122	Adolescent idiopathic scoliosis, cervical region
M41.123	Adolescent idiopathic scoliosis, cervicothoracic region
M41.124	Adolescent idiopathic scoliosis, thoracic region
M41.125	Adolescent idiopathic scoliosis, thoracolumbar region
M41.126	Adolescent idiopathic scoliosis, lumbar region
M41.127	Adolescent idiopathic scoliosis, lumbosacral region
M41.129	Adolescent idiopathic scoliosis, site unspecified
M41.20	Other idiopathic scoliosis, site unspecified
M41.22	Other idiopathic scoliosis, cervical region
M41.23	Other idiopathic scoliosis, cervicothoracic region
M41.24	Other idiopathic scoliosis, thoracic region
M41.25	Other idiopathic scoliosis, thoracolumbar region
M41.26	Other idiopathic scoliosis, lumbar region
M41.27	Other idiopathic scoliosis, lumbosacral region

## Additional Coding and Billing Guidelines:

Both L0999 and L1499 should only be used if an alternative HCPCS Level II or a CPT code better describes the service being reported. This code should be used only if a more specific code is unavailable. Use of these two codes when more specific codes are available is considered incorrect coding (unbundling). Additionally, L1499 and L0999 should not be used as base codes for a scoliosis orthosis.

HCPCS codes L1005, L1300, and L1310 are all inclusive and do not have any associated add-on codes. The use of addition codes with these three codes will be considered incorrect coding (unbundling).

Add-on codes for L1000 and L1200 may be denied as not separately payable if billed without the appropriate base code.

Any custom molded brace, such as Rigo Cheneau, is best described by HCPCS code L1300.

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## **POST-PAYMENT AUDIT STATEMENT:**

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by THP at any time pursuant to the terms of your provider agreement.

## **DISCLAIMER:**

This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy is intended to address medical necessity guidelines that are suitable for most individuals. Each individual's unique clinical situation may warrant individual consideration based on medical records. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case.

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