



ADMINISTRATIVE POLICY AND PROCEDURE

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| Policy #: | 1425 | |
| Subject: | Back Brace Coverage | |
| Section: | Medical Non-Pharmacy Protocols | |
| Initial Effective Date: | 12/03/2020 | |
| Revision Effective Date(s): | | |
| Review Effective Date(s): | | |
| Responsible Parties: | Inna Kats, MD | |
| Responsible Department(s): | Utilization Management | |
| Regulatory References: | Maryland EQRO Systems Performance Review: Standard 7.2 NCQA 2020: UM 2C | |
| Approved: | Theresa Bittle, RN AVP, Clinical Operations | Patryce A. Toye, MD Chief Medical Officer |

Purpose: To define the conditions under which MedStar Family Choice (MFC) utilization staff may authorize back brace payments.

Scope: MedStar Family Choice

Policy: It is the policy of MFC for nurse utilization management staff to authorize back braces as outlined in the criteria below. Requests that do not specifically meet the criteria may be submitted with supporting medical records, articles from the literature, etc. and will be reviewed by a Medical Director for a Medical Exception.

Procedure:

1. Nurse utilization management staff may authorize back braces if:
 - a. The cost of the brace is \$500.00 or less or
 - b. All the following criteria are met:
 - i. The request is for services with an in-network provider or in-network DME vendor
 - ii. The requested back brace is on the Maryland Medicaid fee schedule
 - iii. The request is signed by a clinician who has evaluated the member for the back-brace indication within the past 90 days.

- iv. Medical records are provided and documents the presence of one (1) of the following indications for the back brace within the past 90 days:
 - 1. To reduce back 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.

References:

Local Coverage Determination (LCD) for Spinal Orthoses: RLSO and LSO (L33790)

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?lcdid=33790&ver=20&bc=CAAAAAAAAAAAAA>

Accessed 12/03/2020

Local Coverage Article: Spinal Orthoses: TLSO and LSO – Policy Article (A52500)

<https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleid=52500&ver=23&bc=CAAAAAAAAAAAAA>

Accessed 12/03/2020

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| Summary of Changes: | <p>12/20:</p> <ul style="list-style-type: none"> • New policy. |
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