



MedStar Family Choice

ADMINISTRATIVE POLICY AND PROCEDURE

Policy #:	1425	
Subject:	Back Brace Coverage	
Section:	Medical Non-Pharmacy Protocols	
Initial Effective Date:	12/03/2020	
Revision Effective Date(s):	07/21, 10/21, 07/22, 07/23, 07/24	
Review Effective Date(s):	7/25	
Responsible Parties:	Medical Director	
Responsible Department(s):	Clinical Operations	
Regulatory References:	Local Coverage Determination (LCD) for Spinal Orthoses: TLSO and LSO (L33790) https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?lcdid=33790&ver=20&bc=CAAAAAAAAAAAAA	
Approved:	AVP of Clinical Operations	Chief Medical Officer

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

Scope: MedStar Family Choice, Maryland

Policy: It is the policy of MedStar Family Choice 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 \$1200 or less AND
 - 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 requested orthoses are rigid or semi-rigid

- iv. The request is signed by a clinician who has evaluated the member for the back-brace indication within the past 90 days.
- v. 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.
2. Limitations/exclusions:
 - a. Orthoses not on the Maryland Medicaid Fee Schedule
 - b. Elastic or other fabric support garments

References:

1. Local Coverage Determination (LCD) for Spinal Orthoses: TLSO and LSO (L33790)
<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?lcdid=33790&ver=20&bc=CAAAAAAAAAAAAA>
 Accessed 05/10/2021, 10/15/2021, 04/12/2022, 05/14/2023, 06/30/2024, 04/19/2025
2. Local Coverage Article: Spinal Orthoses: TLSO and LSO – Policy Article (A52500)
<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52500&ver=42&bc=CAAAAAAAAAAAAA> Accessed 05/14/2023, 06/30/2024, 04/19/2025

Summary of Changes:	07/25: • No change 07/24: • Removed specific names for “Responsible Parties” and “Approved”; just using titles • Updated References links 07/23: • Updated approved by to Carol Attia and Dr. Wills • Added orthoses are rigid or semi-rigid to criteria for coverage • Added Limitations/exclusions section • Updated Regulatory References 07/22: • Removed NCQA from Regulatory References.
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	• Changed or to AND in Nurse utilization management staff Criteria (Procedure 1.a). • Formatted reference section. 10/21: • Increased the cost of brace for Utilization Management staff approval from \$500 or less to \$1200 or less. 07/21: • Updated Responsible Departments from Utilization Management to Clinical Operations. • Updated Regulatory References to reflect 2021 NCQA Standards. • Added “Maryland” to scope. • Updated references. 12/20: • New policy.
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