

## Medical Policy



### Cervical-Thoracic Orthosis (Halo Brace), Cervical Orthosis (Cervical Collar)

#### ▼ Description

Orthotics are rigid or semi-rigid appliances used for the purpose of supporting or correcting a weak or deformed body part. They are also designed for restricting or eliminating motion in a diseased or injured part of the body.

An orthosis may be either prefabricated or custom fabricated. A prefabricated orthosis (off-the-shelf) is one which is manufactured in quantity without a specific patient in mind. A prefabricated orthosis may be trimmed, bent, molded (with or without heat), or otherwise modified for use by a specific patient (i.e., custom fitted). A custom fabricated orthosis (custom-made) is one that is designed for a specific individual. It may be required for fitting of an abnormal limb, contour, knee deformity or an unusual size. The use of a prefabricated orthosis may be precluded.

A cervical-thoracic orthosis (CTL SO) or Halo brace is used to stabilize the upper spine following surgery or an injury to the cervical or thoracic vertebrae. A Cervical Orthosis (cervical collar) is a device used to support the neck.

#### ▼ Policy

Cervical-thoracic orthoses are considered **reasonable and necessary** to stabilize the upper spine following surgery or an injury to the cervical or thoracic vertebrae

Cervical-thoracic orthoses are considered **not reasonable and necessary** for all other indications.

A Cervical orthosis (cervical collar) is considered **reasonable and necessary** to support the neck (HCPCS codes L0130-L0200). There are various types of cervical orthoses. Rigid collars such as the Philadelphia collar and Miami collar are utilized post-fusion for cervical strain or for unstable fractures.

Foam, soft collars (L0120) are considered not reasonable and necessary because they are not rigid or semi-rigid appliances and therefore do not meet the definition of an orthotic.

The CTLSO (Halo brace) L0810, L0820, L0830 and L0860 are surgically implanted. Therefore all components of the brace (L0700 and L0710) are covered under the hospital benefit and not provided in the home setting.

#### ▼HCPCS Level II Codes and Description

L0120	Cervical, flexible, nonadjustable (foam collar)
L0130	Cervical, flexible, thermoplastic collar, molded to patient
L0140	Cervical, semi-rigid, adjustable (plastic collar)
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support
L0170	Cervical, collar, molded to patient model
L0172	Cervical, collar, semi-rigid thermoplastic foam, two piece
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension
L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types)
L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension
L0700	CTLSO, anterior-posterior-lateral control, molded to patient model (Minerva type)
L0710	CTLSO, anterior-posterior-lateral control, molded to patient model, with interface material (Minerva type)
L0810	Halo procedure, cervical halo incorporated into jacket vest
L0820	Halo procedure, cervical halo incorporated into a plaster body jacket
L0830	Halo procedure, cervical halo incorporated into Milwaukee type of orthosis
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material
L0861	Addition to halo procedure, replacement liner/interface material

### ▼ Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

### ▼ References

1. Cigna: Spinal Orthoses  
[https://secure.cigna.com/health/provider/medical/procedural/coverage\\_positions/medical/mm\\_0394\\_coveragepositioncriteria\\_spinal\\_orthoses.pdf](https://secure.cigna.com/health/provider/medical/procedural/coverage_positions/medical/mm_0394_coveragepositioncriteria_spinal_orthoses.pdf)
2. National Government Services, Inc., Jurisdiction B DME MAC Provider Manual, March 2008
3. *National Government Services, Inc., Jurisdiction B Supplier Manual* March 2011.

**Applicable URAC Standard**

Core 8	Staff operational tools and support
--------	-------------------------------------

**Change/Authorization History**

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:
A	11-20-06	Initial Release	Rosanne Brugnani	Ken Fasse	n/a
01		Annual Review – no changes	Susan Glomb	Ken Fasse	12-2008
02	12-22-09	Annual Review-no changes	Susan Glomb	Ken Fasse	Dec.2009
03	11-19-10	Annual Review – No Changes	Susan Glomb	Ken Fasse	Nov.2010
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	
05	11-22-11	Annual Review. Added references to policy.	Susan Glomb	Dr. B. Almasri	
06	1-9-12	Added definition of orthosis	Susan Glomb	Dr. B. Almasri	Jan. 2012
07	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri	
08	11-28-12	Annual Review – No changes	Susan Glomb	Dr. B. Almasri	Nov 12
09	12-18-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri	
10	12-29-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	
11	12-14-15	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	12-14-15