MedStar Family Choice		
ADMINISTRATIVE POLICY AND PROCEDURE		
Policy #:	1425	
Subject:	Back Brace Coverage	
Section:	Medical Non-Pharmacy Protocols	
Initial Effective Date:	12/03/2020	
<b>Revision Effective Date(s):</b>	07/21, 10/21, 07/22, 07/23	
<b>Review Effective Date(s):</b>		
<b>Responsible Parties:</b>	Inna Kats, MD	
Responsible Department(s):	Clinical Operations	
Regulatory References:	1. Local Coverage Determination (LCD) for Spinal Orthoses: RLSO and LSO (L33790) <u>https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?lcdid=33790&amp;ver=20&amp;bc=CAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA</u>	
Approved:	Carol Attia, MBA, BSN, RN VP Clinical Care and Quality	Karyn Wills, 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, Maryland
- 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 \$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:**

	07/23:	
	• Updated approved by to Carol Attia and Dr. Wills	
Summary of Champoor	<ul> <li>Added orthoses are rigid or semi-rigid to criteria for coverage</li> <li>Added Limitations/exclusions section</li> <li>Updated Regulatory References</li> <li>07/22:</li> <li>Removed NCQA from Regulatory References.</li> </ul>	
Summary of Changes:	• Changed or to AND in Nurse utilization management staff Criteria (Procedure 1.a).	
	<ul> <li>Formatted reference section.</li> </ul>	
	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.	
<ul><li>Added "Maryland" to scope.</li><li>Updated references.</li></ul>	
12/20:	
• New policy.	