

**References: L11459, A23846 (prior to 10/01/2015); L33790, A52500 (on/after 10/01/2015)**

## **All Thoracic Lumbar Sacral Orthoses (TLSOs) and Lumbar Sacral Orthoses (LSOs)**

- Dispensing Order, if applicable
- Detailed Written Order (DWO)
- Beneficiary Authorization
- Proof of Delivery (POD)
  - Method 1 - Direct Delivery to the Beneficiary by the Supplier  
**The date the beneficiary/designee signs for the orthosis is to be the date of service of the claim.**
  - Method 2 - Delivery via Shipping or Delivery Service  
**The shipping date is to be the date of service of the claim.**
  - Method 3 - Delivery to Nursing Facility on Behalf of a Beneficiary
- Continued Need
- Continued Use

## **Medical Records**

**Prefabricated Orthoses** (L0450, L0455, L0457, L0458, L0462, L0464, L0467, L0469, L0470, L0472, L0488, L0490, L0491, L0492, L0621, L0623, L0625, L0628, L0635, L0641, L0642, L0643, L0648, L0649, L0650, L0651)

- Medical records document the spinal orthosis was ordered for one of the following indications:
  - Reduce pain by restricting mobility of the trunk; **or**
  - Facilitate healing following an injury to the spine or related soft tissues; **or**
  - Facilitate healing following a surgical procedure on the spine or related soft tissue; **or**
  - Support weak spinal muscles and/or a deformed spine.

**Custom Fitted Orthoses** (L0454, L0456, L0458, L0460, L0462, L0464, L0466, L0468, L0470, L0472, L0488, L0490, L0491, L0492, L0626, L0627, L0630, L0631, L0633, L0635, L0637, L0639)

- Medical records document the spinal orthosis was ordered for one of the following indications:
  - Reduce pain by restricting mobility of the trunk; **or**
  - Facilitate healing following an injury to the spine or related soft tissues; **or**
  - Facilitate healing following a surgical procedure on the spine or related soft tissue; **or**
  - Support weak spinal muscles and/or a deformed spine.

- Orthosis requires substantial modifications for fitting at the time of delivery in order to provide an individualized fit
  - Item must be trimmed, bent, molded (with or without heat), or otherwise modified resulting in alterations beyond minimal self-adjustment; **and**
- This fitting at delivery requires expertise of a certified orthotist or an [individual](#) who has equivalent specialized training in the provision of orthotics to fit the item to the individual beneficiary.
- Documentation must be sufficiently detailed to include, but is not limited to, a detailed description of the modifications necessary at the time of fitting the orthosis to the beneficiary

**Custom Fabricated Orthoses** (L0452, L0480, L0482, L0484, L0486, L0629, L0632, L0634, L0636, L0638, L0640)

- Medical records document the spinal orthosis was ordered for one of the following indications:
  - Reduce pain by restricting mobility of the trunk; **or**
  - Facilitate healing following an injury to the spine or related soft tissues; **or**
  - Facilitate healing following a surgical procedure on the spine or related soft tissue; **or**
  - Support weak spinal muscles and/or a deformed spine.
- Detailed documentation in the treating physician's records to support the medical necessity of custom fabricated rather than a prefabricated orthosis.
- This information is corroborated by the functional evaluation in the orthotist or prosthetist's records.
- Impression of the specific body part was made and this impression was used to make a positive model of the body part; **or**
- Detailed measurements were taken of the beneficiary's torso and used to modify a positive model to make it conform to the beneficiary's body shape and dimensions; **or**
- Digital image of the beneficiary's torso was made using CAD-CAM technology which directed the carving of a positive model; **and**
- Orthosis was then individually fabricated and molded over the positive model of the beneficiary.

## Billing Reminders

- When providing a TLSO or LSO, suppliers must:
  - Provide the product that is specified by the ordering physician
  - Confirm that the medical records justify the need for the type of product (i.e, prefabricated versus custom fabricated)
  - Only bill for the HCPCS code that accurately reflects both the type of orthosis and the appropriate level of fitting
  - Have detailed documentation in your records that justifies the code selected
- CG modifier must be added to codes L0450, L0454, L0455, L0621, L0625, or L0628 only if orthosis is made primarily of nonelastic material (e.g., canvas, cotton, nylon) or having a rigid posterior panel.
- The only products that may be billed for prefabricated spinal orthoses and spinal orthoses that are custom fabricated by a manufacturer/central fabrication facility and sent to someone other than the beneficiary are those that are specified in the Product Classification List on the PDAC contractor web site.

- Claims for spinal orthoses should not be submitted if:
  - Orthosis is provided to a beneficiary prior to an inpatient hospital admission or Part A covered SNF stay; **and**
  - Medical necessity for the orthosis begins during the hospital or SNF stay; **or**
  - Orthosis is provided to a beneficiary during an inpatient hospital or Part A covered SNF stay prior to the day of discharge; **and**
  - Beneficiary uses the item for medically necessary inpatient treatment or rehabilitation.
- Payment for a spinal orthosis delivered to a beneficiary in a hospital or Part A covered SNF stay and billed with the discharge date is eligible for coverage by the DME MAC if the orthosis is:
  - Medically necessary for a beneficiary after discharge from a hospital or Part A covered SNF; **and**
  - Provided to the beneficiary within two days prior to discharge to home; **and**
  - Not needed for inpatient treatment or rehabilitation, but is left in the room to take home.
- There is no separate billing if CAD-CAM technology is used to fabricate an orthosis.

The content of this document was prepared as an education tool and is not intended to grant rights or impose obligations. Use of this document is not intended to take the place of either written law or regulations. Suppliers are reminded to review the Local Coverage Determination and Policy Article for specific documentation guidelines.

[Print Form](#)

[Go Back to Front Page](#)