Medical Policy
Orthotics for Progressive Scoliosis

Table of Contents
- Policy: Commercial
- Coding Information
- Information Pertaining to All Policies
- Policy: Medicare
- Description
- References
- Authorization Information
- Policy History
- Endnotes

Policy Number: 550
BCBSA Reference Number: 2.01.83
NCD/LCD: N/A

Related Policies
- Vertical Expandable Prosthetic Titanium Rib, #305
- DNA-Based Testing for Adolescent Idiopathic Scoliosis, #545

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

A rigid cervical-thoracic-lumbar-sacral or thoracic-lumbar-sacral orthosis may be considered MEDICALLY NECESSARY for the treatment of scoliosis in juvenile and adolescent patients at high-risk of progression which meets the following criteria:
- Idiopathic spinal curve angle between 25° and 40°; AND
- Spinal growth has not been completed (Risser grade 0-3; no more than 1 year post menarche in females)

OR
- Idiopathic spinal curve angle greater than 20°; AND
- There is documented increase in the curve angle; AND
- At least 2 years' growth remain (Risser grade 0 or 1; pre-menarche in females).

Use of an orthosis for the treatment of scoliosis that does not meet the criteria above is considered INVESTIGATIONAL.

Prior Authorization Information

Inpatient
- For services described in this policy, precertification/preauthorization IS REQUIRED for all products if the procedure is performed inpatient.

Outpatient
- For services described in this policy, see below for products where prior authorization might be required if the procedure is performed outpatient.
### CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

#### HCPCS Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>L1000</td>
<td>Cervical-thoracic-lumbar-sacral orthotic (CTLSO) (Milwaukee), inclusive of furnishing initial orthotic, including model</td>
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<tr>
<td>L1001</td>
<td>Cervical-thoracic-lumbar-sacral orthotic (CTLSO), immobilizer, infant size, prefabricated, includes fitting and adjustment</td>
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<tr>
<td>L1200</td>
<td>Thoracic-lumbar-sacral orthotic (TLSO), inclusive of furnishing initial orthotic only</td>
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<tr>
<td>L1300</td>
<td>Other scoliosis procedure, body jacket molded to patient model</td>
</tr>
<tr>
<td>L1310</td>
<td>Other scoliosis procedure, postoperative body jacket</td>
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</tbody>
</table>

### Description

Scoliosis is an abnormal lateral and rotational curvature of the vertebral column. Treatment of scoliosis currently depends on 3 factors: the cause of the condition (idiopathic, congenital, or secondary), the severity of the condition (degrees of curve), and the growth of the patient remaining at the time of presentation. Children who have vertebral curves measuring between 25 and 40 degrees with at least 2 years of growth remaining are considered to be at high risk of curve progression. Genetic markers to evaluate risk of progression are also being evaluated. Since severe deformity may lead to compromised respiratory function and is associated with back pain in adulthood, surgical intervention with spinal fusion is typically recommended for curves that progress to 45 degrees or more.

Bracing is used in an attempt to reduce the need for spinal fusion by slowing or preventing further progression of the curve during rapid growth. Commonly used brace designs include the Milwaukee, Wilmington, Boston, Charleston, and Providence orthoses. The longest clinical experience is with the Milwaukee cervical-thoracic-lumbar-sacral orthosis (CTLSO). Thoracic-lumbar-sacral orthoses (TLSO), such as the Wilmington and Boston braces, are intended to improve tolerability and compliance for extended (more than 18-hour) wear and are composed of lighter-weight plastics with a low-profile (underarm) design. The design of the nighttime Charleston and Providence braces is based on the theory that increased corrective forces will reduce the needed wear time (i.e., daytime), thereby lessening social anxiety and improving compliance. Braces that are more flexible than TLSOs or nighttime braces, such as the SpineCor, are also being evaluated. The SpineCor is composed of a thermoplastic pelvic base with stabilizing and corrective bands across the upper body. All cervical-thoracic-lumbar-sacral or thoracic-lumbar-sacral orthosis are considered investigational regardless of the commercial name, the manufacturer or FDA approval status except when used for the medically necessary indications that are consistent with the policy statement.
Summary
Orthotic bracing attempts to slow curve progression and reduce the need for fusion surgery in patients with progressive scoliosis.

Bracing has been considered the only available option to prevent curve progression in juvenile or adolescent idiopathic scoliosis, although efficacy has not been consistently demonstrated when compared with watchful waiting. The highest quality study on bracing is a large National Institute of Health-sponsored trial from 2013 that has both randomized and observational arms comparing bracing versus watchful waiting. This study was stopped after interim analysis because of a significant benefit of bracing for the prevention of spinal fusion. Based on evidence of efficacy, lack of alternative treatment options, professional society recommendations, and potential to prevent the need for a more invasive procedure, bracing may be considered medically necessary for the treatment of scoliosis in patients with a high risk of curve progression. Curves have a high risk of progression when they measure 25° or more and spinal growth has not been completed, or when a 20° curve is progressively worsening and at least 2 years of growth remain.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>12/2016</td>
<td>New references added from BCBSA National medical policy.</td>
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<tr>
<td>6/2013</td>
<td>New references from BCBSA National medical policy.</td>
</tr>
<tr>
<td>5/1/12</td>
<td>New policy describing ongoing coverage and non-coverage.</td>
</tr>
</tbody>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:
Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References
8. Guo J, Lam TP, Wong MS, et al. A prospective randomized controlled study on the treatment outcome of SpineCor brace versus rigid brace for adolescent idiopathic scoliosis with follow-up according to the SRS standardized criteria. Eur Spine J. Dec 2014;23(12):2650-2657. PMID 24378629


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Endnotes

1 Based on MPRM 2.01.83 and expert opinion