Abstract Purpose:
The care management (CM) department applies review guidelines for utilization determinations involving medically necessary care for durable medical equipment (DME). The purpose of this policy is to provide guidance to the care management teams of Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC (NHP/NHIC/NHAS) for decision making related to medical necessity for orthopedic braces and splints for the back and knee.

Policy Detail: Refer to the appropriate Certificate of Coverage, Evidence of Coverage, Summary Plan Description, Individual and Family Policy or It’s Your Choice booklet to determine eligibility and coverage because Employer Group/Plan Sponsor and government contracts may vary. NHP/NHIC/NHAS follows Medicare’s National /Local (Wisconsin Area) Coverage Determinations for its Medicare Advantage membership.

Policy

I. Description
   A. The care management (CM) department applies review guidelines for utilization determinations involving medically necessary care for durable medical equipment (DME). This policy provides guidance for approving orthopedic braces and splints for NHP/NHIC/NHAS Medicare and commercial products, including group, self-funded and individual family. Coverage for these orthopedic splints and braces are subject to the conditions, terms and limitations of the member’s/participant’s coverage document.

II. Medical Indicators/Criteria:
   A. The following orthopedic braces and splints may medically necessary for the indications listed when used to treat an illness or injury and ALL of the following criteria are met:
      A. BACK BRACES-back braces/orthoses are used to treat back pain and spinal column deformities.
         1. Prefabricated, custom fitted and custom-fabricated Lumbar Orthosis (LO), Lumbar-Sacral Orthosis (LSO) and Thoracic-Lumbar-Sacral Orthosis (TLSO) may be medically necessary for ANY of the following indications:
            a. To facilitate healing following an injury to the spine or related soft tissues; OR
            b. To facilitate healing following surgery of the spine or related soft tissues; OR
c. To support weak spinal muscles or a spinal
malformation/deformity; OR
d. For the treatment of scoliosis; OR
e. To reduce pain by restricting mobility of the trunk

2. NHP/NHIC/NHAS covers repair and/or replacement of spinal
orthoses when:
   a. An anatomical change renders the device non-functional
      and/or non-repairable
   b. Reasonable wear and tear renders the item non-functional
      and/or non-repairable

B. KNEE BRACES
1. Prefabricated, custom fitted and custom-fabricated knee braces
   may be medically necessary for ANY of the following
   indications:
   a. Fractures requiring early post-injury or post-operative
      motion such as patella fractures or tibial plateau fractures
   b. For the use of offloading knee braces to treat
      osteoarthritis per, MCG criteria guidelines

2. NHP/NHIC/NHAS covers repair and/or replacement of knee
   braces when:
   a. An anatomical change renders the device non-functional
      and/or non-repairable
   b. Reasonable wear and tear renders the item non-functional
      and/or non-repairable

III. Coverage
   A. Orthopedic braces and orthoses for the back and knee are a covered benefit per
   the criteria listed above. NHIC follows CMS National Coverage Determinations
   (NCD and Local Coverage Determinations (LCD) for application to its
   Medicare Advantage membership.

IV. Limitations/Exclusions
   A. NHP/NHIC/NHAS considers the use of braces and orthoses for any other reason
   than those outlined above NOT medically necessary. Coverage for braces and
   orthoses are subject to the conditions, terms and limitations of the
   member’s/participant’s coverage document.
   A. NHP/NHIC/NHAS does not cover spinal braces/orthoses for ANY of the
   following indications as they are considered not medically necessary and
   specifically identified as being directly excluded from coverage under
   coverage documents:
      1. When used to prevent an injury on an uninjured body part
      2. When used solely for athletic performance or sports participation
      3. A duplicate orthotic device to be used as a “spare”
      4. Repair or replacement of orthopedic braces and/or orthoses
         because of member/participant misuse, abuse or neglect.
      5. Repair or replacement of orthopedic braces and/or orthoses when
         a device is lost, sold, stolen or misplaced.
      6. NHP/NHIC/NHAS considers the use of back braces/orthoses for
         any other condition not outlined above as not medically
         necessary

   B. NHP/NHIC/NHAS does not cover knee braces for ANY of the
   following indications as they are considered not medically necessary and
   specifically identified as being directly excluded from coverage under
   coverage documents:
      1. When used to prevent an injury on an uninjured body part
      2. When used solely for athletic performance or sports participation
1. A duplicate orthotic device to be used as a “spare”
2. Repair or replacement of orthopedic braces and/or orthoses because of member/participant misuse, abuse or neglect.
3. Repair or replacement of orthopedic braces and/or orthoses when a device is lost, sold, stolen or misplaced.
4. NHP/NHIC/NHAS considers the use of knee braces for any other reason than those outlined above not medically necessary.

V. References


F. Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD) for Knee Orthoses (L33318) Revision date for services on or after July 1, 2016. Available at URL address: http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx


