

 <b>MedStar Family Choice</b> <small>DISTRICT OF COLUMBIA</small>		
<b>ADMINISTRATIVE POLICY AND PROCEDURE</b>		
<b>Policy #:</b>	<b>1425.DC</b>	
<b>Subject:</b>	<b>Back Brace Coverage</b>	
<b>Section:</b>	<b>Medical Non-Pharmacy Protocols</b>	
<b>Initial Effective Date:</b>	<b>10/01/2020</b>	
<b>Revision Effective Date(s):</b>	<b>07/21, 07/22, 07/23, 07/24</b>	
<b>Review Effective Date(s):</b>		
<b>Responsible Parties:</b>	<b>Medical Director</b>	
<b>Responsible Department(s):</b>	<b>Clinical Operations</b>	
<b>Regulatory References:</b>	<b>NCQA 2023 UM 2C</b>	
<b>Approved:</b>	<b>AVP Clinical Operations</b>	<b>Senior Medical Director (Chief Medical Officer-DC)</b>

**Purpose:** To define the conditions under which MedStar Family Choice District of Columbia nursing clinical operations staff may authorize back brace payments.

**Scope:** MedStar Family Choice District of Columbia

**Policy:** It is the policy of MedStar Family Choice DC for nursing clinical operations 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. Nursing clinical operations staff may authorize back braces if:
  - a. The cost of the brace is \$500.00 or less or
  - 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 DC Medicaid fee schedule
    - iii. The request is signed by a clinician who has evaluated the member for the back-brace indication within the past 90 days.

- iv. 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.

**References:**

Local Coverage Determination (LCD) for Spinal Orthoses: RLSO and LSO (L33790)

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?lcdid=33790&ver=20&bc=CAAAAAAAAAAAAA>

Accessed / 06/04/2024

<b>Summary of Changes:</b>	<p><b>07/24:</b></p> <ul style="list-style-type: none"> <li>• Updated Responsible Parties to include only position titles and not names.</li> </ul> <p><b>07/23:</b></p> <ul style="list-style-type: none"> <li>• Reviewed and updated the references.</li> </ul> <p><b>07/22:</b></p> <ul style="list-style-type: none"> <li>• Updated Responsible Parties.</li> <li>• Updated Approved.</li> <li>• Removed NCQA from regulatory reference.</li> </ul> <p><b>07/21:</b></p> <ul style="list-style-type: none"> <li>• Changed Utilization Management departments to Clinical Operations.</li> <li>• Renumbered policy from 1426.DC to 1425.DC to correct mistake in policy numbering.</li> <li>• Updated Regulatory References to reflect 2021 NCQA Standards.</li> </ul> <p><b>10/20:</b></p> <ul style="list-style-type: none"> <li>• New policy.</li> </ul>
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