

Bio Cybernetics



Medicare Indications and Limitations of Coverage and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare, **a written signed and dated order must be received by the supplier before a claim is submitted to the DMERC.** If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

A thoracic-lumbar-sacral orthosis (L0450-L0492), lumbar orthosis (L0625-L0627), or lumbar-sacral orthosis (L0628-L0640) is covered when it is ordered for one of the following **indications**:

- 1) To reduce 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.**

If a spinal orthosis is provided and the coverage criteria are not met, the item will be denied as not medically necessary.

Revision Effective Date – For services performed on or after 01/01/2007

Note: Medicare policies change frequently. Always check with your local **DMERC** for updated Medicare information.