DOCUMENTATION CHECKLIST

JURISDICTIONS B & C

Spinal Orthoses

REQUIRED DOCUMENTATION

☐ **Standard Written Order (SWO)/Written Order Prior to Delivery (WOPD)**

NOTE: Some codes may require a Face-to-Face (F2F) Encounter and WOPD. See the required F2F and WOPD List at: https://www.cms.gov/files/document/required-face-face-encounter-written-order-prior-delivery-list.pdf

- ○ Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- ○ Order Date
- ○ General description of the item
  - ☐ The description can be either a general description (e.g., back brace), a HCPCS code, a HCPCS code narrative, or a brand name/model number
  - ☐ For equipment – In addition to the description of the base item, the SWO may include all concurrently ordered options, accessories or additional features that are separately billed or require an upgraded code (List each separately).
  - ☐ For supplies – In addition to the description of the base item, the DMEPOS order/prescription may include all concurrently ordered supplies that are separately billed (list each separately)
- ○ Quantity to be dispensed, if applicable
- ○ Treating Practitioner Name or NPI
- ○ Treating Practitioner's signature
  - ☐ Practitioner's signature on the written order meets CMS Signature Requirements 100-08 Program Integrity Manual (PIM), Chapter 3, Section 3.3.2.4
- ○ Standard Written Order was obtained prior to submitting the claim to Medicare or prior to delivering the item

  Refer to the WOPD lookup tool under **Online Resources (below) to determine when a WOPD is required*
- ○ Any changes or corrections have been initialed/signed and dated by the ordering practitioner

☐ **Delivery Documentation**

Direct Delivery	Shipped/Mail Order Tracking Slip	Shipped/Mail Order Return Post-Paid Delivery Invoice
☐ Beneficiary's name ☐ Delivery address ☐ Quantity delivered ☐ A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. ☐ Signature of person accepting delivery ☐ Relationship to beneficiary ☐ Delivery date	☐ Shipping invoice ○ Beneficiary's name ○ Delivery address ○ A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. ○ Quantity shipped ☐ Tracking slip ○ References each individual package ○ Delivery address ○ Package I.D. #number ○ Date shipped ○ Date delivered ☐ A common reference number (package ID #, PO #, etc.) links the invoice and tracking slip (may be handwritten on one or both forms by the supplier)	☐ Shipping invoice ○ Beneficiary's name ○ Delivery address ○ A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. ○ Quantity shipped ○ Date shipped ○ Signature of person accepting delivery ○ Relationship to beneficiary ○ Delivery date

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NOTE: Custom Fitted and Custom Fabricated items require fitting at the time of delivery (cannot be shipped to the Beneficiary)

Medical Records

- ☐ **Prefabricated Orthoses:** Off-The-Shelf (OTS) (L0450, L0455, L0457, L0467, L0469, L0621, L0623, L0625, L0628, 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.
  - ○ Requires minimal self-adjustment for fitting, at the time of delivery, for appropriate use and does not require expertise in trimming, bending, and molding, assembling, or customizing to fit an individual.
  - ○ This fitting does not require expertise of a certified orthotist or an individual who has specialized training in the provision of orthoses to fit the item to the individual beneficiary.
  - ○ The encounter must be used to gather subjective and objective information associated with diagnosing, treating, or managing a clinical condition for which the DMEPOS is ordered.
  - ○ The face-to-face encounter must be documented in the pertinent portion of the medical record (for example, history, physical examination, diagnostic tests, summary of findings, progress notes, treatment plans or other sources of information that may be appropriate). The supporting documentation must include subjective and objective, beneficiary specific information used for diagnosing, treating, or managing a clinical condition for which the DMEPOS is ordered.
  - ○ If the encounter is performed via telehealth, the requirements for telehealth services and payment for telehealth services must be met.
  - ○ A supplier must maintain the written order/prescription and the supporting documentation provided by the treating practitioner and make them available to CMS and its agents upon request.
- ☐ **Prefabricated Orthoses:** Custom Fitted (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 more than minimal self-adjustment 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 specialized training in the provision of orthotics in compliance with all applicable Federal and State licensure and regulatory requirements.
  - ○ Documentation must be sufficiently detailed to include, but is not limited to, a detailed description of why the modifications are necessary and what modifications were performed at the time of fitting the orthosis to the beneficiary.
- ☐ **Custom Fabricated Orthoses** (L0452, L0480, L0482, L0484, L0486, L0622, 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

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- ☐ 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 practitioner'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's or prosthetist's records.

○ The orthotist's records and the method of custom fabrication should adhere to the DMEPOS Quality Standards, Appendix C.

REMINDERS

- The CG modifier must be added to code L0450, L0454, L0455, L0621, L0625, or L0628 only if it is one made primarily of nonelastic material (e.g., canvas, cotton or nylon) or having a rigid posterior panel.
- When providing orthoses, the suppliers must:
  - Provide the product that is specified by the treating practitioner
  - Be sure that the treating practitioner's medical record justifies 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 the supplier's record that justifies the code selected.
- A certified orthotist is defined as an individual who is certified by the American Board for Certification in Orthotics and Prosthetics, Inc., or by the Board for Orthotist/Prosthetist Certification.
- A Written Order Prior to Delivery (WOPD) and Face-to-Face (F2F) Encounter is required for specific HCPCS in the Spinal Orthoses LCD. **Refer to the lookup tool **(below)***.
- Prior Authorization is required for specific HCPCS in the Spinal Orthoses LCD. **Refer to the lookup tool **(below)***.
- Newly enrolled DMEPOS suppliers and those undergoing 100% change of ownership are under Probationary Prior Authorization (PPA) effective October 15, 2026, for specific codes.
  - JB: https://www.cgsmedicare.com/jb/pa/probationary-prior-authorization.html
  - JC: https://www.cgsmedicare.com/jc/pa/probationary-prior-authorization.html

ONLINE RESOURCES

- **Orthoses Required Prior Authorization**
  - **JB:** https://www.cgsmedicare.com/jb/mr/orth_prior_auth.html
  - **JC:** https://www.cgsmedicare.com/jc/mr/orth_prior_auth.html
- **Spinal Orthoses: TLSO and LSO Local Coverage Determination (LCD) and Policy Article**
  - **JB:** https://www.cgsmedicare.com/jb/coverage/lcdinfo.html
  - **JC:** https://www.cgsmedicare.com/jc/coverage/LCDinfo.html
- **DME MAC Supplier Manual**
  - **JB:** https://www.cgsmedicare.com/jb/pubs/supman/index.html
  - **JC:** https://www.cgsmedicare.com/jc/pubs/supman/index.html
- **DMEPOS Quality Standards**
  https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/DMEPOSQuality/DMEPOSQualBooklet-905709.html
- **WOPD Code Lookup—****Check this link to see if you must have a FTF and WOPD prior to delivering the item to the beneficiary*
  - JB: https://www.cgsmedicare.com/medicare_dynamic/jb/wopd/wopd.aspx
  - JC: https://www.cgsmedicare.com/medicare_dynamic/jc/wopd/wopd.aspx
- **Prior Authorization Lookup Tool—****Check this link to see if you must submit a prior authorization for the item you are providing*
  - JB: https://www.cgsmedicare.com/medicare_dynamic/jb/pa/pa.aspx
  - JC: https://www.cgsmedicare.com/medicare_dynamic/jc/pa/pa.aspx

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NOTE: It is expected that the beneficiary's medical records will reflect the need for the care provided. These records are not routinely submitted to the DME MAC but must be available upon request. Therefore, while it is not a requirement, it is a recommendation that suppliers obtain and review the appropriate medical records and maintain a copy in the beneficiary's file.

DISCLAIMER

This document was prepared as an educational tool and is not intended to grant rights or impose obligations. This checklist may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either written law or regulations. Suppliers are encouraged to consult the *DME MAC Supplier Manual* and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.

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