



| Bell-Horn Modular Spinal Therapy (MST) | SPINE BRACE FLEX POWER PLUS | The SPINE Brace | Premium Plus | TRI-MOD System Plus | CRUCIFORM | SI BELT |
|--|---|--|---|---|--|---|
| COLOR | Black (with grey panels) | Grey | Black (with grey panels) | Black (with grey panels) | White | White |
| SIZE | 8" (S-3XL) | 8" (S-3XL) | 8" (S-3XL) | 8" (S-3XL) | 8" (S-3XL) | one size |
| TYPE | Lumbar Orthosis posterior extends from L-1 to below L-5 vertebra | Lumbar Orthosis posterior extends from L-1 to below L-5 vertebra | Lumbar Sacral Orthosis posterior extends from the sacrococcygeal junction to T-9 vertebra | Lumbar Sacral Orthosis posterior extends from the sacrococcygeal junction to T-9 vertebra | Thoracic Lumbar Sacral Orthosis posterior extends from the sacrococcygeal junction & ends just inferior to the scapula spine. Anterior extends from symphysis pubis to the xiphoid | sacroiliac belt orthotic |
| STYLE | rigid Ergo anterior & posterior panels | rigid posterior panel | rigid Ergo anterior & posterior panels | rigid Ergo anterior panel and chairback frame (posterior/lateral panels) | triplanar control TLSO | flexible belt & pulley system with two removable pads |
| PURPOSE | sagittal control | sagittal control | sagittal control | sagittal-coronal control | sagittal-coronal control | pelvic/sacral support, stabilizes the bilateral SI joints |
| CLINICAL GUIDELINES | multiple level decompression, laminectomy, posterior lateral fusion | lower back pain, spinal instability, early intervention & prevention | thoracolumbar injury, revision surgery, multiple level fusion | multiple level decompression, laminectomy, posterior lateral fusion, spondylolysis, spondylolisthesis, mechanical back pain | compression fractures, hyperkyphosis | SI joint pain |
| HCPCS CODE | L0627 | L0626 | L0631 | L0637 | L0472 | L0621 |

Girth Measurements – Small 25-30", Medium 30-35", Large 35-40", X Large 40-45", 2X Large 45-50", 3XL Large 50-55", 4to5XL 56-68" (10" TRI-MOD & Premium Plus Only)

The above clinical indications may serve as a basic guide. The utilization of all **Bell-Horn** spinal orthoses should not be limited to the above criteria but rather left to the judgment of qualified medical professionals, who have the responsibility for determining the therapeutic benefit and clinical utility of each specific type of back bracing system, for each particular patient.