



### **SFHP Criteria for approval of pediatric orthopedics and orthopedic DME**

For members who have DME coverage, SFHP will review authorization requests for medical necessity. The following criteria will be used to determine medical necessity for pediatric orthopedics and pediatric orthopedic DME. Providers may request authorization for DME for other conditions if they provide two randomized trials showing efficacy and medical necessity for the particular condition.

- Orthopedic shoes
  - Covered only if an integral part of a leg brace, and its expense is included as part of the cost of the brace.
- Walking boot, casts and braces
  - Covered in acute injury or post-surgical treatment
- AFOs
  - Covered in neurologic conditions producing hypertonia or hypotonia (e.g. stroke or cerebral palsy)
- Shoe orthotics
  - The member must have symptoms associated with the particular foot condition (foot orthotics are not considered medically necessary when the foot condition does not cause symptoms); *and*
  - The member has failed to respond to a course of appropriate conservative treatment (e.g., physical therapy, injections, strapping, anti-inflammatory medications). Orthotics should not be considered first line therapy.
  - Covered in the following conditions:
    - Torsional conditions (e.g., metatarsus adductus, tibial torsion, femoral torsion)
    - Structural deformities (e.g., tarsal coalitions)
    - Hallux valgus deformities
    - In-toe or out-toe gait
    - Pes planus; only if pain with exertion limits activities, and failed conservative treatment (e.g. sports shoes and over the counter inserts), or if rigidity; unable to passively invert or evert
  - Foot orthotics are considered experimental and investigational when these criteria are not met.
- Orthopedic referral and DME for the following conditions:
  - Genu varum if asymmetrical or worsening after second year of life
  - Genu valgum if asymmetric, significant (malleolar gap greater than 10 cm) or worsening after age 6.
  - Talipes metatarsovarus adductus (internal rotation of the forefoot, causing an inverted curvature of the medial side of the forefoot. Approved only if fixed rotation (if foot can be passively rotated to normal, intervention is not indicated).
  - Infant torticollis failing positional and physical therapy after 10-12 months (at that point, surgery may be indicated).



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- Adolescent idiopathic scoliosis criteria for observation vs orthopedic referral for bracing or consideration of surgery (from Up to Date, July 2009). Exceptions require justification and review for medical necessity:
  - Angle of trunk rotation (as measured with the scoliometer) of  $\geq 7^\circ$
  - Cobb angle greater than  $20^\circ$
  - Progression of Cobb angle of more than  $5^\circ$

For other conditions, and for adults, SFHP will consult InterQual or Aetna guidelines to review for medical necessity.

- References: EBM Guidelines from Essential Evidence Plus 2005-05-01; Up to Date, reviewed July 2009; Aetna Guidelines, reviewed July 2009