

# Children's Hospital and Health System Chorus Community Health Plans Policy and Procedure

This policy applies to the following entity(s):

- |  |   |
|--|---|
| <input type="checkbox"/> CHW – Milwaukee                         | <input type="checkbox"/> CHW - Fox Valley                         |
| <input type="checkbox"/> CHHS Foundation                         | <input type="checkbox"/> CHW - Surgicenter                        |
| <input type="checkbox"/> CHW – Community Services Division       | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group               |
| <input type="checkbox"/> Children's Medical Group - Urgent Care  | <input type="checkbox"/> CHHS Corporate Departments               |

## Medical Utilization Management Policy

### SUBJECT: BACK BRACES FOR IDIOPATHIC SCOLIOSIS

#### INCLUDED PRODUCT(S):

##### Medicaid

BadgerCare Plus

Care4Kids Program

##### Individual and Family

Commercial

Marketplace

#### PURPOSE OR DESCRIPTION:

This policy addresses the medical necessity of back braces in the treatment of infantile, juvenile, or adolescent idiopathic scoliosis. This policy does not apply to back braces for adults with scoliosis.

#### POLICY:

CCHP follows the recommendations of the Scoliosis Research Society (SRS) for treatment of scoliosis. The SRS does not endorse a specific guideline with strict criteria for bracing because there are many clinical factors involved. CCHP's only formal criteria for authorization of bracing are:

1. Member has been evaluated by a physician who specializes in treatment of idiopathic scoliosis and:

Effective: 11/16  
Reviewed: 10/21  
Revised:

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Developed by: CCHP Medical Director and Executive Director Health Plan Clinical Services

- a. Member is diagnosed with infantile, juvenile, or adolescent idiopathic scoliosis
  - b. The physician is prescribing one of the standard braces designed to reduce the progression of scoliosis before the member's bone growth reaches maturity.
  - c. Documentation of the evaluation with clinical justification including Risser sign and Cobb's angle is available if requested.
2. Additional braces requested due to growth of the individual will be authorized if there is documentation the current brace no longer fits and the individual has had an updated evaluation by the spine specialist documenting the ongoing need for bracing.
  3. This policy may be used, if applicable, to evaluate request for braces in individuals with other causes of scoliosis such as neuromuscular, congenital, or syndromic, along as the purpose of the brace is to reduce progression of scoliosis before bone growth has completed.

## **REFERENCES**

1. Scoliosis Research Society: [www.srs.org](http://www.srs.org)

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