






- **Orthotics**
- **Prosthetics**
- **Mobility**

Pediatric-Exclusive Orthoses

Prescription	Device	Indications	Documentation
CUSTOM Cranial Remolding Orthoses		Positional Plagiocephaly	See Section 1 for documentation requirements
		Brachycephaly	
		Scaphocephaly	
Ponseti System		Club feet	See Section 2 for documentation requirements
		Metatarsus Adductus	
		Equinovarus deformity	
		Post serial casting or post-op casting	
Hip Abduction Orthosis		Developmental Hip Dysplasia	See Section 2 for documentation requirements
		Legg-Clave-Perthes Disease	
		Avascular necrosis of the femoral head	
		Post-casting	
Section 1 MD, DO, PA, or NP notes must mention: OR PT notes must mention:		Patient has documented 2 months of interventional/repositioning therapy	
Section 2 MD, DO, PA, or NP notes must mention:		Patient has the potential to benefit from the device AND Documentation of a covered diagnosis	