

Origination Date: 2/08	Revision Date(s): 2/09
Developed By: Medical Criteria Committee	

Csaba Mera M.D.

Approved:

Csaba Mera, MD

Date:

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Description:

Asymmetry of the skull, or plagiocephaly, may be caused by many factors both in-utero or after birth. Plagiocephaly can be classified as positional or nonpositional plagiocephaly. Positional plagiocephaly results from external pressure that causes the skull to become misshapen. It is most commonly attributed to positioning in the womb, supine sleeping position, premature birth or prolonged positioning due to a tight sternocleidomastoid muscle. If detected early in infancy, frequent head repositioning and prone positioning during waking hours can correct the deformity for most children. If a conservative approach is unsuccessful, cranial orthotic devices such as bands and soft-shell helmets can be used to mold the infant's skull back into the correct position.

Causes of nonpositional plagiocephaly can include synostosis and hydrocephalus. Synostosis, or craniosynostosis, occurs when one or more of the sutures of the infant's skull fuse prematurely. Associated hydrocephalus can occur when two or more have fused. In these situations, treatment includes corrective surgery along with a cranial orthotic device.

Criteria:

- I. ODS will cover cranial orthotics to plan limitations when initiated in patients who are 18 months or younger and the following criteria are met:
 - A. As part of the post-operative treatment plan following surgical correction of synostotic plagiocephaly (i.e. craniosynostosis); **or**
 - B. For the treatment of moderate to severe positional plagiocephaly when **all** of the following conditions are met:
 1. Failure of a 2 month trial of conservative therapy (repositioning and/or physical therapy); **and**
 2. Anthropometric data verifies moderate to severe plagiocephaly through a difference of asymmetry greater than 6 mm in one of the following measurements:
 - i. Skull base
 - ii. Cranial vault
 - iii. Orbitotragical depth; **or**
 3. Cephalic index 2 standards deviations below mean (head is narrow for its length) or 2 standard deviations above mean (head wide for its length)
- II. A second cranial remodeling band or helmet is considered medically necessary if the above criteria were met and asymmetry has not resolved after 2 to 4 months.
- III. ODS considers the use of cranial orthotics (bands or helmets) to be experimental and investigational for other indications not listed above. This includes but is not limited to the use in infants with synostotic plagiocephaly (craniosynostosis) who have not had surgical correction.

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Information to be Submitted with Pre-Authorization Request:

- Chart notes from treating physician documenting conservative therapy tried
- Treatment plan including anthropometric data documented by a provider experienced in these types of measurement (i.e. the orthotist fitting the band or helmet)

Applicable CPT/HCPC:

Note: This list may not be all-inclusive

A8002:	Helmet, protective, soft, custom fabricated, includes all components and accessories
A8003:	Helmet, protective, hard, custom fabricated, includes all components and accessories
A8004:	Soft interface for helmet, replacement only
L0112:	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated.
S1040:	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s).

References:

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