Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses

Corporate Medical Policy

**File name:** Adjustable Cranial Orthoses for Positional Plagiocephaly and Cranial Synostoses  
**File code:** UM.DME.13  
**Origination:** 11/2011  
**Last Review:** NA  
**Next Review:** 10/2012  
**Effective Date:** 04/16/2012

Document Precedence

BCBSVT Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with all terms, conditions and limitations of the subscriber contract. Benefit determinations are based in all cases on the applicable contract language. To the extent that there may be any conflict between Medical Policy and contract language, the contract language takes precedence.

Medical Policy

**Description**

An asymmetrically shaped head may be synostotic or nonsynostotic. Synostosis, defined as premature closure of the sutures of the cranium, may result in functional deficits secondary to increasing intracranial pressure in an abnormally or asymmetrically shaped cranium. The type and degree of craniofacial deformity depends on the type of synostosis. The most common is scaphocephaly, which describes a narrowed and elongated head resulting from synostosis of the sagittal suture, while premature fusion of the metopic suture results in a triangular shape of the forehead known as trigonocephaly. Unilateral synostosis of the coronal suture results in an asymmetric distortion of the forehead termed plagiocephaly, and fusion of both coronal sutures results in brachycephaly. Combinations of these may also occur. Synostotic deformities associated with functional deficits are addressed by surgical remodeling of the cranial vault. The remodeling (reshaping) is accomplished by opening and expanding the abnormally fused bone.

Plagiocephaly without synostosis, also called positional or deformational plagiocephaly, can be secondary to various environmental factors including, but not limited to, premature birth, restrictive intrauterine environment, birth trauma, torticollis, cervical anomalies, and sleeping position. Positional plagiocephaly typically consists of right or left occipital flattening with advancement of the ipsilateral ear and ipsilateral frontal bone protrusion, resulting in visible facial asymmetry. Occipital flattening may be self-perpetuating, in that once it occurs, it may be increasingly difficult for the infant to turn and sleep on the other side. Bottle feeding, a low proportion of “tummy time” while awake, multiple gestations, and slow achievement of motor milestones may contribute to positional plagiocephaly. The incidence of plagiocephaly has increased rapidly in recent years; this is believed to be a result of the “Back to Sleep” campaign recommended by the American Academy of Pediatrics, in which a supine sleeping position is recommended to reduce the risk of sudden infant death syndrome (SIDS). It is hoped that increasing awareness of identified risk factors and early implementation of good practices will reduce the development of deformational plagiocephaly. It is estimated that about two-thirds of cases may correct spontaneously after regular changes in sleeping position or following physiotherapy aimed at correcting neck muscle imbalance. A cranial orthotic device is usually
requested after a trial of repositioning fails to correct the asymmetry, or if the child is too mobile for repositioning.

The cranial orthosis, either a helmet or a band, can progressively mold the shape of the cranium. This document addresses the use of the adjustable band or helmet as a post-operative treatment of craniosynostosis or as nonoperative treatment for non-synostotic plagiocephaly (asymmetrically shaped head) and brachycephaly (abnormally shaped head; shortened in anteroposterior dimension without asymmetry) in infants. Such devices may include (may not be all inclusive):

- Ballert Cranial Molding Helmet™
- Clarren Helmet™
- Cranial Shaping Helmet™
- Cranial Solutions Orthosis CSO™
- Cranial Symmetry System™
- DOC Band®
- Hanger Cranial Band™
- O & P Cranial Molding Helmet™
- P.A.P. Orthosis™
- Plagiocephalic Applied Pressure Orthosis ™
- RHS Cranial helmet™
- STARband™ Cranial Remolding Orthosis™
- STARlight™ Cranial Remolding Orthosis™
- Static Cranioplasty Orthosis™

Policy

The use of an adjustable cranial orthosis is considered medically necessary as part of the postoperative management of craniosynostosis.

The use of an adjustable cranial orthosis as a treatment for moderate to severe non-synostotic plagiocephaly may be considered medically necessary as a reconstructive treatment when ALL of the following criteria are met:

1. Patient is at least 3 months of age but not greater than 18 months of age; AND

2. Marked asymmetry has not been substantially improved following conservative therapy of at least 2 months duration with cranial repositioning therapy (with or without physical therapy). **Note**: Due to the mobility of children > 4 months of age, repositioning therapy is not effective and thus, a trial of repositioning is not indicated; AND

3. Asymmetry of the cranial base as documented by any of the following:

   - **Skull Base Asymmetry**: At least 6 mm right/left discrepancy measured subnasally to the tip of the tragus (cartilaginous projection of the auricle at the front of the ear); or

   - **Cranial Vault Asymmetry**: At least a 8 mm right/left discrepancy, measured from the frontozygomaticus point (identified by palpation of the suture line above the upper outer corner of the orbit) to the contralateral euryon, defined as the most lateral point on the head located in the parietal region;

   - **Symmetry of the orbitotragial distances**, as documented by at least a 4 mm right/left asymmetry measured from the lateral aspect of orbit to tip of ipsilateral tragus.
The custom molded orthotic is designed to fit a child’s head from 2-4 months. A second helmet or band may be required if the asymmetry has not resolved or significantly improved after 2-4 months.

The use of an adjustable cranial orthosis is considered investigational and not medically necessary as a treatment of brachycephaly.

**Administrative and Contractual Guidance**

**Benefit Determination Guidance**

Prior approval is required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

For New England Health Plan (NEHP) members an approved referral authorization is required.

Benefits for FEP members may vary. Please consult the FEP Service Benefit Plan Brochure.

**Eligible Providers**

Durable Medical Equipment (DME) suppliers of Prosthetics and Orthotics

**Related Policies**

NA

**Policy Implementation/Update information**

New Policy 11/2011
Coder reviewed and approved codes SAF

**Scientific Background and Reference Resources**

**Peer Reviewed Publications:**

BCBSA Policy 1.01.11 Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses


**Government Agency, Medical Society, and Other Authoritative Publications:**


Approved by BCBSVT Medical Directors Date Approved

Antonietta Sculimbrene MD
Chair, Medical Policy Committee

Robert Wheeler MD
Chief Medical Officer
Attachment I

**Adjustable Cranial Orthoses**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HCPCS</strong></td>
<td></td>
<td><em>(Covered codes when medical necessity criteria are met for synostotic plagiocephaly or reconstructive criteria are met for non-synostotic plagiocephaly)</em></td>
</tr>
<tr>
<td></td>
<td>L0112</td>
<td>Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated</td>
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<tr>
<td></td>
<td>L0113</td>
<td>Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment</td>
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<td></td>
<td>S1040</td>
<td>Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)</td>
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<td><strong>ICD-9</strong></td>
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<td></td>
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<tr>
<td>***</td>
<td>754.0</td>
<td>Congenital musculoskeletal deformities of skull, face, and jaw (plagiocephaly)</td>
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<tr>
<td>***</td>
<td>754.1</td>
<td>Congenital musculoskeletal deformity of the sternocleidomastoid muscle (congenital torticollis)</td>
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<td>***</td>
<td>767.8</td>
<td>Other specified birth trauma (torticollis due to birth injury)</td>
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<td><strong>ICD-10 (Eff 10/1/13)</strong></td>
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<tr>
<td>***</td>
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<td>Plagiocephaly</td>
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<td>***</td>
<td>Q75.0</td>
<td>Craniosynostosis</td>
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*** These ICD codes listed as reference only-not needed for configuration-Prior Approval required at CPT/HCPCS level.