Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses
Corporate Medical Policy

File Name: Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses
File Code: UM.DME.13
Origination: 11/2011
Last Review: 09/2018
Next Review: 09/2019
Effective Date: 01/01/2019

Description/Summary

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 type 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 fronto 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 antero-posterior dimension without asymmetry) in infants. Such devices may include (may not be all inclusive):

- Ballert Cranial Molding Helmet™
- Claren 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**

**Coding Information**

Click the links below for attachments, coding tables & instructions.

- [Attachment I- CPT® code table & instructions](#)
- [Attachment II- ICD-10-CM codes](#)

**When a service may be considered medically necessary**

The use of an adjustable cranial orthosis is considered **medically necessary** as part of the post-operative 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;

- **Asymmetry 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 for 2-4 months. A second helmet or band may be required if the asymmetry has not resolved or significantly improved after 2-4 months.

**When a service is considered investigational**

The use of an adjustable cranial orthosis is considered investigative as a treatment of brachycephaly.

**Reference Resources**

7. Jimenez DF, Barone CM, Cartwright CC, Baker L. Early management of craniosynostosis

Government Agency, Medical Society, and Other Authoritative Publications:


Document Precedence
Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer’s benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member’s contract/employer benefit plan language takes precedence.

Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

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.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered compete, see policy guidelines above.

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member’s health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member’s benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member’s benefit.

Coverage varies according to the member’s group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member’s employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.
Policy Implementation/Update information

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<tr>
<th>Date</th>
<th>Description</th>
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<tr>
<td>02/2014</td>
<td>ICD-10 remediation only. RLJ</td>
</tr>
<tr>
<td>08/2015</td>
<td>No language updates. No coding changes. RLG</td>
</tr>
<tr>
<td>06/2017</td>
<td>Minor grammar changes. Policy statement remains unchanged. Updated references.</td>
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<tr>
<td>09/2017</td>
<td>Reviewed and updated references no changes to policy statements.</td>
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Eligible Providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by BCBSVT Medical Directors       Date Approved

Joshua Plavin, MD, MPH, MBA
Chief Medical Officer

Attachment I
HCPCS Codes and Instructions

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<tr>
<th>Code Type</th>
<th>Number</th>
<th>Brief Description</th>
<th>Policy Instructions</th>
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<tr>
<td>HCPCS</td>
<td>L0112</td>
<td>Cranial cervical orthosis, congenital torticollis type, with or without soft</td>
<td>See prior approval list for instructions</td>
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<td></td>
<td></td>
<td>interface material, adjustable range of motion joint, custom fabricated</td>
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<td>HCPCS</td>
<td>L0113</td>
<td>Cranial cervical orthosis, torticollis type, with or without joint, with or</td>
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<tr>
<td></td>
<td></td>
<td>without soft interface material, prefabricated, includes fitting and adjustment</td>
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The following codes will be considered as medically necessary when applicable criteria have been met.
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<th>HCPCS</th>
<th>S1040</th>
<th>Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)</th>
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Attachment II
ICD-10-CM Codes

<table>
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<th>Code Type</th>
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<td>Plagiocephaly</td>
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<td>ICD 10-CM</td>
<td>Q75.0</td>
<td>Craniosynostosis</td>
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The following diagnosis codes will be considered as medically necessary when applicable criteria have been met.