

Medical Coverage Policy | Cranial Orthoses (Adjustable) for Positional Plagiocephaly and Craniosynostoses



EFFECTIVE DATE: 02 | 03 | 2015

POLICY LAST UPDATED: 11 | 07 | 2017

OVERVIEW

Cranial orthoses are usually in the shape of an adjustable helmet or band that progressively molds the shape of the infant cranium by applying corrective forces to prominences while leaving room for growth in the adjacent flattened areas. A cranial orthotic device may be requested for the treatment of positional plagiocephaly or post-surgical synostosis in pediatric patients.

PRIOR AUTHORIZATION

Prior authorization review is not required.

POLICY STATEMENT

Blue CHip for Medicare and Commercial

Use of an adjustable cranial orthosis may be considered medically necessary for cranial reshaping due to Synostosis or Plagiocephaly. All other indications are not medically necessary, as there is no peer reviewed scientific data to support its use.

MEDICAL CRITERIA

Not applicable.

BACKGROUND

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 (AAP), 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.

For other conditions not mentioned in this policy, use of adjustable cranial remolding orthosis is not medically necessary as there are not any studies that have demonstrated its use is effective.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable durable medical equipment benefits/coverage.

CODING

Blue CHiP for Medicare and Commercial

The following HCPCS code is medically necessary when filed with a covered diagnosis:

S1040 Cranial remolding orthosis, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s).

ICD 10

Q67.3 or Q75.0

RELATED POLICIES

None

PUBLISHED

Provider Update, December 2017

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