

Payment Policy | Cranial Orthotics (Cranial Banding, Soft-Shell Helmets)



EFFECTIVE DATE: 03/01/2007
POLICY LAST UPDATED: 03/01/2007

OVERVIEW

This payment policy documents coverage for Cranial Orthotics (Cranial Banding, Soft-Shell Helmets) used for the treatment of deformational plagiocephaly.

PRIOR AUTHORIZATION

Prior authorization is not required.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial products

Cranial remolding orthosis is a covered benefit for the treatment of deformational plagiocephaly.

MEDICAL CRITERIA

Not Applicable

BACKGROUND

Plagiocephaly, which refers to an asymmetrically shaped head, can be subdivided into synostotic and non-synostotic types. Synostotic plagiocephaly describes an asymmetrically shaped head due to premature closure of the sutures of the cranium. In plagiocephaly without synostosis, the sutures remain open. 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.

A non-surgical treatment for deformational plagiocephaly is adjustable banding, which may be referred to as dynamic orthotic cranioplasty (DOC). Adjustable banding involves use of a custom-molded orthotic, either a helmet or band that can progressively mold the shape of the cranium by applying corrective forces to the frontal and occipital prominences, while leaving room for growth in the adjacent flattened areas. Treatment is typically initiated around five to six months of age, frequently after a prior trial of repositioning therapy, and continues for an average of four to five months. Both helmets and cranial bands are recommended for wear 23 hours per day, with 1 hour off for skin care and hygiene.

COVERAGE

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

CODING

BlueCHiP for Medicare and Commercial

HCPCS:

S1040

RELATED POLICIES

Surgical Treatment for Craniosynostosis

PUBLISHED

REFERENCES

Cranial Remodeling Devices: Treatment of Deformational Plagiocephaly and Postsurgical Applications. Seminars in Pediatric Neurology, Timothy R. Littlefield, MD; Full text retrieved from www.plagiocephaly.org

Early Management of Craniosynostosis Using Endoscopic-Assisted Strip Craniectomies and Cranial Orthotic Molding Therapy; David F. Jimenez, MD, et al; American Academy of Pediatrics, Vol. 110 No. 1 July 2002, pp. 97-104; Full text retrieved from <http://pediatrics.aappublications.org/cgi/content/abstract/110/1/97>

Craniosynostosis and Deformational Plagiocephaly: How to differentiate the Conditions; Robert Wood, MD and Cheryl Shell, CPNP, Pediatrics. A Pediatric Perspective, Vol 14 #3, 2005; Full text retrieved from <http://www.gillettechildrens.org/fileUpload/Vol14No3.pdf>

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