

Payment Policy | Surgical Treatment for Craniosynostosis



EFFECTIVE DATE: 11/20/2007

POLICY LAST UPDATED: 11/20/2007

OVERVIEW

This payment policy documents the coverage determination for Surgical Treatment for Craniosynostosis. The main treatment for craniosynostosis is surgery. The goal of surgical treatment is to release the fused sutures to prevent complications associated with increased intracranial pressure, as well as promoting normal brain growth.

PRIOR AUTHORIZATION

Prior authorization is not required.

POLICY STATEMENT

Blue CHiP for Medicare and Commercial

Surgical treatment for craniosynostosis is covered.

A cranial remolding orthosis (S1040) is covered **following surgical treatment** to provide stabilization and to enhance surgical outcomes.

For the non-surgical treatment for deformational plagiocephaly using the cranial remolding orthosis (S1040), see the policy *Cranial Orthotics (Cranial Banding, Soft-Shell Helmets)*

MEDICAL CRITERIA

Not Applicable

BACKGROUND

Craniosynostosis is defined as a premature fusion of the cranial sutures. Premature fusion restricts the growth of the skull perpendicular to the affected suture; compensatory skull growth occurs parallel to that suture to accommodate the growing brain. The resulting skull deformity depends upon which sutures are affected. Cranial deformities caused by craniosynostosis occur in approximately one in every 1,800 births.

The main treatment for craniosynostosis is surgery. The goal of surgical treatment is to release the fused sutures to prevent complications associated with increased intracranial pressure, as well as promoting normal brain growth. Optimal results are obtained when infants undergo surgical repair between four and eight months of age, as bone is more malleable and defects heal more rapidly.

There are differentiating characteristics between synostotic plagiocephaly (a form of craniosynostosis) and deformational plagiocephaly. In deformational plagiocephaly, the deformity occurs because of environmental factors and the cranial sutures are not fused. This cranial deformity is generally treated non-surgically with either positioning and/or orthosis therapy. The sutures are fused in synostotic plagiocephaly and surgical treatment is usually required.

Surgical treatment of craniosynostosis is used as treatment for patients five years of age or younger. Treatment indications include, but are not limited to: scaphocephaly, synostotic plagiocephaly, trigonocephaly, kleeblattschadel, acrocephaly, and other deformities (e. g., brachycephaly).

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable Surgery and Durable Medical Equipment coverage/benefits.

CODING

Blue CHIP for Medicare and Commercial

The following CPT codes are applicable to the members surgical benefit:

61550	61552	61556	61557	61558	61559
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The following HCPCS codes are applicable to the member's durable medical equipment benefit:

S1040

RELATED POLICIES

None

PUBLISHED

Policy Update	Feb 2008
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Policy Update	Mar 2007
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Policy Update	Dec 2005
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REFERENCES

None

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