

# Medical Coverage Policies

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## Surgical Treatment for Craniosynostosis

<b>EFFECTIVE DATE</b>	10/20/2005	<b>LAST UPDATED</b>	11/20/2007
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### Description:

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).

### Medical Criteria:

Not applicable, this is a reimbursement policy.

### Policy:

Surgical treatment for craniosynostosis is covered for all product lines.

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 *Treatment for Deformational Plagiocephaly* in the database.

### Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate benefit booklet/subscriber agreement/Rite Care contract for the applicable surgery and durable medical equipment benefits/coverage.

### The following CPT codes are applicable to the member's surgical benefit:

61550, 61552, 61556, 61557, 61558, 61559

### The following HCPCS codes are applicable to the member's durable medical equipment benefit:

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

**Also Known As:**

Scaphocephaly  
Synostotic plagiocephaly  
Trigonocephaly  
Kleeblattschadel  
Acrocephaly  
Other deformities (i.e., brachycephaly)

**Related Topics:**

Not applicable

**Published:**

*Policy Update*, December 2005  
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