

Cranial Remolding Orthosis: HCPCS S1040

Provider 30 day review/comment period

4/30/2012
NDDHS

Please review the attached cranial remolding orthosis policy and fax your comments within the 30 day comment period to Meagan Heckaman @ (701) 328-0370. The comment period will run from April 30, 2012 to May 30, 2012.

CRANIAL REMOLDING ORTHOSIS: HCPCS S1040 – Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)

- A. Coverage considered medically necessary for treatment of moderate to severe positional head deformities refractory to therapeutic physical adjustments and position changes when band/helmet therapy is initiated at 3 to 18 months of age; **AND**
- B. 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 > 6 months of age, repositioning therapy is not effective and a trial of repositioning is not indicated; **AND**
- C. One of the following must be met as documented:
 - 1. Skull Base Asymmetry: At least 6 mm right/left discrepancy measured sub nasally to the tip of the tragus(cartilaginous projection of the auricle at the front of the ear); or
 - 2. 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; or
 - 3. 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.
 - 4. For brachycephaly evaluation, a cephalic index 2 standard deviations below mean (head narrow for its length) or 2 standard deviations above mean (head wide for its length) warrants coverage of a trial of orthotic banding to correct the craniofacial deformity in a child after 3 months of age and before 18 months of age. (Note: These measurements are generally obtained by the orthotist fitting the band or helmet).

Head width (eu - eu)	from euryon (eu) on one side of head to euryon (eu) on the other side	measures greatest transverse diameter or maximal head width
Head length	from glabella point (g) to	measures maximal

(g-op)	opisthocranion (op)	head depth or length
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$$\text{Cephalic index} = \frac{\text{Head width (eu - eu)} \times 100}{\text{Head length (g - op)}}$$

Sex	Age	-2SD	-1SD	Mean	+1SD	+2SD
Male	16 days to 6 months	63.7	68.7	73.7	78.7	83.7
	6 to 12 months	64.8	71.4	78.0	84.6	91.2
Female	16 days to 6 months	63.9	68.6	73.3	78.0	82.7
	6 to 12 months	69.5	74.0	78.5	83.0	87.5

5. Members with moderate to severe residual plagiocephaly after surgical correction.

- ND Medical Services considers use of a cranial remodeling band (or helmet) medically necessary for infants with synostotic plagiocephaly to correct continued asymmetry following surgery (i.e., a trial of conservative therapy is not needed when the cranial remodeling band is used following surgery for synostotic plagiocephaly). ND Medical Services considers the use of a cranial remodeling band (or helmet) without surgery to correct asymmetry in infants with synostotic plagiocephaly as cosmetic.
- A second cranial remodeling band or helmet may be considered medically necessary for children who meet the afore-mentioned criteria if the asymmetry has not resolved after 2 to 4 months, the medical record supports significant head growth, and the current band or helmet cannot provide for any more growth adjustments.
- ND Medical Services considers the use of a cranial remodeling band (or helmet) cosmetic for persons not meeting the afore-mentioned criteria.