

# Plagiocephaly and Craniosynostosis Treatment (for North Carolina Only)

Policy Number: CSNCT0031.02  
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[Instructions for Use](#)

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Related Policies
<ul style="list-style-type: none"> <li><a href="#">Cosmetic and Reconstructive Procedures (for North Carolina Only)</a></li> <li><a href="#">Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements (for North Carolina Only)</a></li> </ul>

## Application

This Medical Policy only applies to the state of North Carolina.

## Coverage Rationale

Cranial orthotic devices are proven and medically necessary for treating infants following craniosynostosis surgery. For medical necessity clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy for Medical Equipment, 5B, Orthotics & Prosthetics](#).

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories
A8004	Soft interface for helmet, replacement only
S1040	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)

## References

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Orthotics & Prosthetics, No: 5B. [NC Medicaid: Orthotics & Prosthetics, 5B](#). Accessed December 23, 2021.

## Policy History/Revision Information

Date	Summary of Changes
02/01/2022	<ul style="list-style-type: none"><li data-bbox="337 394 946 422">• Routine review; no change to coverage guidelines</li><li data-bbox="337 428 930 455">• Archived previous policy version CSNCT0031.01</li></ul>

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual<sup>®</sup> criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.