

Plagiocephaly and Craniosynostosis Treatment (for New Jersey Only)

Policy Number: CS095NJ.I
Effective Date: July 1, 2022

[➔ Instructions for Use](#)

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Related Policies

- [Cosmetic and Reconstructive Procedures](#)
- [Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements \(for New Jersey Only\)](#)

Application

This Medical Policy only applies to the state of New Jersey.

Coverage Rationale

Cranial Orthotic Devices are proven and medically necessary for treating infants following craniosynostosis surgery or for nonsynostotic (nonfusion) deformational or positional plagiocephaly. For medical necessity clinical coverage criteria, refer to the InterQual® CP: Durable Medical Equipment, Orthoses, Cranial Remodeling.

Click [here](#) to view the InterQual® criteria.

Documentation Requirements

Surgical Treatment (CPT 21175)

Medical notes documenting the following, when applicable:

- History of medical conditions requiring treatment or surgical intervention which includes all of the following:
 - To prove medical necessity, a well-defined physical/physiologic abnormality resulting in a medical condition that requires treatment
 - Recurrent or persistent functional impairment caused by the abnormality
- Clinical studies/tests addressing the physical/physiologic abnormality confirming its presence and degree to which it causes impairment
- Physician plan of care with proposed procedures and whether this request is part of a staged procedure; indicate how the procedure will improve and/or restore function

Cranial Orthosis (HCPCS S1040)

Initial Request

Medical notes documenting the following, when applicable:

- Current prescription from physician
- Reason for the orthotic

- Diagnosis
- Physical exam related to support the need of the orthotic; include the neurological, circulatory, skin, and musculoskeletal examination that supports the request, as well as presence or absence of torticollis
- At least one of the following:
 - Cranial vault asymmetry index (CVAI)
 - Cephalic index (CI)
 - Transcranial diameter difference (TDD)
 - Cranial vault asymmetry (CVA) Children’s Healthcare of Atlanta (CHOA) level
 For more details about the definition of these measurements, see InterQual criteria informational notes
- Documentation of treatments tried, failed, contraindicated. Include the dates and reason for discontinuation, including:
 - Repositioning
 - Physical or occupational therapy
- Orthotist notes to include the following:
 - Equipment quote with billing codes and cost
 - Reason for the orthotic
 - Anthropometric Measurements
- Date and type of injury/surgery, if applicable
 - Plan to treat torticollis with cranial orthosis

Replacement Request

Medical notes documenting the following, when applicable:

- Age of current orthotic
- Reason for replacement
- Adjustments/modifications to current cranial helmet if applicable
- Compliance with wear

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.

CPT Code	Description
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)

CPT® is a registered trademark of the American Medical Association

CDT Code	Description
D5924	Cranial prosthesis

CDT® is a registered trademark of the American Dental Association

HCPCS Code	Description
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
L0113	Cranial cervical orthotic, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment
S1040	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Cranial orthoses are classified by the FDA as Class II devices. This classification requires special controls, including prescription use, biocompatibility testing, and labeling (contraindications, warnings, precautions, adverse events, and instructions for physicians and parents). They are intended for medical purposes to apply pressure to prominent regions of an infant's cranium in order to improve cranial symmetry and/or shape in infants from 3 to 18 months of age, with moderate to severe nonsynostotic positional plagiocephaly, including infants with plagiocephalic-, brachycephalic-, and scaphocephalic-shaped heads. The FDA has approved a large number of cranial orthoses. Additional information, under product code MVA, is available at: <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>. (Accessed November 23, 2021)

Policy History/Revision Information

Date	Summary of Changes
07/01/2022	<p>Coverage Rationale</p> <ul style="list-style-type: none">● Revised language to indicate:<ul style="list-style-type: none">○ Cranial Orthotic Devices are proven and medically necessary for treating infants following craniosynostosis surgery or for nonsynostotic (nonfusion) deformational or positional plagiocephaly; for medical necessity clinical coverage criteria, refer to the InterQual® CP: Durable Medical Equipment, Orthoses, Cranial Remodeling <p>Documentation Requirements</p> <p>Surgical Treatment (CPT code 21175)</p> <ul style="list-style-type: none">○ Medical notes documenting the following, when applicable:<ul style="list-style-type: none">▪ History of medical conditions requiring treatment or surgical invention which includes all of the following:<ul style="list-style-type: none">- To prove medical necessity, a well-defined physical/physiologic abnormality resulting in a medical condition that requires treatment- Recurrent or persistent functional impairment caused by the abnormality▪ Clinical studies/tests addressing the physical/physiologic abnormality confirming its presence and degree to which it causes impairment▪ Physician plan of care with proposed procedures and whether this request is part of a staged procedure; indicate how the procedure will improve and/or restore function <p>Cranial Orthosis (HCPCS S1040)</p> <p>Initial Request</p> <ul style="list-style-type: none">○ Medical notes documenting the following, when applicable:<ul style="list-style-type: none">▪ Current prescription from physician▪ Reason for the orthotic▪ Diagnosis▪ Physical exam related to support the need of the orthotic; include the neurological, circulatory, skin, and musculoskeletal examination that supports the request, as well as presence or absence of torticollis▪ At least one of the following:<ul style="list-style-type: none">- Cranial vault asymmetry index (CVAI)- Cephalic index (CI)- Transcranial diameter difference (TDD)- Cranial vault asymmetry (CVA) Children's Healthcare of Atlanta (CHOA) level <p>For more details about the definition of these measurements, see InterQual criteria informational notes</p> <ul style="list-style-type: none">▪ Treatments tried, failed, contraindicated. Include the dates and reason for discontinuation, including:<ul style="list-style-type: none">- Repositioning- Physical or occupational therapy

- Orthotist notes to include the following:
 - Equipment quote with billing codes and cost
 - Reason for the orthotic
 - Anthropometric Measurements
- Date and type of injury/surgery, if applicable
 - Plan to treat torticollis with cranial orthosis

Replacement Request

- Medical notes documenting the following, when applicable:
 - Age of current orthotic
 - Reason for replacement
 - Adjustments/modifications to current cranial helmet if applicable
 - Compliance with wear

Supporting Information

- Removed *Definitions, Description of Services, Clinical Evidence, and References* sections
- Archived previous policy version CS095NJ.H

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[®] 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.