ND

Medical Policies

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Policy Number:	O-13		
Policy Name:	Cranial Orthosis for Plagiocephaly		
Policy Type:	Medical	**Policy Subtype:**	Orthotic & Prosthetic Devices
Effective Date:	09-15-2025	**End Date:**	11-02-2025

Description

A cranial orthosis used in the treatment of plagiocephaly is a device intended for medical purposes to apply pressure to prominent regions of an infant's cranium in order to improve cranial symmetry and/or shape.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

Non-synostotic Plagiocephaly

Cranial orthotic devices used in the treatment of moderate-to-severe non-synostotic plagiocephaly may be considered medically necessary when **ALL** of the following criteria are met:

- The infant must have tried and failed conservative therapy (i.e., repositioning) for a minimum of two (2) months; **and**
- The infant must be three (3) - 18 months of age; **and**
- Cranial asymmetry is documented by **EITHER** of the following:
  - Moderate to severe plagiocephaly in **ONE** of the following anthropometric dimensions (Table 1):

        - Cranial vault; **or**
        - Cranial base; **or**
        - Orbitotragial depth; **or**
    - Cephalic index measurement is two (2) standard deviations (SD) above or below the mean (Table 2)

Cranial orthotic devices for non-synostotic plagiocephaly not meeting the criteria as indicated in this policy is considered not medically necessary.

Synostotic Plagiocephaly

Cranial orthotic devices used in the post-operative treatment of synostotic plagiocephaly may be considered medically necessary for infants with moderate to severe residual plagiocephaly after surgical correction when cranial asymmetry is documented by **ANY** of the following:

- Moderate to severe plagiocephaly in **ONE** of the following anthropometric dimensions (Table 1):
    - Cranial vault; **or**
    - Cranial base; **or**
    - Orbitotragial depth; **or**
- Cephalic index measurement is two (2) standard deviations (SD) above or below the mean (Table 2).

Cranial orthotic devices for synostotic plagiocephaly not meeting the criteria as indicated in this policy is considered not medically necessary

Procedure Codes

L0112	L0113	S1040

Determination of Severity of Plagiocephaly

Determination of the severity of plagiocephaly requires precise measurements of the skull using either the cephalic index or anthropomorphic measurements.

Table 1

Specifications for Taking Anthropometric Measurements

	Comparative Cranial Landmarks
Cranial Vault	Left frontozygomatic point (fz) to right euryon (eu) minus right frontozygomatic point (fz) to left euryon (eu)
Cranial Base	Subnasal point (sn) to left tragus (t) minus subnasal pint (sn) to right tragus (t)
Orbitotragial Depth	Left exocanthion point (ex) to left tragus (t) minus right exocanthion point (ex) to right tragus (t)

Moderate to severe plagiocephaly is defined as one of the following:

Cranial base (sn – t): >= 6 mm difference between left and right measurements

Cranial vault (fz – contralateral eu): >= 8 mm difference between left and right measurements

Obitotragial depth (ex – t): >= 4 mm difference between left and right measurements

Table 2

Cephalic index: Head width (eu-eu) x 100

Head length (g-op)

Moderate to severe plagiocephaly is defined as a cephalic index two standard deviations above or below the mean. Infants with deformational scaphocephaly will have a lower cephalic index due to a very long and narrow skull deformity. Infants with deformational brachycephaly will have an increased cephalic index due to a very wide and short skull deformity.

Gender	Age	-2SD	-1SD	Mean	+1SD	+2SD
Male	16 days - 6 months	63.7	68.7	73.7	78.7	83.7
	6 – 12 months	64.8	64.8	78	84.6	91.2
Female	16 days - 6 months	63.9	63.9	73.3	78	82.7
	6 – 12 months	69.5	69.5	78.5	83	87.5

Assessment of plagiocephaly may be based on anthropomorphic measures of the head, using anatomical and bony landmarks. However, there is no accepted minimum objective level of asymmetry for a plagiocephaly diagnosis. The following table presents normative values and the mean pretreatment asymmetries reported in large case series. These may be useful in determining if a significant variation from normal is present.

Diagnosis Codes

Covered Diagnosis Codes for Procedure Codes L0112, L0113 and S1040.

M95.2	Q67.3	Q67.4	Q75.001	Q75.002	Q75.009
Q75.01	Q75.021	Q75.022	Q75.029	Q75.03	Q75.041
Q75.042	Q75.049	Q75.052	Q75.058	Q75.08	Q75.8
Q75.9					

CURRENT CODING

HCPCS:

L0112	Cranial cervical orthosis	Commercial
L0113	Cranial cervical torticollis	Commercial
S1040	Cranial remolding orthosis	Commercial

References

1. Ellwood J, Draper-Rodi J, Carnes D. The effectiveness and safety of conservative interventions for positional plagiocephaly and congenital muscular torticollis: A synthesis of systematic reviews and guidance. *Chiropr Man Therap*. 2020;28(1):1-11.
2. Tamber MS, Nikas D, Beier A, et al. The role of cranial molding orthosis (helmet) therapy. 2016; https://www.cns.org/guidelines/browse-guidelines- detail/5-role-of-cranial-molding-orthosis-helmet-therapy. Accessed January 12, 2022.
3. National Institute of Neurological Disorders and Stroke (NINDS). Craniosynostosis Information Page. 2017; https://www.ninds.nih.gov/Disorders/All-Disorders/Craniosynostosis- Information-Page. Accessed January 28, 2021.
4. Graham T, Adams-Huet B, Gilbert N, Witthoff K, Gregory T, Walsh M. Effects of initial age and severity on cranial remolding orthotic treatment for infants with deformational plagiocephaly. *J Clin Med*. 2019;8(8):1097.
5. Kunz, F., Schweitzer, T., Große, S., et.al. Head orthosis therapy in positional plagiocephaly: Longitudinal 3D-investigation of long-term outcomes, compared with untreated infants and with a control group. *Eur J Orthod*. 2019;41(1):29-37.
6. Cevik S, Isik S, Oskilic A, The role of age on helmet therapy in deformational plagiocephaly and asymmetric brachycephaly. *Childs Nerv Syst*. 2019;36:803- 810.
7. Marino s, Ruggieri M, Marino L, Falsaperla R. Suture ultrasound: Useful diagnostic screening for posterior plagiocephaly. *Childs Nerv Syst*. 2021;37:3715-3720.

ND Committee Review

Internal Medical Policy Committee 11-14-2019 Incorporate Tables into policy

Internal Medical Policy Committee 07-22-2020 Annual Review

Internal Medical Policy Committee 5-20-2021 Annual Review

Internal Medical Policy Committee 9-21-2021 Revised language

Internal Medical Policy Committee 9-28-2022 Revision - *Effective November 07, 2022*

- *Updated* language throughout policy

Internal Medical Policy Committee 5-23-2023 Annual Review - no changes in criteria

Internal Medical Policy Committee 9-12-2023 Annual Review - no changes in criteria

Internal Medical Policy Committee 11-26-2023 Coding - *Effective October 01, 2023*

- *Added* diagnosis codes Q75.001, Q75.002, Q75.009, Q75.01, Q75.021, Q75.022, Q75.029, Q75.03, Q75.041, Q75.042, Q75.049, Q75.051, Q75.058, and Q75.08.
- *Removed* diagnosis code Q75.0.

Internal Medical Policy Committee 9-17-2024 Annual Review - no changes in criteria

- *Added* Policy Application

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.