


MEDICAL POLICY STATEMENT			
Effective Date	Next Annual Review Date	Last Review / Revision Date	
7/2006	7/2012	7/2011	
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CSMG Medical Policy Statements are derived from literature based and supported clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services are those health care services or supplies which are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative and are not provided mainly for the convenience of the member or provider.

A. SUBJECT

Cranial Orthotics: Remodeling Helmet/Band

B. BACKGROUND

To establish a medical policy concerning the authorization of Cranial Orthotic Devices (Remodeling Helmet/Bank). The rising incidence of non-synostotic plagiocephaly has been documented since 1992, and has been attributed to adoption of the supine sleep position as a method of preventing SIDS.

C. POLICY

For Special Needs Plan members, reference the below link to search for Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD).

CareSource considers Cranial Orthotics as medically necessary when conservative therapy has failed to correct the placiocephaly and brachycephaly in the first two years of life. Therapy should be initiated before 12 months of age.

Indications for Coverage:

- A. The use of custom-made cranial Orthotics is covered for moderate to severe positional head deformities after 4 months and before 12 months when the following conditions are met:
 1. A two month trial of conservative therapy repositioning the child's head such that the child lies opposite to the preferred position (not face down) has failed to improve the deformity.
 2. Anthropometric data (measurement use to evaluate abnormal head shape by measuring the distance in mm from one pre-designated point on the face or skull to another, comparing the right and left sides). Documentation by a physician is required.
 - a. Moderate to severe positional placiocephaly, with or without torticollis, documented by an anthropometric asymmetry greater than 6 mm in the measurement of the vault or orbitotragial depth.

- b. Brachycephaly documented by a cephalic index 2 standard deviation above or below the mean (approximately 78 percent).
- c. Further correction of asymmetry for members after surgical treatment of craniosynostosis is considered on a case-by-case basis. Documentation by either the operation neurosurgeon or cranial facial surgeon is required.

If there is no LCD or NCD present reference the CSMG Policy for coverage.

D. REVIEW / REVISION HISTORY

Date Issued: 7/2006

Date Revised: 7/1/2009

Date Reviewed: 7/2007, 1/2008, 7/2009, 7/2011

E. REFERENCES

1. Hayes Medical Technology Directory. Cranial Orthotic devices Wifred S. Hayes Inc. 2004
2. Hutchinson, BL et al, Pediatrics 114:970-980, October 2004
3. Graham JM Jr. et al, J. Pediatrics, 146:253-257, February 2005
4. Graham JM et al, J. Pediatrics, 146:258-262, February 2005
5. Apollo Medical Review criteria guidelines for managing care, p.200;
6. IACP Cranial Remolding Orthotics
7. Anthem Medical Policy for Adjustable Cranial Orthosis for Synostotic and Non-Synostotic Indications:
http://www.anthem.com/medicalpolicies/policies/mp_pw_a050530.htm

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.