

# Plagiocephaly and Craniosynostosis Treatment

**Guideline Number:** MMG102.T  
**Effective Date:** November 1, 2023

[Instructions for Use](#)

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Related Medical Management Guideline
<ul style="list-style-type: none"> <li><a href="#">Cosmetic and Reconstructive Procedures</a></li> </ul>
Related Benefit Interpretation Policies
<ul style="list-style-type: none"> <li>Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics), and Medical Supplies</li> <li>Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics), and Medical Supplies Grid</li> </ul>

## 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.

For surgical treatment to repair craniosynostosis (CPT code 21175), refer to the Medical Management Guideline titled [Cosmetic and Reconstructive Procedures](#).

For repair or replacement of cranial orthoses, refer to the Benefit Interpretation Policy titled *Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics), and Medical Supplies*.

## Documentation Requirements

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The documentation requirements outlined below are used to assess whether the member meets the clinical criteria for coverage but do not guarantee coverage of the service requested.

Required Clinical Information
<p><b>Cranial Orthosis</b></p> <p>Medical notes documenting the following, when applicable:</p> <ul style="list-style-type: none"> <li>Current prescription from physician</li> <li>Diagnosis</li> <li>General physical exam including presence or absence of torticollis</li> <li>At least one of the following:               <ul style="list-style-type: none"> <li>Cranial vault asymmetry index (CVAI)</li> <li>Cephalic index (CI)</li> </ul> </li> </ul>

## Required Clinical Information

### Cranial Orthosis

- Transcranial diameter difference (TDD)
- Cranial vault asymmetry (CVA)
- Children's Healthcare of Atlanta (CHOA) level
- For more details about the definition of these measurements, refer to the InterQual® criteria informational notes
- Documentation of treatments tried, failed, or contraindicated; include the dates, duration, and reason for discontinuation, including:
  - Repositioning
  - Physical or occupational therapy
- Orthotist notes to include the following:
  - Equipment quote with billing codes
  - Reason for the orthotic
  - Anthropometric measurements
- Date of planned craniosynostosis surgery, if applicable
- Physician treatment plan, including plan to treat torticollis with cranial orthosis
- In addition to the above, also provide the following for a request for continuation of treatment with a new cranial orthotic:
  - 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 guideline 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 the member specific benefit plan document 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.

CDT Code	Description
D5924	Cranial prosthesis

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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 orthotic, 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 August July 26, 2023)

## Guideline History/Revision Information

Date	Summary of Changes
11/01/2023	<p><b>Documentation Requirements</b></p> <ul style="list-style-type: none"> <li>• Updated list of required clinical information; replaced:               <ul style="list-style-type: none"> <li>○ “Diagnosis and <i>reason</i> for the <i>orthotic</i>” with “diagnosis and <i>indication(s)</i> for <i>cranial orthosis</i>”</li> <li>○ “Physical exam <i>related to support the need of the orthotic; include the neurological, circulatory, skin, and musculoskeletal examination that supports the request, as well as</i> presence or absence of torticollis” with “general physical exam including presence or absence of torticollis”</li> <li>○ “Documentation of treatments tried, failed, or contraindicated; include the dates and reason for discontinuation” with “documentation of treatments tried, failed, or contraindicated; include the dates, <i>duration</i>, and reason for discontinuation”</li> <li>○ “Orthotist notes to include equipment quote with billing codes <i>and cost</i>” with “orthotist notes to include equipment quote with billing codes”</li> <li>○ “Date and type of injury/surgery, if applicable” with “date of <i>planned or completed</i> <i>craniosynostosis</i> surgery, if applicable”</li> <li>○ “Provide [the listed additional criteria] for a <i>replacement</i> request” with “Provide [the listed additional criteria] for a request <i>for continuation of treatment with a new cranial orthotic</i>”</li> </ul> </li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>• Archived previous policy version MMG102.S</li> </ul>

## Instructions for Use

This Medical Management Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Management Guideline 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. UnitedHealthcare West Medical Management Guidelines 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.

Member benefit coverage and limitations may vary based on the member’s benefit plan Health Plan coverage provided by or through UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare Benefits of Texas, Inc., or UnitedHealthcare of Washington, Inc.