Plagiocephaly and Craniosynostosis Treatment (for Ohio Only)

Policy Number: CS095OH.B
Effective Date: January 1, 2025

Instructions for Use

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Related Policies

- Cosmetic and Reconstructive Procedures (for Ohio Only)
- Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements (for Ohio Only)

Application

This Medical Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

Coverage Rationale

Note: For general coverage and payment policies for durable medical equipment (DME), prosthesis, orthotic devices, medical/surgical supplies, and supplier services, refer to the Ohio Administrative Code, Rule 5160-10-01, Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS): general provisions.

For medical necessity clinical coverage criteria, refer to the Ohio Administrative Code, Rule 5160-10-35, DMEPOS: cranial remolding devices.

For surgical treatment to repair craniosynostosis (CPT code 21175), refer to the Medical Policy titled Cosmetic and Reconstructive Procedures (for Ohio Only).

Coverage Limitations and Exclusions

For coverage limitations and exclusions, refer to the Ohio Administrative Code, Rule 5160-10-01, Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS): general provisions and the Ohio Administrative Code, Rule 5160-10-02, DMEPOS: repair.

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.

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 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 August 29, 2024)

References

Ohio Administrative Code/5160/Chapter 5160-10-02. Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS): repairs. Available at: https://codes.ohio.gov/ohio-administrative-code/rule-5160-10-02. Accessed September 23, 2024.

Ohio Administrative Code/5160/Chapter 5160-1-01. Medicaid medical necessity: definitions and principles. Available at: https://codes.ohio.gov/ohio-administrative-code/rule-5160-1-01. Accessed September 23, 2024.

Ohio Administrative Code/Rule 5160-10-35. Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS): cranial remolding devices. Available at: https://codes.ohio.gov/ohio-administrative-code/rule-5160-10-35. Accessed September 23, 2024.

Policy History/Revision Information

Date	Summary of Changes
01/01/2025	**Supporting Information** • Updated *References* section to reflect the most current information • Archived previous policy version CS095OH.A

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state (Ohio Administrative Code [OAC]) or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state (OAC) or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state (OAC) or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state (OAC) 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 uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) for substance use, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and/or Utilization Review Guidelines that have been approved by the Ohio Department for Medicaid Services. The UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and Utilization Review 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.