Cranial Molding Device Changes for the CSHCN Services Program

Information posted March 12, 2007

Effective for dates of service on or after May 1, 2007, benefits and prior authorization for cranial molding devices (procedure code 9-S1040) will change for the Children with Special Health Care Needs (CSHCN) Services Program. Procedure code 9-S1040 is a benefit in the home setting for durable medical equipment (DME) suppliers and custom DME suppliers.

Cranial molding devices may be considered for reimbursement by the CSHCN Services Program for nonsynostotic deformational plagiocephaly with documentation supporting the use of the cranial molding device to modify or prevent an associated functional impairment. The CSHCN Services Program may also consider for reimbursement the use of these devices after surgery for cranial deformities, including craniosynostosis. Cranial molding devices can be approved only for children 3 to 18 months of age.

CSHCN defines “severe plagiocephaly” as the physical finding of abnormalities throughout the cranium, including significant asymmetries of the forehead, ears, and facial features, such as the eye, cheek, or jaw. Objective anthropometric data must support the severity of the clinical findings.

The CSHCN Services Program does not cover cranial molding devices if they are used as a treatment for nonsynostotic deformational plagiocephaly without associated functional impairment, because it is a benign condition for which treatment is considered cosmetic and not medically necessary.

Muscular torticollis, which is characterized by tight or shortened neck muscles that result in a head tilt or turn, is often associated with the secondary development of positional plagiocephaly; therefore, clients with positional plagiocephaly and muscular torticollis must have documentation of early, aggressive treatment (stretching, positioning, or physiotherapy) before prior authorization for cranial orthosis can be considered.

The definition of “cosmetic,” as it applies to this policy, includes surgery or other services used primarily to improve appearance and not to restore or correct significant deformity that is a result of disease, trauma, congenital or developmental anomalies, or a previous therapeutic process.

Cranial molding devices must be prior authorized for reimbursement through the CSHCN Services Program. Requests for prior authorization must include written documentation supporting medical necessity, which must include all of the following:

- The assessment and recommendations of the appropriate primary care physician, pediatric subspecialist, or craniofacial team
- A full description of the physical findings, precise diagnosis, age of onset, and the etiology of the deformity, including an X-ray or computed tomography (CT) scan
- The age of the client (3 to 18 months of age)
• Anthropometric measurements:
  o For children younger than 6 months of age—Documentation of aggressive repositioning and/or physical therapy of at least 3 months duration without improvement, and data documenting greater than 12 mm of asymmetry in one or more of the anthropometric measurements: cranial vault, skull base, and orbitotragial cranial depths
  o For children over 6 months but under 18 months—Data documenting greater than 12 mm of asymmetry in one or more of the anthropometric measurements: cranial vault, skull base, and orbitotragial cranial depths

• Documentation that an alternative treatment course of two months has been tried with documented evidence of supervised "tummy time" during periods of wakefulness, and repositioning the infant's head such that the client lies opposite to the preferred position with stretching exercises

• Plan of treatment and/or follow-up schedule

This information will also be available in the May 2007 CSHCN Provider Bulletin, No. 62.

For more information, call the TMHP-CSHCN Contact Center at 1-800-568-2413.