



### Cranial Orthotics DME-025

<b>Iowa Medicaid Program</b>	Prior Authorization	<b>Effective Date</b>	01/01/2023
<b>Revision Number</b>	4	<b>Last Reviewed</b>	01/16/2026
<b>Reviewed By</b>	Medicaid Medical Director	<b>Next Review</b>	01/15/2027
<b>Approved By</b>	Medicaid Clinical Advisory Committee	<b>Approved Date</b>	01/20/2023

#### Descriptive Narrative

The newborn infant's skull is composed of bony plates separated by sutures. This arrangement accommodates transient skull distortion during birth and permits future growth of the brain, the volume of which quadruples during the first two years of life. Plagiocephaly refers to an asymmetrically shaped head. There are two types:

**Synostotic plagiocephaly** results from premature fusion of one or more cranial sutures and affects 1 in every 2000 to 2500 births worldwide. Premature fusion restricts the growth of the skull perpendicular to the affected suture. Surgical repair of craniosynostosis is performed to prevent intracranial hypertension and improve socialization by normalizing the appearance of the face and head.

In **non-synostotic plagiocephaly**, the sutures of the skull remain open. This type of plagiocephaly can also be referred to as positional or deformational when it is due to environmental factors including premature birth, restrictive intrauterine environment, birth trauma, torticollis, and sleeping position. The frequency of deformational plagiocephaly has increased in part because of supine sleep positioning used to prevent sudden infant death syndrome.

#### Criteria

Prior authorization is required.

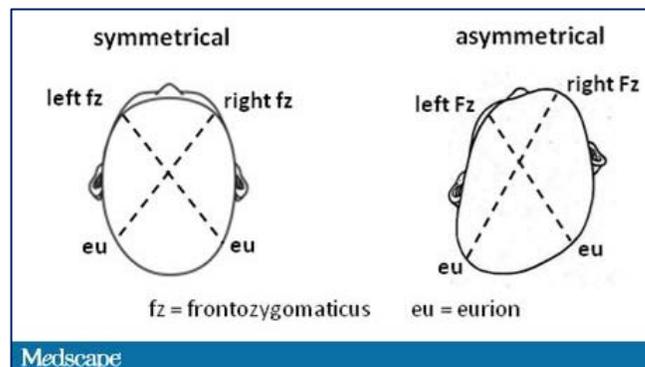
Cranial orthosis is considered medically necessary for the treatment of craniosynostosis when **ONE** of the following is met:

1. Postoperative management of infants following endoscopic repair of craniosynostosis; **OR**
2. As an adjunct to surgical treatment of synostotic skull deformity.

Cranial orthotic devices are considered medically necessary when **ALL** the following are met:

1. Continued deformity after 2-month trial of **ONE** of the following conservative therapies (if appropriate for age):
  - a. Parental or caregiver repositioning for infants without cervical motion restriction; **OR**
  - b. Documentation of physical therapy or home exercise program for infants with associated cervical motion restriction; **AND**
2. Infant is between 3 to 18 months of age; **AND**
3. Anthropometric measurement confirms moderate to severe deformity as indicated by at least **ONE** of the following:
  - a. Cranial vault asymmetry index greater than 3.5%; **OR**
  - b. Cephalic index of 90% or greater; **OR**
  - c. Other anthropometric measurements consistent with moderate to severe deformity.

## Definitions



**Asymmetry of cranial base:** Asymmetry of the cranial base measured from the sub nasal point (midline under the nose) to the tragus (the cartilaginous projection in front of the external auditory canal).

**Asymmetry of cranial vault:** The difference of the diagonal measurement from the fronto-zygomaticus point (identified by palpation of the suture line above the upper outer corner of the orbit) to the eurion, defined as the most lateral point on the head located in the parietal region. The two diagonals are measured 30 degrees clockwise and counterclockwise from the mid-sagittal line.

**Asymmetry of orbitotragal depth:** An asymmetry of the orbitotragal depth that is measured from the exocanthion (outer corner of the eye fissure where the eyelids meet) to the tragus (the cartilaginous projection in front of the external auditory canal).

**Brachycephaly:** A condition characterized by a head shape that is symmetric and disproportionately wide,  $(\text{width} \div \text{length} \times 100\%) \geq 81\%$ . This may be caused by abnormal growth rates of the skull bone plates or may be due to an infant being placed in the same position for prolonged periods of time. The latter is referred to as “positional brachycephaly.”

**Cephalic index (CI):** The measurement of head width divided by head length then multiplied by one hundred and expressed as a percentage. CI is used to assess abnormal head shapes without asymmetry. The maximum width is measured between the most lateral points of the head located in the parietal region (also known as the euryon). The head length is measured from the most prominent point in the median sagittal plane between the supraorbital ridges (also called the glabella) to the most prominent posterior point of the occiput (that is, the ophisthocranium). The cephalic index can then be compared to normative measures (0-3 months old: 75-95%, 4-6 months old: 74-94%, 7-12 months old: 73-93%, 13-18 months old: 72-92%).

**Cranial vault asymmetry index (CVAI):** The percentage difference between the oblique measurements taken from 30° from vertical, or the absolute value of the difference in cranial diagonals divided by the greater diagonal and multiplied by 100 (abnormal: >3.5%).

**Cranioproportional index of plagiocephelometry:**

The ratio between the width (sinistra-dextra) and the length (anterior-posterior) of the skull multiplied by 100. This measurement provides the degree of brachycephalic component of deformation (mild 90-94%, moderate 95-99%, severe  $\geq 100\%$ ).

**Coding**

The following list(s) of codes are provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS/CPT code is inappropriate.

HCPCS	Description
S1040	Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s).

ICD-10	Description
Q67.3	Plagiocephaly.
Q75.0	Craniosynostosis.

## Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

## References

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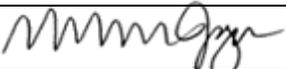
MCG 29<sup>th</sup> Edition. Last Update 6/13/2025. Accessed 11/7/2025

Buchanan EP. Overview of craniosynostosis. UpToDate. Topic last updated: June 12, 2025 Accessed November 7, 2025

“Back to Sleep” campaign initiated in 1992 by the American Academy of Pediatrics (AAP).

Medicaid Provider Manual Durable Medical Equipment Revised April 25, 2025 p. 30.

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

<b>Criteria Change History</b>			
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01/16/2026	CAC	Annual Review. References updated.	4
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William (Bill) Jagiello, DO			
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1/17/2025	CAC	Annual Review.	3
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1/19/2024	CAC	Annual Review.	2
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1/20/2023	CAC	Criteria implementation.	1
<b>Signature</b>			
William (Bill) Jagiello, DO			

CAC = Medicaid Clinical Advisory Committee