



CRANIAL HELMETS

Effective Date: August 1, 2006  
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Review Dates: 1/05, 10/05, 10/06, 10/07, 8/08, 8/09  
Status: Current

I. DESCRIPTION

*Cranial molding helmets for positional plagiocephaly:*

Plagiocephaly may be caused by mechanical factors acting on the head in-utero or during early infancy. Some cranial deformities are present at birth and are the result of in-utero or intra partum molding. Most improve spontaneously during the first few months of life. Postnatal plagiocephaly deformational is more common and is associated with congenital torticollis, vertebral anomalies, neurologic impairment, or forced sleeping position (Miller). The incidence of acquired plagiocephaly has increased an estimated 4 to 6 fold since 1992 when the American Academy of Pediatrics began its “Back to Sleep” program to prevent sudden infant death syndrome.

*Diagnosis:*

Typical findings include unilateral flattening of the occipital area, ipsilateral forehead and parietal bossing, contra-lateral occipital bossing and anterior ear displacement ipsilateral to the flattened occiput, and torticollis to contra-lateral side.

*Management:*

Most infants improve if the appropriate maneuvers are conducted during a 2 or 3 month time period. These include:

- Positioning the infants so the rounded side of the head is placed dependent against the mattress during sleep.
- Positioning the child in the crib to look away from the flattened side to see parents and others in the room.
- Placing the infant in the prone position during wakeful periods
- Neck exercises at each diaper change, to prevent or treat torticollis.

External orthotic treatment (repositioning and stretching exercise) has been effective in improving asymmetry in nonsynostotic occipital plagiocephaly (Moss). If improvement is not seen in 2-3 months, patient should be fit with a custom-fitted molding helmet to facilitate passive skull recontouring (Pollack). Care should be taken to diagnosis early because late treatment, whether with a helmet or repositioning, may not correct deformities entirely (Argenta). In fact, the best outcomes were seen in patients who received a helmet before 6 months in age (Bruneteau).



Cranial molding helmets can be used to correct typical skull shapes but there is limited evidence that these are more effective than treatment and repositioning exercise in mild to moderate cases (Moss).

## II. POLICY/CRITERIA

- A. Cranial helmets may be a covered benefit as a protective device for medical conditions (e.g. seizure disorder, post-operative protection). Protective helmets used for sports or recreation (e.g. bike or ski helmets) are not a covered benefit.
- B. Cranial molding helmets for plagiocephaly are a covered orthotic benefit if *all* of the following criteria are met:
1. Infants between the ages of 4 to 12 months with a diagnosis of plagiocephaly by a neurologist or neurosurgeon with exclusion of other diagnoses, or radiographic confirmation of open sutures.
  2. Failure of 3 months of conservative measures (outlined above) documented by the pediatrician or family practitioner.
- C. Coverage is limited to one helmet. Replacement for loss or damage is not a covered benefit.
- D. **The following coverage guidelines apply to Medicaid members:**
1. Priority Health provides benefits to Medicaid members for cranial helmets to prevent head injury and cranial molded orthosis for the diagnosis of plagiocephaly. The member must have a written prescription from a physician with the diagnosis/medical condition and the reason for the helmet.
  2. Cranial helmets may be covered to prevent a head injury for any member with medical conditions affecting his/her balance that could predispose them to fall. Cranial helmets are also covered for members with recent brain or head surgery when a helmet is required to protect the surgical site.
  3. Prior authorization is required for cranial helmets if the cost of the helmet exceeds \$500.00. The following information should be submitted with the request:
    - Diagnosis/medical condition related to the service/item requested.
    - Medical reasons for the appliance requested. There must be documentation of any medical condition that affects member's balance or predisposes him/her to falling.
    - Functional needs of the beneficiary.
    - Reason for the replacement, such as growth or medical change
  4. Custom molded helmets for diagnosis of plagiocephaly may be covered. See criteria above.



### III. MEDICAL NECESSITY REVIEW

- Required  
 Not required, unless >\$1000.00. See specific policy language for Medicaid

### IV. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS).*
- ❖ **MEDICAID:** *Coverage is determined by the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html).*
- ❖ **MICHILD:** *For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.*

**Special Note:** This policy replaces “Cranial Molding Helmets for Positional Plagiocephaly”, No. 91471-R0.

### V. CODING INFORMATION

#### ICD-9 Codes that may support medical necessity

- 723.5 Torticollis, unspecified
- 738.19 Other specified deformity of head
- 738.2 Acquired deformity of neck
- 744.89 Other specified anomalies of face and neck
- 754.0 Certain congenital musculoskeletal deformities of skull, face, and jaw
- 754.1 Certain congenital anomalies of sternocleidomastoid muscle
- 756.0 Other congenital musculoskeletal anomalies; Anomalies of skull and face bones
- 767.3 Other injuries to skeleton
- 767.8 Other specified birth trauma
- V53.7 Fitting and adjustment of orthopedic devices

#### CPT/HCPCS Codes

- A8000 Helmet, protective, soft, prefabricated, includes all components and accessories
- A8001 Helmet, protective, hard, prefabricated, includes all components and accessories



- A8002 Helmet, protective, soft, custom fabricated, includes all components and accessories
- A8003 Helmet, protective, hard, custom fabricated, includes all components and accessories
- A8004 Soft interface for helmet, replacement only
- 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) (*Code not payable for Priority Medicare.*)

## VI. REFERENCES

- Moss SD. Non-surgical non-orthotic treatment of occipital plagiocephaly. What is the natural history of the misshaped neonatal head? *J Neurosurg* 1997; 87: 667-670.
- Miller RT, Clarren SK. Long-term developmental outcomes in patients with deformational plagiocephaly. *Pediatrics* 2000; 105:26-30.
- Pollack IF, Losken HW, Fasick P. Diagnosis and management of posterior plagiocephaly. *Pediatrics* 1997;99:180-185.
- Argenta CL, David LR, Wilson JA, Bell WO. An increase in infant cranial deformity with supine sleeping position. *J Craniofac Surg* 1996;7:2-11.
- Mulligan JB, Vanderwoude DL, Hanson M, LaBriera Scott, RN. *Plastic Reconstructive Surgery*. 1999; 103: 371-380.
- Committee on practice and ambulatory medicine. Prevention and Management of Positional Skull Deformities in Infants. *Pediatrics* 2003; 112: 199-202.



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