

	<p><b>Cranial Molding Orthosis Guidelines</b></p>	
<p><b>Guideline #</b> 6179</p>	<p><b>Categories</b> Clinical → Care Coordination, Care Coordination – Utilization management , TCHP Guidelines</p>	<p><b>This Guideline Applies To:</b> Texas Children's Health Plan</p>
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**GUIDELINE STATEMENT:**

Texas Children's Health Plan (TCHP) performs authorization of all cranial molding orthosis devices.

**DEFINITIONS:**

**Cranial Molding Orthosis:** External braces including helmet orthosis, cranial orthosis, cranial orthotic device, and orthotic headbands, which are known to be effective for the correction of the asymmetrical shape of the head.

**Synostotic plagiocephaly or craniosynostosis:** Asymmetrically shaped head due to premature closure of one or more of the cranial sutures causing restricted skull growth and worsening head deformity. Plagiocephaly accompanied by craniosynostosis may require surgery to reopen the closed sutures.

**Non-synostotic plagiocephaly:** A condition where an infant's head becomes deformed due to external forces that are applied over time. This condition is also known as positional plagiocephaly and can be treated without surgical correction.

**Brachycephaly:** A head shape that is symmetric and disproportionately wide. This may be caused by abnormal growth of the skull bone plates. Positional brachycephaly is often the result of an infant being placed in the same supine position for prolonged periods of time.

**PRIOR AUTHORIZATION GUIDELINES**

1. All requests for prior authorization for cranial molding orthosis are received via fax, mail, or electronically by the Utilization Management Department and processed during normal business hours.
2. The Utilization Management professional receiving the request evaluates the submitted information to determine if the documentation supports the cranial molding orthosis request as an eligible service.

3. The requesting physician must provide documentation supporting the medical necessity for cranial molding orthosis.
4. The use of cranial orthosis is considered **medically necessary** when:
  - The member is 3 through 18 months of age **AND**
  - The orthosis is part of a treatment plan for a documented diagnosis of synostotic plagiocephaly.
5. The use of cranial molding orthosis is considered **not medically necessary** for the treatment of:
  - Non-synostotic or positional plagiocephaly because it is considered cosmetic
  - Brachycephaly because its efficacy is not clearly documented
6. Cranial molding orthosis (S1040) is limited to once-per-lifetime.
7. Additional devices beyond the once-per-lifetime benefit may be considered for prior authorization with documentation of **all** of the following:
  - The initial device was obtained to treat synostotic plagiocephaly.
  - Treatment with the device has been effective.
  - The new device is needed due to growth.
8. Requests that do not meet the medical necessity criteria will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy will be followed.
9. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

**REFERENCES:****Government Agency, Medical Society, and Other Publications:**

Texas Medicaid Provider Procedures Manual Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook, Accessed February 4, 2025.

<https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmppm/archives/2025-02-TMPPM.pdf>

**Peer Reviewed Publications:**

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Marshall JM, Shahzad F. Safe Sleep, Plagiocephaly, and Brachycephaly: Assessment, Risks, Treatment, and When to Refer. Pediatr Ann. 2020 Oct 1;49(10):e440-e447.

van Cruchten C, Feijen MMW, van der Hulst RRWJ. Helmet therapy for positional cranial deformations; a 5-year follow-up study. J Craniomaxillofac Surg. 2022 Jun;50(6):499-503.

Proctor MR, Meara JG. A review of the management of single-suture craniosynostosis, past, present, and future. J Neurosurg Pediatr. 2019 Dec 1;24(6):622-631.

Wen J, Qian J, Zhang L, Ji C, Guo X, Chi X, Tong M. Effect of helmet therapy in the treatment of positional head deformity. J Paediatr Child Health. 2020 May;56(5):735-741.

<b>Status</b>	<b>Date</b>	<b>Action</b>
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