



MO HealthNet PA Criteria

Medical Procedure Class:	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S) – S1040 EPNU
Implementation Date:	February 11, 2009
Prepared for:	MO HealthNet

New Criteria

Revision of Existing Criteria

Executive Summary

Purpose:	To allow a more consistent and streamlined process for authorization of cranial orthosis.	
Why was this Issue Selected:	Senate Bill 577 passed by the 94 th General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.	
Procedures subject to Pre-Certification	S1040EPNU – Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	
Setting & Population:	All MO HealthNet fee-for-service participants under 13 months of age	
Data Sources:	<input type="checkbox"/> Medicare LCD	<input checked="" type="checkbox"/> MHN Policy

Setting & Population

All MO HealthNet fee-for-service participants birth through 12 months of age.

Approval Criteria

Prescriber's criteria:

- neurosurgeon and/or
- cranial facial team

Participant's diagnosis criteria:

1. Diagnosis of craniosynostosis:
 - correctional surgery and
 - the cranial orthosis will be fabricated and used after correctional surgery;
2. Diagnosis of severe deformational scaphocephaly or brachycephaly and meets either A or B age criterion:
 - A. a participant less than 6 months of age and:
 - has had 2 or more months of an aggressive form of correctional positioning, physical therapy, or medical management with no improvement in symmetry and cephalic index less than 63% or greater than 83%
 - B. a participant who is 6 through 12 months of age and is:
 - female with cephalic index less than 69% or greater than 88% or
 - male with cephalic index less than 64% or greater than 92%
3. Diagnosis of severe deformational plagiocephaly with a cranial vault index of greater than 12mm and meets either A or B age criterion:
 - A. a participant less than 6 months of age who has had 2 or more months of an aggressive form of correctional positioning, physical therapy, or medical management with no improvement in symmetry
 - B. a participant who is 6 through 12 months of age.

NOTE: If severe deformational plagiocephaly is caused by torticollis, the participant's medical record must document treatment of the torticollis in addition to the above criteria stated in #3.

DME supplier's criteria:

- orthotist is trained and certified to evaluate, modify and dispense the cranial orthosis for proper fit and

- fabricated cranial orthosis has FDA 510(K) clearance.

Denial Criteria

Will be denied if any of the approval criteria are not met.

Quantity Limitation

S1040 EPNU equals 1 unit

Approval Period

Purchase: approval good for 30 days

Appendix A: Potential Questions for Step 1 and Step 2

****The following questions may be encountered as part of the approval and denial criteria. Depending on the patient's history and the way previous questions may be answered, not every question may be asked for every patient.**

- Is cranial orthosis being prescribed by a Neurosurgeon and/or Cranial Facial Team?
- Does patient's record document a diagnosis of Craniosynostosis (756.0)?
- Will cranial orthosis be used after correctional surgery?
- Is this the first cranial orthosis patient will receive?
- Does patient's record document severe asymmetry in head deformity?
- Is severe asymmetry caused by torticollis? (723.5, 754.1, or 767.8)
- Does patient's record document treatment of Torticollis?
- Does patient's record document 2 or more months of an aggressive form of correctional positioning, physical therapy, or medical management of plagiocephaly?
- Does patient's record document lack of improvement in symmetry?
- Is diagnosis deformational scaphocephaly?
- Is diagnosis deformational brachycephaly?
- Is diagnosis deformational plagiocephaly?
- Is Orthotist trained and certified to evaluate, modify, and dispense the cranial orthosis for proper fit?

- Cranial Vault Index: Measure diagonals 30 degrees from midline: Diagonal A: _____mm; Diagonal B: _____mm
- Is Orthotist trained and certified to evaluate, modify, and dispense the cranial orthosis for proper fit?
- Is replacement due to growth?
- Is dispense date of previous cranial orthosis more than 30 days?
- Has prescribed cranial orthosis received FDA 510(K) clearance?
- Cephalic Index: Medial-Lateral _____mm Anterior-Posterior _____mm