



Health & Human Services

**CRANIAL REMOLDING ORTHOSIS**  
Service Authorization Required - Yes  
CMN Required - No

**DURABLE MEDICAL EQUIPMENT MANUAL**

COVERAGE AND LIMITATION CRITERIA AND POLICIES

ORIGINAL EFFECTIVE DATE: May 31, 2012

REVISED: November 2023

**CRANIAL REMOLDING ORTHOSIS S1040**

As posted on 6-7-2021 on the Provider Updates webpage effective June 1, all service authorization request for HCPC code S1040 pediatric cranial remolding orthosis must be submitted via [Kepto's Atrezzo Provider Portal](#) as will be reviewed based on InterQual coverage criteria.

**Documentation Requirements:**

- A prescription from prescribing practitioner.
- Practitioner exam within 90 days of the service authorization start date.
- Medical documentation supporting the need.

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Date Revised	Revisions
February 2019	Reformatted to new format.
October 1, 2019	Reformatted to new format. In documentation requirement section 60 days changed 90 days.
November 23, 2022	<p>Header logo updated with new logo.</p> <p>Added information that Kepro would be reviewing all cranial helmet requests based on InterQual coverage criteria.</p> <p>Documentation Requirements section removed CMN 580 requirement (effective 6-1-21).</p> <p>Removed Indications and limitations of coverage appropriateness section previously used 8-22-22 (listed below).</p> <p><b>“Indications and limitations of coverage appropriateness:</b></p> <ol style="list-style-type: none"> <li>1. Coverage considered medically necessary for treatment of moderate to severe positional head deformities refractory to therapeutic physical adjustments and position changes when band/helmet therapy is initiated at 3 to 18 months of age; <b>and</b></li> <li>2. Marked asymmetry has not been substantially improved following conservative therapy of at least 2 months duration with cranial repositioning therapy with or without physical therapy. NOTE: Due to the mobility of children &gt; 6 months of age, repositioning therapy is not effective, and a trial of repositioning is not indicated; <b>and</b></li> <li>3. One of the following must be met as documented:               <ol style="list-style-type: none"> <li>a. Skull Base Asymmetry: At least 6 mm right/left discrepancy measured sub nasally to the tip of the tragus (cartilaginous projection of the auricle at the front of the ear); <b>or</b></li> <li>b. Cranial Vault Asymmetry: At least an 8 mm right/left discrepancy, measured from the frontozygomaticus point (identified by palpation of the suture line above the upper outer corner of the orbit) to the contralateral euryon, defined as the most lateral point on the head located in the parietal region; <b>or</b></li> <li>c. Asymmetry of the orbitotragial distances, as documented by at least a 4 mm right/left asymmetry measured from the lateral aspect of orbit to tip of ipsilateral tragus.</li> <li>d. For brachycephaly evaluation, a cephalic index 2 standard deviations below mean (head narrow for its length) or 2 standard deviations above mean (head wide for its length) warrants coverage of a</li> </ol> </li> </ol>

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trial of orthotic banding to correct the craniofacial deformity in a child after 3 months of age and before 18 months of age. (Note: These measurements are generally obtained by the orthotist fitting the band or helmet).

<i>Head width (eu - eu)</i>	<i>from euryon, (eu) on one side of head to euryon, (eu) on the other side</i>	<i>measures greatest transverse diameter or maximal head width</i>
<i>Head length (g-op)</i>	<i>from glabella point (g) to opisthocranium (op)</i>	<i>measures maximal head depth or length</i>

Cephalic index = Head width (eu - eu) x 100

Head length (g - op)

<i>Sex</i>	<i>Age</i>	<i>-2SD</i>	<i>-1SD</i>	<i>Mean</i>	<i>+1SD</i>	<i>+2SD</i>
<i>Male</i>	<i>16 days to 6 months</i>	<i>63.7</i>	<i>68.7</i>	<i>73.7</i>	<i>78.7</i>	<i>83.7</i>
	<i>6 to 12 months</i>	<i>64.8</i>	<i>71.4</i>	<i>78.0</i>	<i>84.6</i>	<i>91.2</i>
<i>Female</i>	<i>16 days to 6 months</i>	<i>63.9</i>	<i>68.6</i>	<i>73.3</i>	<i>78.0</i>	<i>82.7</i>
	<i>6 to 12 months</i>	<i>69.5</i>	<i>74.0</i>	<i>78.5</i>	<i>83.0</i>	<i>87.5</i>

e. Members with moderate to severe residual plagiocephaly after surgical correction.

- North Dakota Medical Services considers use of a cranial remodeling band (or helmet) medically necessary for infants with synostotic plagiocephaly to correct continued asymmetry following surgery; however, a trial of conservative therapy is not needed when the cranial remodeling band is used following surgery for synostotic



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plagiocephaly. North Dakota Medical Services considers the use of a cranial remodeling band (or helmet) without surgery to correct asymmetry in infants with synostotic plagiocephaly as cosmetic.

- A second cranial remodeling band or helmet may be considered medically necessary for children who meet the afore-mentioned criteria if the asymmetry has not resolved after 2 to 4 months, the medical record supports significant head growth, and the current band or helmet cannot provide for any more growth adjustments.
- North Dakota Medical Services considers the use of a cranial remodeling band (or helmet) cosmetic for persons not meeting the afore-mentioned criteria.”

November 29, 2023

Reviewed and reformatted. No changes made.