

	<h2>Cranial Molding Orthosis Guidelines</h2>	
<p>Guideline # 6179</p>	<p>Categories Clinical → Care Management CM, TCHP Guidelines, Utilization Management UM</p>	<p>This Guideline Applies To: 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:

- Synostotic plagiocephaly or craniosynostosis describes an asymmetrically shaped head due to premature closure of the sutures of the cranium. Craniosynostosis may require surgery to reopen the closed sutures. Surgery can be performed by an open or endoscopic technique, depending upon the type and extent of the synostosis.
- Non-synostotic plagiocephaly: A condition where an infant's head becomes deformed due to external forces. In non-synostotic plagiocephaly the joints between the skull bone plates (sutures) remain open, allowing non-surgical correction. This condition is also known as positional plagiocephaly.
- Brachycephaly: A condition characterized by a head shape that is symmetric and disproportionately wide, $(width \div length \times 100\%) \geq 81\%$. 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."

PRIOR AUTHORIZATION GUIDELINES

1. All requests for prior authorization for cranial molding orthosis are received via fax, phone or mail 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. To request prior authorization for cranial molding orthosis, documentation supporting the medical necessity of the device requested must be provided.
4. The use of cranial orthosis is considered **medically necessary** when:
 - 4.1. The member is 3 through 18 months of age AND

- 4.2. 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*** as a treatment for:
 - 5.1. Non-synostotic or Positional plagiocephaly because it is cosmetic in nature
 - 5.2. Brachycephaly, or a high cephalic index without cranial asymmetry because it's effective use is not clearly documented
- 6. Cranial molding orthosis are limited to once-per-lifetime. Additional devices beyond the once-per-lifetime benefit may be considered for prior authorization with documentation of all of the following:
 - 6.1. The initial device was obtained to treat synostotic plagiocephaly.
 - 6.2. Treatment with the device has been effective.
 - 6.3. The new device is needed due to growth.
- 7. Requests that do not meet the criteria established by this procedure will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy will be followed.
- 8. 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 Accessed February 2019
http://www.tmhp.com/TMHP_File_Library/Provider_Manuals/TMPPM/2019/Feb_2019%20TMPPM.pdf

HISTORY

Status	Date	Action
Approved	TBD	Clinical & Administrative Advisory Committee Reviewed and approved for implementation

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