Plagiocephaly and Craniosynostosis Treatment (for Kansas Only)

Policy Number: CS095KS.01
Effective Date: June 1, 2025

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Related Policies

- Cosmetic and Reconstructive Procedures (for Kansas Only)
- Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements (for Kansas Only)

Application

This Medical Policy only applies to the state of Kansas.

Coverage Rationale

For medical necessity clinical coverage criteria for plagiocephaly and craniosynostosis treatment, refer to the Kansas Medical Assistance Program Durable Medical Equipment Fee-for-Service Provider Manual.

For surgical treatment to repair craniosynostosis (CPT code 21175), refer to the Medical Policy titled Cosmetic and Reconstructive Procedures (for Kansas Only).

For repair or replacement of cranial orthoses, refer to the Medical Policy titled Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements (for Kansas Only).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CDT Code	Description
D5924	Cranial prosthesis

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HCPCS Code	Description
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 orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Cranial orthoses are classified by the FDA as Class II devices. This classification requires special controls, including prescription use, biocompatibility testing, and labeling (contraindications, warnings, precautions, adverse events, and instructions for physicians and parents). They are intended for medical purposes to apply pressure to prominent regions of an infant's cranium in order to improve cranial symmetry and/or shape in infants from 3 to 18 months of age, with moderate to severe nonsynostotic positional plagiocephaly, including infants with plagiocephalic, brachycephalic, and scaphocephalic-shaped heads. The FDA has approved a large number of cranial orthoses. Additional information under product code MVA is available at: http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm. (Accessed August 29, 2024)

References

Kansas Medical Assistance Program Durable Medical Equipment Fee-for-Service Provider Manual. Available at: https://portal.kmap-state-ks.us/Documents/Provider/Provider%20Manuals/DME_24171_24094.pdf. Accessed November 11, 2024.

Policy History/Revision Information

Date	Summary of Changes
06/01/2025	• New Medical Policy

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its policies and guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) criteria for substance use disorder (SUD) services, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies that have been approved by the Kansas Department of Health and Environment. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.