

Eligibility Criteria for Infant Toddler Program Coverage of Cranial Remolding Orthosis

Cranial Remolding Orthosis may be approved for children between four and eighteen months of age, who are eligible for Infant Toddler Program services, and has one or more of the following conditions:

- Benign positional plagiocephaly.
- Plagiocephaly with torticollis.
- Brachycephaly.
- Dolichocephaly.
- Scaphocephaly due to conditions such as in utero or intra partum molding, premature or multiple births, and supine positioning.

The developmental necessity as determined by the referring physician must be specific to the child, documented in the child's file, and include the following:

- A statement of the degree of impact on potential brain development if not treated;
- A statement of the high probability of resulting in Developmental Delay as required by eligibility criteria if not treated;
- A statement that the Cranial Remolding Orthosis is necessary to remediate or prevent developmental delays and/or disabilities and is NOT cosmetic in nature.

Criteria Needed for Approval

- **Children 4 to 12 Months of Age** – Children between four (4) and twelve (12) months of age must have one of the following conditions to obtain approval for cranial remolding orthosis:
 - Moderate to severe positional plagiocephaly, with or without torticollis; documented by an anthropometric asymmetry greater than 10 mm in the measurement of the cranial base, cranial vault, or orbitotragial depth.
 - Brachycephaly documented by a cephalic index two standard deviations above or below the mean [approximately 78 percent (78%)].
 - Scaphocephaly or dolichocephaly in premature or breech infants with a cephalic index significantly less than 78 percent (78%).
 - Further correction of asymmetry for members after surgical treatment of craniosynostosis will be considered on a case-by-case basis.
 - Moderate to severe residual plagiocephaly after surgical correction of plagiocephaly - The pediatric neurosurgeon or craniofacial surgeon who performed the corrective procedure must provide documentation of medical necessity.

Documentation must be submitted that shows the child received a minimum of a two (2) month trial of aggressive repositioning and stretching exercises, and that the child's condition has failed to improve. The documentation must include the following:

- The initial physical therapy evaluation report.

- The treatment plan, which includes at least four of the following activities/exercises as recommended by the American Academy of Pediatrics:
 - Alternative back and side sleeping.
 - Supervised tummy time.
 - Rearranging the crib relative to the primary light source.
 - Limiting time spent in a supine position.
 - Limiting time in strollers, carriers, swings and strollers.
 - Neck motion exercises.
- The daily intervention and progress notes.
- **Children 12 to 18 Months of Age** – Children with severe plagiocephaly who are considered to have a reasonable likelihood of continued skull growth will be considered for approval on a case-by-case basis.

A pediatric neurosurgeon, craniogacial surgeon, or craniofacial anomalies team member must provide documentation of developmental necessity. In addition, the child must have a documented trial of repositioning and stretching exercises, as described above, to be considered for approval.

Approval Process

The multidisciplinary team is responsible for reviewing requests and determining if the child meets the criteria for a cranial remolding orthosis. The MDT will complete the following steps:

- A team member presents the request to the multidisciplinary team (MDT) for discussion.
- If the MDT agrees that the request meets the criteria, the MDT seeks approval from a hub leader or human services supervisor.
- If the supervisor approves the request, the MDT and supervisor determine how to pay for the cranial remolding orthosis considering the following funding sources:
 - Medicaid
 - Other secondary payer, such as a trust fund
 - Infant Toddler Program

Once the funding source is identified, follow the process to pursue reimbursement described below.

1. **Children with Medicaid** – Since IDEA Part C is the payer of last resort, the Infant Toddler Program should pursue Medicaid reimbursement prior to using program funding. Medicaid’s coverage criteria for cranial helmets can be found at:

<http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/DMEPOS.pdf>

The Infant Toddler Program will submit a request to Medicaid as follows:

- Assist the family with completing the “EPSDT Request for Additional Services”. The EPSDT overview and application are located at: <http://healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx> under “I want help with...”
- Ensure all of the information described in this policy is included with the EPSDT application.
- Assist the family with submitting the EPSDT application to Medicaid. The EPSDT application includes where to submit the request as follows:

Email: EPSDTRequest@dhw.idaho.gov, or

Fax: 208-364-1811, Attn: EPSDT Request, or

Mail: EPSDT Request, IDHW – Division of Medicaid, P.O. Box 83720, Boise, ID 83720-0036

2. **Medicaid EPSDT Denial** – If the child’s cranial remolding orthosis is denied through EPSDT, explore other secondary payers that may be available to cover the costs. If no other payers are available, then pursue Infant Toddler Program funding.
3. **Child without Medicaid** – If the child does not have Medicaid, explore other secondary payers that may be available to cover the costs. If no other payers are available, then pursue Infant Toddler Program funding.
4. **Infant Toddler Program Funding** – When all other funding sources have been explored and determined not an option, the MDT supervisor will approve purchasing the child’s cranial remolding orthosis with the program’s funds.