

Cranial Remolding Orthosis (CRO) Device

**Cranial Remolding Orthosis (CRO) Device
Medical Policy - DME103.007**

Please complete all appropriate questions fully.

Suggested medical record documentation:

- Current History & Physical

*Failure to include suggested medical record documentation may result in delay or possible denial of request.

Note: For Predetermination, please fully complete and submit the [Predetermination Request Form](#).

PATIENT INFORMATION

Name:	Member ID	Group ID
-------	-----------	----------

PROCEDURE INFORMATION

Request for CRO: Please complete all the questions fully. Failure to do so will result in delay or possible denial of claims.

Patient Age _____ Male _____ Female _____ Multiple Birth? Yes ___ No ___

Primary Diagnosis _____ Date _____

Secondary Diagnosis _____ Date _____

Contributing Factor(s) resulting in diagnosis _____

Conservative Therapy done? Yes _____ No _____

If Yes, type of Conservative Therapy _____
 _____ # of Months _____

Measurement Completed by Physician or Orthotist? Yes _____ No _____

If Yes, done manually? Yes _____ No _____

If Yes, done by computer modeling scanner? Yes _____ No _____

If Yes, graph/grid included with CRO request? Yes _____ No _____

Photographic Evidence included with CRO request? Yes _____ No _____

Surgery Required? Yes _____ No _____

If Yes, specify the procedure: _____

Part A - Craniofacial Anthropometric Measurements to Define Asymmetry (measured in millimeters)

Area	Measurements	Calculation	Discrepancy
Cranial (skull) Base	from right and left subnasal (<u>sn</u>) point (midline under the nose) to tragus (<u>t</u>) (the cartilaginous projection in front of the external auditory canal)	<u>sn</u> to left <u>t</u> = _____ minus <u>sn</u> to right <u>t</u> = _____	
Cranial Vault	from right and left frontozygomaticus (<u>fz</u>) point (forehead just above the eye orbit) to right and left euryon (<u>eu</u>) (most lateral point of the head)	left <u>fz</u> to right <u>eu</u> = _____ minus right <u>fz</u> to left <u>eu</u> = _____	
Orbitotragial Depth or Distance	from right and left exocanthion (<u>ex</u>) point (outer point of the eye where the eyelids meet) to tragus (<u>t</u>)	left <u>ex</u> to left <u>t</u> = _____ minus right <u>ex</u> to right <u>t</u> = _____	

Proceed to Part B		
Part B – Cranial Index To Compare Width of the Head to its Length (measured in millimeters, express as %)		
<u>Measurements</u>	<u>Calculation</u>	<u>Standard Deviation %</u>
Head width measurement from euryon (<u>eu</u>) on one side of head to euryon (<u>eu</u>) on other side of head versus head length measurement from glabella (<u>g</u>) point to opisthocranion (<u>op</u>)	Head width (<u>eu to eu</u>) x 100 = _____ Head length = _____ (<u>g to op</u>)	

Proceed to Part C			
Part C – Head Circumference (measured in inches or centimeters, specify how expressed)			
<u>Increment</u>	<u>Date</u>	<u>Measurements</u>	<u>Percentile</u>
<u>Birth</u>			
<u>3 months</u>			
<u>6 months</u>			
<u>9 months</u>			
<u>12 months</u>			

Proceed to Part D		
Part D – CRO Device Requested		
<u>Device Type and Name</u>	<u>Recommended Use</u> (express in hours/day)	<u>Treatment Time</u> (express in months)

Proceed to Part E if Request is for CRO Replacement ONLY
Part E – CRO Device Replacement
<u>Explanation of Reason for Device Replacement</u> (include documentation of head growth, comparison data of current to pre-treatment measurements, and helmet/band adjustments made during treatment course): <hr/> <hr/> <hr/>

Revised 07/2009