



MONTANA HEALTHCARE PROGRAMS NOTICE

August 31, 2017

Durable Medical Equipment, Physician, and Mid-Level Providers

Effective August 31, 2017

S1040-Cranial Remolding Orthotic

This notice is to inform providers that prior authorization is no longer required for cranial remolding orthotics. Therefore, HCPCS code S1040, Cranial Remolding Orthotic, no longer requires prior authorization.

Providers are reminded of the following medically necessary criteria that must be met in order for Medicaid reimbursement:

For Members 0-6 Months Old

1. Nonsynostotic (non-fusion) deformational or positional plagiocephaly must have at least two months documentation of conservative therapy such as a home program and outpatient therapy.

For Members 3-6 Months Old

1. Documented moderate to severe deformational or positional plagiocephaly by physical examination or imaging.
2. Continued deformity after at least two months of parent or caregiver education and at least two months of physical therapy or occupational therapy.

For Members 6-18 Months Old

1. Documented moderate to severe deformational or positional plagiocephaly by physical examination or imaging.

* If a member has had craniosynostosis surgery then S1040 is approved for all age groups without the trial conservative therapies.

Contact Information

If you have any questions, please contact:

Aleasha Horn, DME Program Officer, email ahorn@mt.gov or (406) 444-5296

For additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email MTPRHelpdesk@conduent.com.

Visit the Montana Healthcare Programs Provider Information website at www.medicaidprovider.mt.gov.