S1040-Cranial Remolding Orthotic

This notice is to inform providers that prior authorization is no longer required for cranial remodeling 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. 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) 444-4518.

For additional information, contact Montana Provider Relations at (800) 624-3968 or (406) 442-1837 or email MTPRHelpdesk@conduent.com.

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