

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES

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MEMORANDUM

TO: Durable Medical Equipment Providers

FROM: Medical Services

DATE: February 4, 2009

RE: Criteria for coverage of cranial remolding orthosis (S1040)

Effective with dates of service starting February 16, 2009, coverage of cranial remolding orthosis (CPT code S1040) will be determined by diagnosis and severity, history of treatment and other existing conditions that affect treatment. At minimum, a Certificate of Medical Necessity, a physician's prescription and comprehensive narrative documentation should be submitted for prior authorization. Coverage will be determined by the following:

- Diagnosis must be consistent with the recipient's symptoms and condition and be rated as moderate to severe. If scans are submitted, interpretation of the results must be included in narrative form. Severity assessment forms are helpful (an example would be the documents produced by Cranial Technologies Inc. 2002 Rev 01).
- Documentation of the initial evaluation and course of treatment with progress included.
- Documentation of a 2 month trial of repositioning.
- If a 2 month trial of repositioning is not done, thorough documentation explaining why.
- Documentation of how other existing conditions (torticollis, complications at birth, prematurity, etc.) affect the condition and treatment.
- Documentation that justifies why a custom molded helmet is the most effective course of treatment and that there is no other equally effective course of therapy that is more conservative or substantially less costly, such as a prefabricated helmet.
- Effective with dates of service starting February 16, 2009, reimbursement of CPT code S1040 will be \$1467.07. This rate is consistent with reimbursement in other states.