

**South Carolina**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
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Phys  
DME  
MC  
CLTC

## MEDICAID BULLETIN

**TO: Durable Medical Equipment (DME) Providers**

**SUBJECT: Criteria for Cranial Remolding Orthotic Devices**

Effective for dates of service on or after January 1, 2010, the South Carolina Department of Health and Human Services will update the reimbursement criteria and policy for cranial remolding orthotic devices. Coverage will only be considered as an adjunct to surgical therapy for craniosynostosis and not for treating positional or non-synostotic plagiocephaly or brachycephaly.

Approval of a claim will be considered when requested by only a Pediatric Neurosurgeon, Pediatric Neurologist, Pediatric Ear Nose and Throat (ENT) Physician, or a Cranial Facial Surgeon.

If you have any questions regarding this bulletin, please contact your Program Manager at (803) 898-2882. Thank you for your continued support and participation in the South Carolina Medicaid Program.

/S/  
Emma Forkner  
Director

EF/mgd

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