

## MEDICAID BULLETIN

**TO: DURABLE MEDICAL EQUIPMENT PROVIDERS (DME)**

**SUBJECT: I. Criteria for Cranial Remolding Orthotic Devices**  
**II. Policy Amendment and Clarification for Power Wheelchairs, Wheelchair Warranties and Wheelchair Codes**

The purpose of this bulletin is to clarify South Carolina Department of Health and Human Services (SCDHHS) policy in regard to criteria for cranial remolding orthotic devices and to amend the policy for power wheelchairs, wheelchair warranties and wheelchair codes.

### **I. Criteria For Cranial Remolding Orthotic Devices**

South Carolina Medicaid does not routinely cover Cranial Remolding Orthotic Devices for positional plagiocephaly. Coverage of this device will be considered on a case-by-case basis, when requested by a Pediatric Neurosurgeon, Pediatric Neurologist or Pediatric Ear Nose and Throat (ENT) physician.

Both of the following criteria must be met:

1. A 2-month trial of repositioning therapy, which has failed to improve the deformity.
2. The Pediatric Neurosurgeon, Pediatric Neurologist or Pediatric ENT physician documents a moderate to severe plagiocephaly utilizing the following measurements:
  - Skull base asymmetry
  - Cranial vault asymmetry
  - Orbitotragial depth
  - Cephalic index
  - There is photographic evidence supporting moderate to severe non-synostotic positional plagiocephaly

Additionally, the child must meet all of the following requirements:

- Is between the ages of 4 and 12 months, and
- Have cephalic index 2 standard deviations above or below the mean

The indices for infants up to 12 months may be found on the following table:

**Table 1**  
**Cephalic Index**

Gender	Age	-2 SD	-1 SD	Mean	+1 SD	+2 SD
Male	16 days to 6 months	63.7	68.7	73.7	78.7	83.7
	6 months to 12 months	64.8	71.4	78.0	84.6	91.2
Female	16 days to 6 months	63.9	68.6	73.3	78.0	82.7
	6 months to 12 months	69.5	74.0	78.5	83.0	87.5

The evaluation of cranial asymmetry may also be made based on one or more of three anthropometric measures: cranial vault, skull base or orbitotragial depth measurements. The Table below defines how these measurements are taken:

**Table 2**  
**Specifications for Taking Anthropometric Measurements**

Anthropometrics Measure	Measurement
Cranial Vault	Left frontozygomatic point (fz) to right euryon (eu) minus right frontozygomatic point (fz) to left euryon (eu)
Skull base	Subnasal point (sn) to left tragus (t) minus subnasal point (sn) to right tragus (t)
Orbitotragial Depth	Left exocanthion point (ex) to left tragus (t) minus right exocanthion point (ex) to right tragus (t)

**II. Policy Amendments and Clarifications for Power Wheelchairs, Wheelchair Warranties and Wheelchair Codes**

Refer to Section 2 of your DME Manual for clarification of power wheelchair requirements. Special attention should be given to prior authorization documentation requirements for this equipment.

**Wheelchair Warranties:**

For custom power wheelchairs approved by the South Carolina Medicaid program, the provider must warranty the customized equipment for a minimum of one year from delivery. This requirement is in addition to warranties that may be extended by the manufacturer. This includes repair or replacement of parts and labor.

If repairs are necessary within the provider warranty period (minimum one year), the provider will be required to loan comparable equipment to the beneficiary at no cost to the South Carolina Medicaid program until the equipment is repaired and returned to the beneficiary.

After the provider warranty period, if additional parts or repairs are needed, the provider should submit the original manufacturer's warranty along with the prior authorization request for parts or repairs to the DHHS Department of DME Services.

**Wheelchair Codes K0108 and E1399**

"Not Otherwise Classified" (NOC) codes K0108 and E1399 should **not** be used in lieu of established (or similar) codes located in our manual. The inappropriate use of these codes for greater reimbursement would result in denial of coverage and be subject to recoupment by the Division of Program Integrity at SCDHHS.

/S/  
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Director

EF/mgbd

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