

Affected Programs: BadgerCare Plus, Medicaid

To: Individual Medical Supply Providers, Medical Equipment Vendors, Nurses in Independent Practice, Nurse Midwives, Nurse Practitioners, Pharmacies, Physician Assistants, Physician Clinics, Physicians, HMOs and Other Managed Care Programs

New Coverage and Prior Authorization Policy for Cranial Remolding Orthosis

This *ForwardHealth Update* announces new coverage and prior authorization policy for cranial remolding orthosis effective for dates of service on and after October 1, 2015.

Cranial remolding orthosis (CRO), which is used to correct skull deformity in infants, is currently covered by ForwardHealth with prior authorization (PA). Effective for dates of service (DOS) on and after October 1, 2015, ForwardHealth will only approve CRO if **all** of the following are true:

- The member is at least 3 months old and no more than 12 months old.
- The member underwent at least two months of home management and repositioning.
- The CRO is prescribed by a pediatric neurosurgeon with expertise in craniofacial malformations or by a craniofacial surgeon.

ForwardHealth has updated its coverage policy regarding the use of CRO following a review of the clinical evidence and practice guidelines for these devices. Evidence indicates that for many infants with non-synostotic skull deformity, the use of CRO does not result in better outcomes than conservative therapy including home management, mechanical adjustments, and repositioning.

Prior Authorization

Approval Criteria

Effective for DOS on and after October 1, 2015, PA requests for CRO may be approved if it is medically necessary and will be used to correct skull deformity under the following circumstances:

- The member has had surgery to treat craniosynostosis.
- The member has not had surgery to treat craniosynostosis and **all** of the following criteria are true:
 - ✓ The member is at least 3 months old and no more than 12 months old.
 - ✓ The member underwent at least two months of documented failed conservative therapy including home management, mechanical adjustments, and repositioning.
 - ✓ A pediatric neurosurgeon with expertise in craniofacial malformations or a craniofacial surgeon has indicated that the condition is likely to compromise normal bodily function.
 - ✓ The CRO is prescribed by a pediatric neurosurgeon with expertise in craniofacial malformations or by a craniofacial surgeon that completed an assessment and developed a treatment plan.

Documentation

All of the following must be included as part of a PA request for CRO:

- A completed Prior Authorization Request Form (PA/RF), F-11018 (05/13).
- A completed Prior Authorization/Durable Medical Equipment Attachment (PA/DMEA), F-11030 (07/12).
- Documentation that fully supports the approval criteria outlined in this *ForwardHealth Update*.
- An outcome assessment following a trial of at least two months of mechanical adjustments, home management, and repositioning. Documentation must include information on the frequency and type of conservative therapy.
- A signed and dated order from a pediatric neurosurgeon with expertise in craniofacial malformations or by a craniofacial surgeon indicating the deformity is likely to compromise normal bodily functions. The order must be dated following completion of the two-month trial.

Grant and Expiration Dates

Prior authorization will be granted for three months. If CRO is not dispensed within three months, a new PA request will need to be submitted.

Submission Options

Providers may submit PA requests for CRO via:

- The ForwardHealth Portal.
- Fax.
- Mail.
- The 278 Health Care Services Review — Request for Review and Response transaction.

For specific information about each of these submission options, providers should refer to the Submission Options chapter of the Prior Authorization section of the Durable Medical Equipment service area of the ForwardHealth Online Handbook on the Portal.

Procedure Code

Providers are required to use Healthcare Common Procedure Coding System (HCPCS) procedure code S1040 (Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment[s]) when submitting PA requests and claims for CRO. Separate claims should not be submitted for fitting and adjustments.

Noncovered Services

Use of CRO that does not meet the established PA criteria will be considered cosmetic and will be a noncovered service.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

P-1250

This *Update* was issued on 09/14/2015 and information contained in this *Update* was incorporated into the Online Handbook on 10/01/2015.