DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES	**Health Resources Division:** Durable Medical Equipment Program
	Effective Date: 1/1/2026
	Subject: Coverage criteria for cranial remolding orthotics and helmets

Cranial Remolding Orthotics and Helmets Coverage Criteria

1. **Purpose**
   This policy outlines the coverage criteria for cranial remolding orthotics and helmets (HCPCS A8001, A8003, and S1040).

2. **Coverage Criteria – Protective Helmets (Prefabricated A8001 and Custom A8003)**
   Protective helmets are covered when **one** of the following criteria is met. The appropriate code depends on whether the member requires a prefabricated or custom-fabricated helmet.

   A. Post-surgical Protection
   - The individual has recently undergone brain or head surgery, and a protective helmet is required to protect the surgical site.

   B. Balance or Drop Attack Conditions
   - The individual has a medical condition affecting balance (for example, epilepsy) that puts them at risk for sudden drops or falls.

   C. Self-Injurious Behavior (SIB) to the Head
   - The individual has a medical or behavioral health condition resulting in self-injurious behavior directed at the head and conservative measures (e.g., behavioral interventions, environmental modifications) have not been effective in preventing self-injury.

   Determining Prefabricated vs Custom Helmet
   - **A8001 (Prefabricated hard helmet)** is covered when a prefabricated helmet can be safely fitted and provides adequate protection.

   - **A8003 (custom hard helmet)** is covered when documentation demonstrates that a prefabricated helmet cannot be safely or adequately fitted due to skull shape, head size, surgical site location, or other clinical factors.

Note: Protective helmets are not covered for convenience, sports, or recreational use.

3. **Coverage Criteria – Cranial Remolding Orthosis (S1040)**
   Cranial remolding orthoses (S1040) are covered for the treatment after craniosynostosis surgery or for positional cranial deformities when **all** of the following criteria are met:

   A. Age:
   - The member is 18 months or younger.

   B. Objective Measurements (Moderate to Severe Deformity):
   - Clinical assessment demonstrates moderate to severe deformity, supported by one or more of the following:
     - Cephalic Index ≥90%
     - Cranial Diagonal Asymmetry ≥1.0 cm

   C. Neuromuscular Evaluation:
   - Member has known underlying neuromuscular contributors that have been identified and treated; OR
   - No neuromuscular influences are present.

   D. Conservative Treatments Attempted:
   - Repositioning strategies and/or physical therapy have been attempted without sufficient improvement.

   E. Caregiver Readiness:
   - The caregiver understands and agrees to the required 23-hour-per-day wear schedule.

4. **Authorization Requirements**
   Prior authorization is not required when the above criteria are met.

   For individuals aged 20 and under who **do not** meet the coverage criteria, prior authorization is required if the provider determines the service is medically necessary.

   Submit prior authorization requests to Mountain Pacific, the Department's utilization review contractor, through the Qualitrac Portal.

5. **Reimbursement**
   Reimbursement for cranial remolding orthotics and helmets is based on the rates listed in the Durable Medical Equipment Fee Schedule.

Version History

Version Number	Revision Date	Summary Changes
1	N/A	None – Original posting.