

NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID

Miss. Division of Medicaid
c/o Ginnie McCardle, Spec. Proj. Officer
Robert E. Lee Building
239 N. Lamar Street
Suite 801
Jackson, MS 39201-1399
(601) 359-6310
http://www.dom.state.ms.us

Specific Legal Authority authorizing the promulgation of
Rule: Miss. Code Ann. §43-13-121(1972), as amended

Reference to Rules repealed, amended or suspended by the
Proposed Rule : _____
Provider Policy Manual Section 10.103

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:

AP2006-70 This Provider Policy Update to Section 10.103 clarifies the circumstances necessary for a cranial molding helmet to be covered by the Mississippi Division of Medicaid and what providers are able to order the helmet.

This rule is proposed as a Final Rule, and/or a Temporary Rule (Check one or both boxers as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding: Check one box below:

An oral proceeding is scheduled on this rule on Date: _____ Time: _____
Place: _____

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least _____ day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Economic Impact Statement: Check one box below:

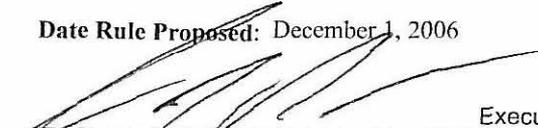
The agency has determined that an economic impact statement is not required for this rule, or

The concise summary of the economic impact statement required is attached.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Date Rule Proposed: December 1, 2006

Proposed Effective Date of Rule: February 1, 2007


Executive Director
Signature and Title of Person Submitting Rule for Filing

Division of Medicaid	New: -X	Date: -05/01/06
State of Mississippi	Revised: X	Date: 02/01/07
Provider Policy Manual	Current:	
Section: Durable Medical Equipment	Section: 10.103	
Subject: Cranial Molding Helmet	Pages: 2	
	Cross Reference:	
	Reimbursement 10.02	
	Documentation 10.07	

Based on medical necessity and satisfaction of the criteria below and all other terms of the Mississippi Medicaid Program, this item is available for coverage for:

Coverage is available for:

X Beneficiaries under age 21

Beneficiaries age 21 and over who are receiving services through the home health program

All beneficiaries (no age restriction)

Beneficiaries who are pregnant

The provider must refer to the current fee schedule for the acceptable codes and fee schedule allowances available under Medicaid.

The following criteria for coverage apply to cranial molding helmets:

This item may be submitted for

Rental only

Purchase only

Rental for X months, then recertification is required

Rental up to the purchase amount or purchase when indicated

This item must be ordered by a physician, nurse practitioner, or physician assistant pediatric neurosurgeon or pediatric craniofacial surgeon. It is expected that physicians, nurse practitioners, or physician assistants order only items within the scope of their specialty. For example, specialized items such as custom wheelchairs or prosthetics and orthotics should be ordered by specialties such as orthopedics and physicians specializing in rehabilitation. Other items are handled through other specialties.

A cranial molding helmet is a hard plastic outer shell helmet or band with a foam lining that is used to treat plagiocephaly, brachiocephaly, and post operative care of patients with craniosynostosis. The helmet or band is used to remold the head into a symmetrical shape as the baby grows. It allows the flattened areas to round out and prevents the bulging areas from bulging more. The helmet or band does not put pressure on the baby's head. It guides the growth to specific areas to improve the head shape.

The cranial molding helmet device is covered if the following apply:

- there is either progressive asymmetry or no improvement over 3 (three) months of consistent and documented conservative treatment; **and,**

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- there is documented evidence of the caregiver being informed that although “back to sleep” is the recommended sleeping position for infants, the baby needs tummy time during periods of wakefulness and observation; **and**,
 - there is documented evidence of the caregiver being taught techniques to change the position of the baby’s head, encourage head turning and neck stretching exercises for torticollis; **and**,
 - a diagnosis of positional (deformational) plagiocephaly is confirmed by a pediatric neurosurgeon or pediatric craniofacial surgeon; **and**,
 - the diagnosis of craniosynostosis is eliminated by a pediatric neurosurgeon prior to consideration of molding for a helmet, **or**
 - the cranial molding helmet device is going to be used for postoperative care of patients with craniosynostosis

There must be documentation that the caregiver understands the strict rules of application and removal. There must be documentation that the caregiver understands the strict rules for cleaning and maintenance.

For the item to be considered for children over age one , the prescribing physician must be able to document medical necessity based on the above criteria .