

NOTICE OF RULE ADOPTION—FINAL RULE

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
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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Reference to Rules repealed, amended or suspended by the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

Date Rule Proposed:

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

AP 2006-70 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.

The Agency Rule Making Record for this rule including any written comments received during the comment period and the record of any oral proceeding is available for public inspection by contacting the Agency at the above address.

An oral proceeding was held on this rule:

Date:
Time:
Place:

An oral proceeding was not held on this rule.

The Agency has considered the written comments and the presentations made in any oral proceedings, and

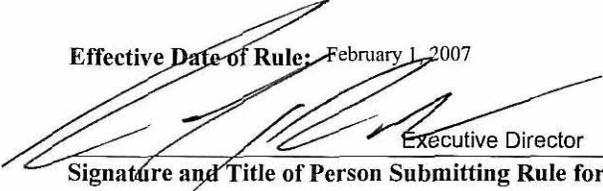
This rule as adopted is without variance from the proposed rule.

This rule as adopted differs from the proposed rule as there are minor editorial changes which affect the form rather than the substance of the rule.

The rule as adopted differs from the proposed rule. The differences however are:
Within the scope of the matters in the Notice of Proposed Rule Adoption, the logical outgrowth of the contents of the Notice of Proposed Rule Adoption and the comments submitted in response thereto, and
The Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could be the rule in question.

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

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: <u>02/01/07</u>
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:

- 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 .