

Division of Medicaid State of Mississippi Provider Policy Manual	New: X	Date: 05/01/06
	Revised:	Date:
	Current:	
Section: Durable Medical Equipment	Section: 10.96	
	Pages: 2	
Subject: Combination Positive Expiratory Pressure Device, Airway Oscillation Device, and Intermittent Flow Acceleration Device	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:

- Beneficiaries under age 21 (see coverage criteria)
- 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

This item may be approved for:

- Rental only
- Purchase only
- Rental for 3 months, then recertification is required for purchase
- Rental up to the purchase amount or purchase when indicated

This item must be ordered by a physician, nurse practitioner, or physician assistant. 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 combination positive expiratory pressure, airway oscillation, and intermittent flow acceleration device is a unit for mobilizing respiratory tract secretions in a beneficiary with chronic lung conditions such as, but not limited to, chronic obstructive lung disease, chronic bronchitis, cystic fibrosis, or emphysema.

The combination positive expiratory pressure, airway oscillation, and intermittent flow acceleration device is covered when the beneficiary has a diagnosis of one of the following:

- a chronic lung condition where mobilization of respiratory secretions is hindered,
- cystic fibrosis
- bronchiectasis
- Chronic bronchitis/COPD
- Atelectasis or

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- Any other disease process in which secretion mobilization is needed.

If the beneficiary qualifies for a combination positive expiratory pressure, airway oscillation, and intermittent flow acceleration device, then the beneficiary will not qualify for separate devices used to reach the same goals.

Beneficiary teaching must be documented along with the beneficiary's ability to properly use and clean the device.

The item may not be appropriate for children less than six (6) years of age. For the item to be considered for children under age six (6), the prescribing physician must be able to document that the child is able to use the device correctly. Individual consideration will be given for children under age six (6).

Division of Medicaid	New: X	Date: 05/01/06
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Durable Medical Equipment	Section: 10.101	
	Pages: 1	
Subject: Hip Abductor Pillow/Wedge	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:

- Beneficiaries under age 21 (see coverage criteria)
- 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

This item may be approved for:

- Rental only
- Purchase only
- Rental for 3 months, then recertification is required for purchase
- Rental up to the purchase amount or purchase when indicated

This item must be ordered by a physician, nurse practitioner, or physician assistant. 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 hip abductor pillow/wedge is a foam triangular shaped device placed between the beneficiary's thighs and secured with straps. The device maintains constant abduction.

The hip abductor pillow/wedge is covered if the following apply:

- a diagnosis which has resulted in a condition that requires maintaining the beneficiary's hips and thighs in abduction
- subluxing or dislocating hip(s)
- a diagnosis of an unstable hip
- following the reduction of a dislocated hip
- following hip replacement (hemi or total)
- following hip arthroplasty or hip fracture surgery
- following adductor tenotomy or abductor advancement surgery
- wheelchair patients who must maintain a degree of hip abduction

Division of Medicaid State of Mississippi Provider Policy Manual	New: X	Date: 05/01/06
	Revised:	Date:
	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. 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 .

Division of Medicaid State of Mississippi Provider Policy Manual	New: X Revised: Current:	Date: 05/01/06 Date:
Section: Durable Medical Equipment	Section: 10.106	
Subject: Combination Head Float with Mini Stabilizing Bar	Pages: 1	Cross Reference:

A Combination Head Float with Mini Stabilizing Bar is **not** covered under the Mississippi Medicaid program.

Division of Medicaid	New: X	Date: 05/01/06
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Durable Medical Equipment	Section: 10.107	
	Pages: 1	
Subject: Weighted Blanket	Cross Reference:	

A weighted blanket is not covered under the Mississippi Medicaid program. The item considered is (1) not a standard of care for medical equipment, and (2) not medically necessary.

Division of Medicaid	New: X	Date: 05/01/06
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Durable Medical Equipment	Section: 10.108	
Subject: Custom Wedge Seat Insert	Pages: 1	
	Cross Reference:	

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

- Beneficiaries under age 21 unless specified as covered in Medical Supply Policy
- 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 a custom wedge seat insert:

This item may be approved 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 pediatrician, orthopedist, neurosurgeon, neurologist, or a physiatrist (a physician specializing in physical rehabilitation). It is expected that physicians be experienced in evaluating the child's specialized needs for the purpose of prescribing the correct customization features. When a custom wedge seat insert is ordered, an assessment or evaluation must also be performed by a physical therapist or occupational therapist, **not** employed by the DME supplier or the manufacturer.

A custom wedge seat insert is an item that is made of various materials and is inserted into a seating system. It is used either for positioning or pressure reduction and has been uniquely constructed or substantially modified for a specific beneficiary. The beneficiary must have a stable seating device or a mobility device such as a stroller or wheelchair to qualify for a custom wedge seat insert.

A custom wedge seat insert will not be covered if the beneficiary has an existing wheelchair custom seating system or a custom wheelchair seat that provides similar benefits. The device must be needed to:

- Decrease posterior pelvic tilt or
- Assist with proper positioning for stable seating

The beneficiary must have an adaptive buggy/stroller, stable seating device, or wheelchair to allow use of the item.