

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:

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 .