

PROVIDER BULLETIN

Volume 31 Number 42

<http://www.dss.mo.gov/mhd>

January 15, 2009

PHYSICIAN AND DURABLE MEDICAL EQUIPMENT

CONTENTS

- **COVERAGE CRITERIA FOR CRANIAL REMOLDING ORTHOSIS (S1040EPNU)**
- **PRE-CERTIFICATION REQUIREMENT**
- **REPLACEMENT OF A CRANIAL ORTHOSIS FOR THE DIAGNOSIS OF CRANIOSYNOSTOSIS**
- **CONVERSION OF APPROVED PRIOR AUTHORIZATION REQUESTS FOR S1040EPNU**

COVERAGE CRITERIA FOR CRANIAL REMOLDING ORTHOSIS (S1040EPNU)

Effective for dates of service on or after February 11, 2009, MO HealthNet Division (MHD) will implement a policy change regarding the coverage of the cranial remolding orthosis, pediatric, rigid with soft interface material (S1040EPNU). The following criteria apply to this orthosis:

- A neurosurgeon and/or cranial facial team must prescribe use of the cranial remolding orthosis as an appropriate form of treatment for participants from birth through twelve (12) months of age. Below are the criteria regarding the participant's diagnosis and age. One of the following (A, B, or C) must apply to the participant:
 - A) The diagnosis of craniosynostosis with correctional surgery and a post-op fabricated and fitted orthosis; or,
 - B) The diagnosis of severe deformational scaphocephaly or brachycephaly, and one of the following age criteria:
 1. A participant less than 6 months of age who has had 2 or more months of an aggressive form of correctional positioning, physical therapy, or medical management with no improvement in symmetry and a cephalic index less than 63% or greater than 83%.

OR

2. A participant who is 6 through 12 months of age and is either:

A) a female with cephalic index less than 69% or greater than 88% or

B) a male with cephalic index less than 64% or greater than 92%;

OR

C) The diagnosis of severe deformational plagiocephaly* with a cranial vault index of greater than 12mm and meets either of the following age criteria:

1. A participant less than 6 months of age who has had 2 or more months of an aggressive form of correctional positioning, physical therapy, or medical management with no improvement in symmetry.

OR

2. A participant who is 6 through 12 months of age.

*NOTE: If the severe deformational plagiocephaly is caused by torticollis, the participant's medical record must document treatment of the torticollis; the cranial vault index must be greater than 12mm and meet either of the age criterion in (C).

- Orthotist providing the cranial orthosis must be trained and certified to evaluate, modify and dispense the cranial orthosis for proper fit. The fabricated cranial orthosis must have FDA 510(K) clearance.

The device is available as a purchase item only. The reimbursement rate per approved cranial orthosis (S1040EPNU) will be \$1,650.00.

PRE-CERTIFICATION REQUIREMENT

Effective for dates of services on or after February 11, 2009, pre-certification, as described below, is required for coverage of the cranial remolding orthosis, pediatric, rigid; with soft interface material, custom fabricated (S1040EPNU) for all MO HealthNet participants. The device must be prescribed and pre-certification must be requested by a neurosurgeon or cranial facial team.

In order to be approved, requests must meet medical criteria established by the MO HealthNet Division.

REPLACEMENT OF A CRANIAL ORTHOSIS FOR THE DIAGNOSIS OF CRANIOSYNOSTOSIS

Any replacement of the cranial orthosis due to growth during the post operative period for the diagnosis of craniosynostosis will require a new pre-certification. Submission of a help ticket or a call to the MO HealthNet Help Desk will be required for requests for a replacement

helmet if less than thirty (30) days from the previous request or in excess of a total maximum of three (3).

CONVERSION OF APPROVED PRIOR AUTHORIZATION REQUESTS FOR S1040EPNU

Currently, coverage of cranial orthosis requires an approved prior authorization request. Prior authorization requests submitted and approved prior to February 11, 2009 will be converted to a pre-certification.

In order to be approved, requests must meet medical criteria established by the MO HealthNet Division. These medical criteria may be referenced in the clinical edit criteria for cranial orthosis (S1040) posted on the [MHD Web](#) site.

INITIATING PRE-CERTIFICATION REQUESTS FOR DME

Pre-certification of Durable Medical Equipment (DME) is a two-step process. Requests for pre-certification must be initiated by an authorized DME prescriber who writes prescriptions for items covered under the DME Program. Authorized DME prescribers include physicians, podiatrists, and nurse practitioners who have a collaborative practice agreement with a physician that allows for prescription of such items. The enrolled DME provider will access the pre-certification initiated by the prescriber to complete the second step of the pre-certification process. All requests must be approved by the MHD. Providers are encouraged to sign up for the MO HealthNet Web tool – [CyberAccessSM](#) which automates the pre-certification process. To become a CyberAccessSM user, contact the ACS-Heritage help desk toll free at 1-888-581-9797 or 573-632-9797 or send an e-mail to <mailto:MOHealthNetCyberaccess@heritage-info.com>. The CyberAccessSM tool allows each pre-certification to automatically reference the individual participant's claim history, including ICD-9 diagnosis codes and CPT procedure codes. Requests for pre-certification will also be taken by the MO HealthNet call center at 1-800-392-8030. Requests for pre-certification must meet medical criteria established by the MO Health Division in order to be approved. [Medical criteria](#) is published in [provider bulletins](#) and posted on the [MHD Web site](#)SM prior to implementation. If a pre-certification request submitted through CyberAccessSM is denied, providers may click on the box to have a MO HealthNet call center representative contact them. The call center is available Monday through Friday, from 8:00 am to 5:00 pm, excluding state holidays.

PLEASE NOTE: An approved pre-certification request does not guarantee payment. The provider must verify participant eligibility on the date of service using the Interactive Voice Response (IVR) System at (573) 635-8908 or by logging onto the MO HealthNet Internet Web portal at www.emomed.com.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

**Provider Communications Hotline
573-751-2896**