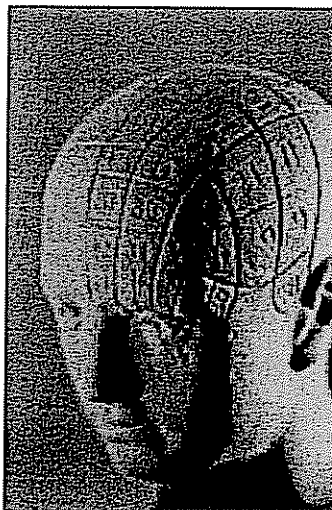


## Benefit Changes for Cranial Molding Devices

Effective for dates of service on or after May 1, 2007, prior authorization for cranial molding device (9-S1040) has changed for the Texas Medicaid Program. Procedure code 9-S1040 will only be reimbursed to medical suppliers of durable medical equipment (DME) in the home setting.

Cranial molding devices may be prior authorized for reimbursement through the THSteps/ Comprehensive Care Program (CCP) with *written* documentation that supports the medical necessity and includes all of the following:

- The assessment and recommendations of the appropriate primary care physician, pediatric subspecialist, or craniofacial team
- A full description of the physical findings, precise diagnosis, age of onset, and the etiology of the deformity including an X-ray or computerized tomography (CT) report
- The age of the client (3 to 18 months of age)
- Anthropometric measurements:
  - For children less than 6 months of age: documentation of aggressive repositioning and/or physical therapy of at least 3 months duration without improvement, and data documenting greater than 12mm of asymmetry in one or more of the anthropometric measurements: cranial vault, skull base, and orbitotragial cranial depths
  - For children over 6 months of age, but less than 18 months of age, data documenting greater than 12mm of asymmetry in one or more of the anthropometric measurements: cranial vault, skull base, and orbitotragial cranial depths



- Alternative treatment course of two months that has been tried with documented evidence of supervised “tummy time” during periods of wakefulness and repositioning the infant’s head such that the child lies opposite to the preferred position with stretching exercises
- Plan of treatment and/or follow up schedule

Only Medicaid-enrolled providers may be authorized for reimbursement.

Positional plagiocephaly is a benign, typically self-limited physical finding, and is not a pathological condition. The use of cranial molding devices as a treatment of positional plagiocephaly is cosmetic in nature; and therefore, is not medically necessary. The definition for cosmetic includes surgery or other services used primarily to improve appearance and not to restore or correct significant deformity resulting from disease, trauma, congenital or developmental anomalies, or previous therapeutic process.

Requests for cranial molding devices will be considered for prior authorization for use after surgery for cranial deformities, including craniosynostosis. Cranial molding devices may be considered as a benefit of the Medicaid Program when included as part of a treatment plan to reshape a skull deformity due to pathologic processes.

For more information, call the TMHP Contact Center at 1-800-925-9126. ■

## Medicaid Identification Form Changes

Effective May 2007, the Medicaid Identification Form (H3087/H3087-G1) has changed. The Intermediate Care Facility for the Mentally Retarded (ICF-MR) Dental Services check box has been renamed Dental Services. A check mark under this heading shows eligibility for dental therapeutic and/or emergency services for THSteps/ICF-MR clients during the specified month.

To verify a client’s eligibility for Medicaid dental checkup services, providers may call the TMHP Contact Center or access the TMHP website at [www.tmhp.com](http://www.tmhp.com). The revised version of the Medicaid Identification Form (H3087) is available on page 49 of this bulletin. ■