## Criteria Checklist Alabama Medicaid Agency

## Protective Helmet

Children under the age of 21 and EPSDT eligible

| <b>PREREQUISITE CRITERIA</b> All of the following <b>must</b> be met with supporting documentation*: |   |
|--|---|
|  | Patient is Medicaid eligible  |
|  | Patient has current EPSDT screening   |
|  | Physician's prescription should indicate which type of helmet and the medical reason for its use                  |
|  | Medical documentation* should indicate the recipient has a medical condition that affects the recipient's balance |
|  | or predisposes him/her to falling   |
|  | Medical documentation* should indicate the reason for the replacement of the protective helmet, such as growth,   |
|  | medical change or inability to be repaired  |

## **DIAGNOSIS CODES**

Please refer to Chapter 14 of the Provider Manual for the ICD-10 crosswalk codes.

## PROCEDURE CODES

A8000, A8001

Requests for replacement of A8000 and A8001 will be allowed once every six months based on a review of submitted documentation\*.

<sup>\*</sup>Documentation may include notes from the patient chart.