Criteria Checklist
Alabama Medicaid Agency
Protective Helmet
Children under the age of 21 and EPSDT eligible

PREREQUISITE CRITERIA All of the following must 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*.

*Documentation may include notes from the patient chart.