



PROVIDER POLICIES & PROCEDURES

CUSTOM-FABRICATED PROTECTIVE HELMETS

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for custom-fabricated protective helmets. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

Custom-fabricated protective helmets are made to safeguard individuals with certain medical or behavioral health conditions and can be customized to ensure maximum protection. They are light-weight and shock absorbent, and can be hard-shell or soft-shell. These helmets can be modified with different features including a face guard for additional protection.

Please refer to the [DSS MEDS fee schedule for medical and surgical supplies](#) for the list of supplies requiring prior authorization.

Benefit and Prior Authorization Requirements:

- Prior authorization is not required for prefabricated protective helmets (HCPCS codes A8000/A8001)
- Prior authorization is required for custom-fabricated protective helmets (HCPCS codes A8002/A8003)

CLINICAL GUIDELINE

Coverage guidelines for custom-fabricated protective helmets are made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines *only*. Coverage determinations are based on an assessment of the individual and their unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

A custom-fabricated protective helmet may be considered medically necessary when the following criteria are met:

- A. The individual is status post recent brain/head surgery, and a custom-fabricated protective helmet is needed to protect the surgical site;
- OR
- B. The individual has a medical condition affecting balance (e.g., epilepsy) that places them at risk for sudden drops or falls and there is documentation showing that a prefabricated protective helmet cannot accommodate the individual's skull shape or size or is otherwise insufficient to protect the skull;
- OR
- C. The individual has a medical or behavioral health condition with self-injurious behavior to the

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head; and

1. Conservative measures have not been helpful in preventing the self-injurious behavior; and
2. There is documentation showing that a prefabricated protective helmet cannot accommodate the individual's skull shape or size or is otherwise insufficient to protect the skull.

As outlined in *Table 19 Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations* located in the Connecticut Department of Social Services (DSS) Fee Schedule Instructions, certain durable medical equipment, orthotics, prosthetics, and supplies have limits on the frequency with which items can be dispensed to HUSKY Health Program members. Medical documentation must accompany all requests. Equipment that is in working order should not be replaced, even if it has exceeded its life expectancy, unless there is a documented medical need.

NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

PROCEDURE

Prior authorization for custom-fabricated protective helmets is required. Requests for coverage are reviewed in accordance with procedures in place for reviewing requests for medical supplies and durable medical equipment. Coverage determinations are based upon a review of requested and/or submitted case-specific information.

The following information is needed to review requests for custom-fabricated protective helmets:

1. Fully completed authorization request via on-line web portal; and
2. A signed prescription, from the treating physician, advanced practice registered nurse (APRN), or physician assistant (PA) enrolled in the Connecticut Medical Assistance Program (CMAP) written within 30 days and supporting the current request; and
3. Documentation from the treating provider, written within the past 30 days and supporting the current request, as outlined in the *Clinical Guideline* section of this policy, supporting the medical need for a custom-fabricated protective helmet.

EFFECTIVE DATE

This policy for the prior authorization for custom-fabricated protective helmets for individuals covered under the HUSKY Health Program is effective May 01, 2024.

LIMITATIONS

N/A

CODES:

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Code	Description
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories

DEFINITIONS

1. **HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
8. **Prior Authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

REFERENCES

- Barrett B, Peterson MJ, Phillips SL, et al. Evaluation of Protective Properties of Commercially Available Medical Helmets: Are Medical Helmets Protective?. J Patient Saf. 2022;18(1):e205-e210. doi:10.1097/PTS.0000000000000736

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PUBLICATION HISTORY

Status	Date	Action Taken
Original Publication	March 2024	Approved at the CHNCT Medical Reviewer meeting on March 13, 2024. Approved at the March 18, 2024, CHNCT Clinical Quality Subcommittee meeting. Approved by DSS on March 28, 2024.
Updated	March 2025	Removed statement regarding DSS coverage limitation of one helmet per year and replaced with language and requirements to align with <i>Table 19 Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations</i> . Changes approved at the March 12, 2025, CHNCT Medical Reviewer meeting. Changes approved by the CHNCT Clinical Quality Subcommittee on March 17, 2025. Approved by DSS on April 3, 2025.

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