

The Department of Vermont Health Access
Supplement to InterQual® Criteria

Note: DVHA utilizes InterQual® criteria as a resource for coverage determination. In order to ensure compliance with other relevant [Health Care Rules](#) and requirements, DVHA may base coverage determinations on information supplemental to InterQual® criteria. See services listed below.

To access InterQual® criteria, please log into your account at the [Vermont Medicaid Portal](#), go to secure options and click on InterQual® Solution from the dropdown menu.

Subject: Protective Helmets

Last Review: December 17, 2024*

Past Revisions: n/a

***Please note: Most current content changes will be highlighted in yellow.**

Description of Service or Procedure

InterQual®, criteria address the use of helmets for cranial remolding. They do not address the use of helmets for members with medical conditions that result in the medical need for head protection (for example, members with seizures or ataxia).

Criteria Supplemental to InterQual® ®

In addition to the guidance provided by InterQual®, the following information will be considered by DVHA reviewers:

Protective helmets may be covered for members when:

A protective helmet may be covered when:

- The member is at risk of head injury during the performance of mobility-related activities of daily living and ambulation AND
- The home/community environment has been adapted to prevent injury as documented by a physical or occupational therapist AND
- The member has been evaluated by a physical therapist for issues related to balance and stability, and has been prescribed exercise and assistive devices as required AND
- The device requested is appropriate to the nature of potential injury. There are many types of helmets; it is imperative that the member obtain the correct helmet for the documented condition.
- The member engages in self-injurious behavior where injury to the head can be avoided by use of a helmet as part of a comprehensive treatment program.



Helmets do not take the place of careful attention to risk management, including environmental adaptations and supervision to prevent injury. For example, helmets cannot prevent spinal cord injuries, fractures, or other trauma related to falls.

All components and accessories to the helmet are included in the base code and cannot be billed separately.

Toddlers are particularly vulnerable to neurologic impairment as a consequence of falling; infants are particularly vulnerable to skull fracture. Seizure-related injuries may involve soft tissue injury to the face as well as skull fracture and therefore components that afford facial protection must be considered.

Type of service or procedure not covered (this list may not be all inclusive)

Helmets for activities not considered mobility-related activities of daily living and ambulation, or as protection from self-injurious behavior, are not covered. For example, bicycle helmets, football helmets, and motorcycle helmets are not covered.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertain to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

- 7102.2 Prior Authorization Determination
- 4.101 Medical Necessity for Covered Services
- 4.104 Medicaid Non-Covered Services
- 4.106 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
- 4.209 Durable Medical Equipment

Coverage Position

Protective helmets may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation's website*, Statute, or Rule who is knowledgeable regarding protective helmets, and who provides medical care to the member AND
- When the clinical criteria above are met.

* Vermont's Office of Professional Regulation's website: <https://sos.vermont.gov/opr/>

Clinical criteria for repeat service or procedure

Repeat services are covered when the device requires replacement before the DME limitation guideline time frame, for one of the following reasons:

- The device has been outgrown OR
- The device no longer meets the medical needs of the member OR
- The device is no longer functional through normal wear and tear OR
- The cost of repairing the device is greater than 50% of the replacement cost.

Type of service or procedure covered

A protective helmet for head protection during mobility related activities of daily living and ambulation, or as head protection from self-injurious behavior.

The **DVHA DME limitation guideline** is 2 per 365 days due to the typical head growth of infants and toddlers. However, once the head growth stops, the device is expected to last 5 years.

Coding guidelines

Please see the Medicaid Portal at <http://vtmedicaid.com/#!/feeSchedule> for fee schedules, code coverage, and applicable requirements.

References

- Archer, J. S., Warren, A. E. L., Jackson, G. D., & Abbott, D. F. (2014). Conceptualizing Lennox-Gastaut Syndrome as a secondary network epilepsy. *Frontiers in Neurology*, 5. <https://doi.org/10.3389/fneur.2014.00225>
- Bertinat, A., Kerr, M., Cramer, J. A., & Braga, P. (2020). Living safely with epilepsy: A key learning review. *Epileptic Disorders*, 22(4), 364–380. <https://doi.org/10.1684/epd.2020.1190>
- Bourgeois, B. F. D., Douglass, L. M., & Sankar, R. (2014). Lennox-Gastaut syndrome: A consensus approach to differential diagnosis. *Epilepsia*, 55(s4), 4–9. <https://doi.org/10.1111/epi.12567>
- Camfield, C., & Camfield, P. (2015). Injuries from seizures are a serious, persistent problem in childhood onset epilepsy: A population-based study. *Seizure*, 27, 80–83. <https://doi.org/10.1016/j.seizure.2015.02.031>
- Centers for Medicare and Medicaid Services. (2017). *Early and Periodic Screening, Diagnostic, and Treatment*. Medicaid.gov. <https://www.medicare.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html>
- Ferrand-Sorbets, S., Fohlen, M., Bourdillon, P., Chipaux, M., Bulteau, C., Goetz, L., Delalande, O., Taussig, D., & Georg Dorfmueller. (2022). Complete callosotomy in children with drop attacks; A retrospective monocentric study of 50 patients. *Seizure*, 96, 34–42. <https://doi.org/10.1016/j.seizure.2022.01.008>

- Fischer, J.-F., Mainka, T., Worbe, Y., Pringsheim, T., Bhatia, K., & Ganos, C. (2020). Self-injurious behaviour in movement disorders: Systematic review. *Journal of Neurology, Neurosurgery & Psychiatry*, 91(7), 712–719. <https://doi.org/10.1136/jnnp-2019-322569>
- Gibson, P. (2014). Lennox–Gastaut syndrome: Impact on the caregivers and families of patients. *Journal of Multidisciplinary Healthcare*, 2014:7, 441. <https://doi.org/10.2147/jmdh.s69300>
- Jory, C., Oak, K., Organ, C., Mclean, B., & Shankar, R. (2019). Head first – Review of epilepsy head injury risk and protection. *Seizure*, 71, 66–79. <https://doi.org/10.1016/j.seizure.2019.06.013>
- Melissinos, H. (2017). Multiple sclerosis and treatment: Drug management and nutrition with exercise. *Journal of Pharmacy and Pharmacology*, 5(12). <https://doi.org/10.17265/2328-2150/2017.12.013>
- Roth, J., Bergman, L., Weil, A. G., Brunette-Clement, T., Weiner, H. L., Treiber, J. M., Shofty, B., Cukiert, A., Mella Cukiert, C., Tripathi, M., Sarat Chandra, P., Bollo, R. J., Rubens Machado, H., Volpon Santos, M., Gaillard, W. D., Oluigbo, C. O., Ibrahim, G. M., Jallo, G. I., Shimony, N., & O'Neill, B. R. (2023). Added value of corpus callosotomy following vagus nerve stimulation in children with Lennox–Gastaut syndrome: A multicenter, multinational study. *Epilepsia*, 64(12), 3205–3212. <https://doi.org/10.1111/epi.17796>
- Staniszewska, A., Religioni, U., & Dąbrowska-Bender, M. (2017). Acceptance of disease and lifestyle modification after diagnosis among young adults with epilepsy. *Patient Preference and Adherence*, Volume 11, 165–174. <https://doi.org/10.2147/ppa.s126650>
- Strzelczyk, A., Schubert-Bast, S., Bast, T., Bettendorf, U., Fiedler, B., Hamer, H. M., Herting, A., Kalski, M., Kay, L., Kieslich, M., Klein, K. M., Kluger, G., Kurlemann, G., Mayer, T., Neubauer, B. A., Polster, T., von Spiczak, S., Stephani, U., Trollmann, R., & Wiemer-Kruel, A. (2019). A multicenter, matched case-control analysis comparing burden-of-illness in Dravet syndrome to refractory epilepsy and seizure remission in patients and caregivers in Germany. *Epilepsia*, 60(8), 1697–1710. <https://doi.org/10.1111/epi.16099>
- Sur, L. M., Gaga, R., Samasca, G., Aldea, C., Sur, G., & Lupan, I. (2021). What is new in Dravet syndrome? *Romanian Journal of Neurology*, 20(2), 135–137. <https://doi.org/10.37897/rjn.2021.2.2>
- van der Knaap, M. S., Fogli, A., Boespflug-Tanguy, O., Abbink, T. E., & Schiffmann, R. (2019, April 4). *GeneReviews® Childhood Ataxia with Central Nervous System Hypomyelination / Vanishing White Matter [internet]*. University of Washington, Seattle. <https://www.ncbi.nlm.nih.gov/books/NBK1258/>

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