

Safety Devices

DME.SU.109.A

v1.0.2026

Introduction

Safety devices are addressed in this guideline.

Health Equity Consideration

Health equity is the highest level of health for all individuals; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which individuals are born, grow, live, work, and age. Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include the following: safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

Criteria

A safety helmet is considered medically necessary for **any** of the following conditions:

- frequent, violent, or uncontrolled seizures
- balance disorders resulting in significant risk for head injury or a documented history of previous head trauma
- repetitive head banging behaviors
- following cranial surgery

Restraints are considered medically necessary for individuals with neurocognitive or physical impairments that place them at heightened risk for self-injury or other physical harm and when less restrictive safety interventions have been attempted, deemed ineffective, or are not appropriate for ensuring safety.

Additional Information

Annual replacement of the soft interface for a helmet is considered medically necessary for individuals who qualify for coverage of a safety helmet.

A replacement safety helmet is considered medically necessary when **any** of the following apply:

- The individual is no longer able to wear the safety helmet because of growth or a change in physical condition.
- The safety helmet has been lost or stolen.
- The safety helmet is broken, unable to be repaired, and/or no longer under warranty.

Not Covered

Protective helmets for use during sports-related activities are considered not medically necessary.

Evidence Discussion

Catastrophic traumatic brain injuries (TBIs) frequently result from sudden deceleration or direct impact to the head, both of which can occur in uncontrolled seizures or repetitive self-harm. Research summarized by the American Academy of Pediatrics (AAP) indicated that helmets "significantly reduce the risks of severe injury", including catastrophic TBIs, across multiple sporting contexts where high-speed impacts are common (Lee et. al. 2022). Further, broader injury-prevention frameworks, such as those discussed by the Centers for Disease Control and Prevention (CDC) HEADS UP initiative (2025), underscore the role of properly certified helmets in reducing the severity of brain trauma by providing a protective barrier that absorbs and redistributes impact energy (CDC). These data provide strong supportive evidence that helmets are medically appropriate interventions for individuals at risk of repetitive or unpredictable head impact.

A 2019 review by Jory et al. evaluated seizure-related head injury risk and noted that helmets have long been used as a primary protective measure for individuals with epilepsy who experience falls, yet the evidence supporting their effectiveness remains limited and insufficiently validated. Although helmets are widely recommended as a pragmatic intervention to mitigate cranial trauma, the authors emphasized that current research does not clearly define which helmet designs provide optimal protection, nor does it quantify their true preventive benefit in real-world seizure events. Despite these gaps, the review suggests that helmets may offer clinically meaningful advantages by reducing the severity of impact forces during uncontrolled falls, particularly in individuals with high-risk seizure types such as atonic or generalized tonic-clonic seizures.

Codes

HCPCS code descriptions

HCPCS Code	Description
E0700	Safety equipment, device or accessory, any type
E0710	Restraints, any type (body, chest, wrist or ankle)
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories
A8004	Soft interface for helmet, replacement only

References

Centers for Disease Control and Prevention. (n.d.). *HEADS UP*. <https://www.cdc.gov/heads-up/index.html>

Centers for Medicare & Medicaid Services. (2019). *CMS manual system: Pub 100-04 Medicare claims processing; Change request 11085; 2019 durable medical equipment prosthetics, orthotics, and supplies Healthcare Common Procedure Coding System (HCPCS) code jurisdiction list*. <https://www.cms.gov/regulations-and-guidance/guidance/transmittals/2019downloads/r4200cp.pdf>

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>

Lee, L. K., Flaherty, M. R., Blanchard, A. M., Agarwal, M., & The Council on Injury, Violence, and Poison Prevention. (2022). *Helmet use in preventing head injuries in bicycling, snow sports, and other recreational activities and sports*. *Pediatrics*, 150(3), e2022058878. <https://doi.org/10.1542/peds.2022-058878>

North Carolina Department of Health and Human Services. (2024). *NC Medicaid orthotics & prosthetics*. <https://medicaid.ncdhhs.gov/5b-orthotics-prosthetics/open>

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