

MEDICAL ELIGIBILITY DETERMINATION

Medical eligibility must be determined in order to enroll into Service Coordination for longer than 180 days or into Paid Services. (A positive ABI Screener will allow for Service Coordination enrollment for up to 180 days.) Medical eligibility is verified by obtaining copies of medical records that documents injury to the brain caused by an external force, jolt, or penetration of the head. The diagnosis of traumatic brain injury must be made by a practitioner licensed to diagnose. Every effort shall be made to obtain medical records verifying medical eligibility. In rare occasions when medical records cannot be obtained and good faith efforts have been exhausted, a letter from a physician or practitioner licensed to diagnose attesting to the evidence of a traumatic brain injury may be accepted with approval by the Program Manager.

The medical diagnosis code of the traumatic brain injury and an E-code (describing how the injury occurred) must both be entered into the MOHSAIC system. A listing of the eligible ICD-9-CM diagnosis and E codes is available for lookup within MOHSAIC and within the Forms/Tools section of the ABI Program Guidebook.