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Item: **E-Flow Replacement Handsets**

Effective: 01/13

Covered by:  DME Benefit

Reviewed: 05/18, 06/17

Reviewed/Revised: 04/24, 10/20, 06/19,  
05/16, 05/15, May 2014-2013

Category: DME    Prosthetic  
Orthotic   Medical Supply

Review Responsibility: DME Manager

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### Clinical Criteria:

**Replacement E-Flow handsets (nebulizer kits) are covered for all members with a DME benefit when the following Kaiser Permanente criteria are met:**

1. Member has an E-Flow nebulizer, AND
2. Member has cystic fibrosis diagnosis.

### Comments on Application of Benefit:

1. One handset every 6 months.

Line of Business KP criteria applies to:	Apply this Criteria?	If No, Link to External Criteria
Commercial (Includes Self-Funded & KPIF plans)	Yes	
Senior Advantage	Yes	
OR Medicaid (OHP)	Yes	
WA Medicaid (Molina)	Yes	

### REFERENCES:

#### **Medicare**

Local Coverage Determination: n/a

Policy Article: n/a

National Coverage Determination: n/a

#### **Oregon Health Authority**

n/a

#### **Washington Apple Health**

n/a