

## **Northwest DME Clinical Criteria**

Item: Halo Vest (Ace)	Effective: 12/03
Covered by: ⊠ DME Benefit	Reviewed: 04/24, 06/19, 05/18, 06/17 Reviewed/Revised: 10/20, 06/19, 05/16, 05/15, May 2014-2008, 08/06, 08/05
Category: □DME □Prosthetic □ □ Medical Supply Review Responsibility: DME Manager	

### Clinical Criteria:

A Halo Vest is covered for all members with a DME benefit when the following Kaiser Permanente criterion is met:

1. Ordered by a clinician.

# Comments on Application of Benefit:

1. Initial unit supplied during hospital stay. This policy is for replacements only.

Line of Business KP criteria applies to:	Apply KP Criteria?	If No, Link to External Criteria
Commercial (Includes Self-Funded & KPIF	Yes	
plans)		
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