

## **Northwest DME Clinical Criteria**

Item: Pleural Catheters	Effective: 05/07
Covered by: ☑ DME Benefit	Reviewed: 06/17
	Reviewed/Revised: 02/24, 11/22, 11/16,
	05/15, 05/15, May 2014 – May 2008
Category: ⊠DME □Prosthetic	
☐Orthotic ☐Medical Supply	
Review Responsibility: DME Manager	

#### Clinical Criteria:

Pleural catheters (PleurX and Aspira) allow the members with pleural effusions and malignant ascites to manage their fluid build-up at home, decrease the need for repeat paracentesis and thoracentesis procedures, and increase quality of life through better symptomatic control. By giving the members mastery of their disease and comfort, it leads to better end of life care for members with malignant pleural effusion and ascites.

# Pleural catheters are covered for all members with a DME benefit when the following Kaiser Permanente criteria are met:

- 1) A confirmed diagnosis of malignant pleural effusion OR
- 2) A confirmed diagnosis of malignant ascites **OR**
- 3) Needing at least one thoracentesis or paracentesis a week and/or evaluated by a specialist and felt that the indwelling pleural catheter will benefit the member.

### Comments on Application of Benefit:

- 1. This benefit is available to members who are **not** on Home Health or Hospice.
- 2. Catheter quantities will be approved based on physician suggested recommendations.

Line of Business KP criteria applies to:	Apply this 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**

Washington State HCA Medical Equipment and Supplies Billing Guide