

## **Northwest DME Clinical Criteria**

Item: Therabite Jaw Motion Rehabilitation System	Effective: 01/13
Covered by: □Base Benefit ☑ DME Benefit Benefit coverage: per DME Benefit	Reviewed: 04/24, 11/16 Reviewed/Revised: 08/20, 05/15, 05/14
Category: ☑DME ☐Prosthetic ☐Orthotic ☐Medical Supply	
Review Responsibility: DME Manager	

## Clinical Criteria:

The Therabite Jaw Motion Rehabilitation System is covered for all members with a DME benefit when the following Kaiser Permanente criteria are met:

- 1. The Therabite Jaw Motion Rehabilitation System is considered medically necessary to treat mandibular hypomobility caused by radiation in persons with head and neck cancers.
- 2. The Therabite Jaw Motion Rehabilitation System is not considered medically necessary for any of the following conditions:
  - 1. Closed lock treatment
  - 2. Facial burns
  - 3. Mandibular coronoid hyperplasia
  - 4. Non-surgical temporomandibular joint (TMJ) dysfunction
  - 5. Oral burns
  - 6. Orofacial pain
  - 7. Post-surgical TMJ rehabilitation
  - 8. Rehabilitation following facial trauma
  - 9. Stroke
  - 10. Treacher Collins syndrome
  - 11. Trismus

## Comments on Application of Benefit:

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	



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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