

### **Northwest DME Clinical Criteria**

Item: UVB Lights – Narrow Band Effective: 2/10/16

Covered by: ☑ DME Benefit Reviewed: 04/24, 06/17, 01/19, 04/19, 06/19

Reviewed/Revised: 10/20, 01/20, 06/19,

11/16, 05/16, 01/19, 04/19

Category: ⊠DME □Prosthetic

□Orthotic □Medical Supply

Review Responsibility: DME Manager

#### Clinical Criteria:

Narrow Band UVB Lights are covered for all members with a DME benefit when the following Kaiser Permanente criterion is met:

### Prescriber is a Dermatologist

## Comments on Application of Benefit:

Line of Business	Apply KP 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: Durable Medical Equipment Reference List NCD 280.1

**Oregon Health Authority** 

n/a

**Washington Apple Health** 

n/a