KAISER PERMANENTE®

Northwest DME Clinical Criteria

Item: **Voice Amplification System (Chattervox, Spokeman, etc.)**

Effective: 05/15

Covered by: ☒ DME Benefit
Benefit coverage: per DME Benefit

Reviewed: 11/16
Reviewed/Revised: 01/26, 04/24, 05/15, 05/14, 05/13

Category: ☒DME ☐Prosthetic ☐Orthotic ☐Medical Supply
Review Responsibility: DME Manager

Clinical Criteria:

A voice amplification system is covered for all members with a DME when the following Kaiser Permanente criteria are met:

Member must have impaired function of the larynx.

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	

Comments on Application of Benefit:

1. For members who do not meet criteria, a medical necessity review will be necessary.

REFERENCES:
Medicare
Local Coverage Determination: n/a
Policy Article: n/a
National Coverage Determination: n/a
Noridian Article: Article Detail - JD DME - Noridian
Oregon Health Authority
n/a
Washington Apple Health
n/a