Sentara Health Plans

Medicaid

Sensory - Weighted Vest, BH 27

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Effective Date	8/1/2026
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Coverage Policy	BH 27
Version	7

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual *.

Description & Definitions:

Sensory-Weight Vest is a wearable garment with the capability of holding weight, typically a vest with sewn internal pockets where small ½ or ¼ pound weights can be placed. The weight and compression delivered by the vest provides proprioceptive input using deep pressure to the muscles and joints which sends signals to the brain helping a person feel calm and focused.

Criteria:

A sensory-weighted vest is considered medically necessary for **all of the following**:

- Individual has a diagnosis of Autism Spectrum disorder or Sensory Processing Disorder
- Professional evaluation has been done by **1 or more** of the following:
  - Physical Therapist
  - Occupational Therapist
  - Psychologist
- Member does not have an active DMAS Developmental Disability Waiver

There is insufficient scientific evidence to support the medical necessity of Sensory – Weighted Vest for uses other than those listed in the clinical indications for procedure section.

Document History:

Revised Dates:

- 2023: July
- 2023: June
- 2022: June

Reviewed Dates:

- 2026: April – Implementation date of August 1, 2026. Annual review. No change to criteria. Updated references only.
- 2025: May - Implementation date of August 1, 2025. No change to criteria. Updated references only.
- 2024: June – no changes references updated

Origination Date: July 2021

Coding:

Medically necessary with criteria:

Coding	Description
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Policy Approach and Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products: Policy is applicable to Sentara Health Plan Medicaid products.
- Authorization Requirements:
  - Pre-certification by the Plan is required.
- Special Notes:
  - Medicaid
    - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
    - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
    - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to

"correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

- Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2026). Retrieved 3 2026, from DMAS: https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/

A Therapist's Guide to Compression & Weighted Vests for Kids. (2026). Retrieved 3 2026, from Neurological and Physical Abilitation (NAPA) Center: https://napacenter.org/weighted-compression-vests-for-kids/

Autism spectrum disorder in under 19s: support and management. (2021). Retrieved 3 2026, from NICE: https://www.nice.org.uk/guidance/cg170/chapter/Recommendations#interventions-for-autism-that-should-not-be-used.

DEVELOPMENTAL DISABILITIES WAIVERS (BI, FIS, CL) SERVICES MANUAL. Chapter IV. Covered Services and Limitations. (2024, 10). Retrieved 3 2026, from DMAS: https://vamedicaid.dmas.virginia.gov/sites/default/files/2024-10/DD%20Waiver%20Chapter%204%20%28updated%2010.10.24%29_Final.pdf

Identification, Evaluation, and Management of Children With Autism Spectrum Disorder. (2020, 1). Retrieved 3 2026, from American Academy of Pediatrics (AAP): https://publications.aap.org/pediatrics/article/145/1/e20193447/36917/Identification-Evaluation-and-Management-of?searchresult=1

NCD Durable Medical Equipment Reference List (280.1). (2025, 10). Retrieved 3 2026, from CMS: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=190&ncdver=4&keywordtype=starts&keyword=Durable&bc=0

Keywords:

SHP Sensory – Weighted Vest, SHP Behavioral Health 27, deep-pressure sensory input, Weighted vest, Bear Hug vest, Weighted Compression Vest, Weighted Sensory Vests, Wonder Vests