

Sensory - Weighted Vest, BH 27

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Effective Date	8/1/2025
<u>Next Review Date</u>	5/2026
Coverage Policy	BH 27
<u>Version</u>	5

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details <u>*</u>.

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:
 - o Physical Therapist
 - Occupational Therapist
 - Psychologist

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:

- 2025: 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 necessa	ry 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. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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 Commercial products.
- Authorization Requirements:
 - Pre-certification by the Plan is required.
- Special Notes:
 - 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.
 - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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MCG Informed Care Strategies. 28th Edition. Retrieved 4.16.2025. <u>https://careweb.careguidelines.com/ed28/index.html</u>

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