Medical Utilization Management Policy

SUBJECT: HIGH FREQUENCY CHEST WALL COMPRESSION DEVICES (VEST SYSTEM)

INCLUDED PRODUCT(S):

Medicaid

- Care4Kids Program

Individual and Family

- BadgerCare Plus
- Commercial
- MarketPlace

PURPOSE OR DESCRIPTION:
The purpose of this policy is to define criteria for medically necessary use of high frequency chest wall compression devices (e.g., VEST system).

POLICY:
High-frequency chest wall compression (HFCWC) devices are considered medically necessary for the following conditions in children and adults, when there is documentation that manual chest compression and mucolytics have not been effective, have not been tolerated, or are otherwise clinically not appropriate:

- Bronchiectasis
- Lung transplant recipients in the first 6 months post-transplant
- Mucociliary disorders such as cystic fibrosis and primary ciliary dyskinesia
Use of HFCWC devices has not been established in the medical literature to be safe and/or effective for conditions other than those listed above, and is therefore not considered medically necessary.

REFERENCES: