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

INCLUDED PRODUCT(S):

- Medicaid
  - BadgerCare Plus
  - Care4Kids Program
- Individual and Family
  - Commercial
  - Marketplace

PURPOSE OR DESCRIPTION:
The purpose of this policy is to define criteria for the medical necessity 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:

- Mucociliary disorders such as Cystic Fibrosis and Primary Ciliary Dyskinesia
- Bronchiectasis
- Lung transplant recipients in the first 6 months post-transplant
Use of HFCWC devices for conditions other than those enumerated above has not been established in the medical literature to be safe and/or effective, and is therefore not considered medically necessary.

REFERENCES:

Aetna policy http://www.aetna.com/cpb/medical/data/1_99/0067.html
Dean—see pdf
United—see pdf
Hayes https://www.hayesinc.com/subscribers/displaySubscriberArticle.do?articleId=48426&&sectionSelector=HayesRating