

Children's Hospital and Health System Chorus Community Health Plans Policy and Procedure

This policy applies to the following entity(s):

- | | |
|--|---|
| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

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

Effective: 4/17

Revised:

Reviewed: 10/21

Q: \CCHP Leadership\Utilization Management Medical Policies\APPROVED MEDICAL UM POLICIES\High Frequency Chest Wall Compression Devices Medical UM Policy

Developed by: CCHP Medical Director and Executive Director Health Plan Clinical Services

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:

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Main E, Prasad A, Schans C. Conventional chest physiotherapy compared to other airway clearance techniques for cystic fibrosis. *Cochrane Database Syst Rev*. 2005 Jan 25;(1):CD002011.

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McIlwaine M, Button B, Dwan K. Positive expiratory pressure physiotherapy for airway clearance in people with cystic fibrosis. *Cochrane Database Syst Rev*. 2015 Jun 17;6:CD003147.

Morrison L, Agnew J. Oscillating devices for airway clearance in people with cystic fibrosis. *Cochrane Database Syst Rev*. 2009 Jan 21;(1):CD006842. Updated 2014 Jul 20;7:CD006842.

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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&§ionSelector=HayesRating>

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