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

This policy applies to the following entity CHW – Milwaukee CHHS Foundation CHW – Community Services Division Children's Medical Group - Primary Children's Medical Group - Urgent C	CHW - Fox Valley CHW - Surgicenter Chorus Community Health Plans Care Children's Specialty Group
Medical Utilization Management Policy	
SUBJECT: HIGH FREQUENCY CHEST WALL COMPRESSION DEVICES (VEST SYSTEM)	
INCLUDED PRODUCT(S):	
Medicaid	Individual and Family
BadgerCare Plus	

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

Effective: 4/17 Reviewed: 10/23

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

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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:

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