Children’s Hospital and Health System  
Children’s Community Health Plan Policy and Procedure

This policy applies to the following entity(s):

- [ ] CHW – Milwaukee
- [x] CHW - Fox Valley
- [x] CHW - Surgicenter
- [ ] CHW – Community Services Division
- [x] Children’s Community Health Plan
- [ ] Children’s Specialty Group
- [x] CHHS Corporate Departments

Medical Utilization Management Policy

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

INCLUDED PRODUCT(S):

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>Commercial</th>
<th>Marketplace</th>
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<tbody>
<tr>
<td>[x] BadgerCare Plus</td>
<td>[x] Together with CCHP</td>
<td>[x] Together with CCHP</td>
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<td>[x] Care4Kids Program</td>
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PURPOSE OR DESCRIPTION:
The purpose of this policy is to define criteria for the medically necessary 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