

Subject: **High Frequency Chest Wall Oscillation Vests**

Unit: Health Care Services

High Frequency Chest Wall Oscillation (*HFCWO*) Vests

PURPOSE: To establish the process for decision making and prior authorization of the high frequency chest wall oscillation vests for those members not effectively treated using conventional physiotherapy, flutter valve, or other medically accepted therapies, and there are clearly documented medical contraindications to use such therapies.

POLICY: The request for high frequency chest wall oscillation vests must be prescribed by a pulmonologist (pediatric or adult), who provides written documentation which includes the criteria for medical necessity.

PROCEDURE: Criteria for assessment of medical necessity include:

- A. Appropriately documented diagnosis of a condition with the inability to adequately mobilize pulmonary secretions, such as cystic fibrosis or bronchiectasis. Other diagnosis will be considered on a case-by-case basis.
- B. *Documentation of the frequency of hospitalizations for pulmonary disease within within the last two years.*
- C. Documentation of excessive sputum production combined with member's inability to clear sputum without assistance.
- D. Provide documentation of intolerance of or presence of a contraindication to placement of the individual in the proper positions for chest percussion therapy. (Documentation must be provided for review)
- E. Specific documentation must be provided showing other methods of treatment, such as Flutter device, a cappella PEP valve, hand held mechanical percussor, and other medically acceptable therapies have been tried unsuccessfully.
- F The HFCWO Vest is limited to members who are under age 21

AND

Member must be at least 2 years *old* or have a 20 inch chest size, which ever comes first.

G. Evidence that the member can use the HFCWO Vest effectively, including continuing compliance with all forms of prescribed therapy and treatment

AND

Member and family acceptance of HFCWO Vest therapy.

H. Other documentation that must be submitted :

1. Description of HFCWO Vest with statement of cost
2. Pulmonologist's prescription for the requested HFCWO Vest

I. Requests with completed documentation for high frequency chest wall oscillation vests will first be reviewed by the Medical Directors of the Division's contracted Health Plans. The Division's Medical Director will complete a subsequent review. If there is lack of consensus between the contracted Health Plan's Medical Director and the DDD Medical Director, then the DDD Medical Director will make the final decision on the medical necessity for the HFCWO Vest.

J. Discontinuation Criteria for the HFCWO Vest include, but are not limited to:

1. Member and/or prescribing physician request
2. Member treatment compliance at a rate of less than 50% usage as prescribed in medical treatment plan, to be checked at 6 months.