	<p><b>POLICIES AND PROCEDURES</b></p>
<p><b>Policy #:</b> 404-1614</p>	<p><b>Lead Department:</b> Utilization Management</p>
<p><b>Title:</b> High Frequency Chest Wall Oscillation Devices (Vest) Authorization Review Process</p>	
<p><b>Original Date:</b> 05/01/2004</p>	<p><b>Date Published:</b> 12/10/2024</p>
<p><b>Approved by:</b> Utilization Management Work Group (UMWG)</p>	

**Purpose:**

To describe Central California Alliance for Health's (the Alliance) review process for the High-Frequency Chest Wall Oscillation Device (the Vest) authorization requests.

**Policy:**

High-frequency chest compression systems are considered medically necessary in lieu of chest physiotherapy for the following indications, where there is documented failure of standard treatments to adequately mobilize retained secretions:

1. Cystic fibrosis

**OR**

2. Bronchiectasis which has been confirmed by a high resolution, spiral, or standard CT scan and which is characterized by:

- a. Daily productive cough for at least 6 continuous months;

**OR**


- b. Frequent (i.e., more than 2/year) exacerbations requiring antibiotic therapy.

Chronic bronchitis and chronic obstructive pulmonary disease (COPD) in the absence of a confirmed diagnosis of bronchiectasis do not meet this criterion.

**OR**

3. The patient has one of the following neuromuscular disease diagnoses:

- a. Post-polio
- b. Acid maltase deficiency
- c. Anterior horn cell diseases

	<p><b>POLICIES AND PROCEDURES</b></p>
<p><b>Policy #:</b> 404-1614</p>	<p><b>Lead Department:</b> Utilization Management</p>
<p><b>Title:</b> High Frequency Chest Wall Oscillation Devices (Vest) Authorization Review Process</p>	
<p><b>Original Date:</b> 05/01/2004</p>	<p><b>Date Published:</b> 12/10/2024</p>
<p><b>Approved by:</b> Utilization Management Work Group (UMWG)</p>	

- d. Multiple sclerosis
- e. Quadriplegia
- f. Hereditary muscular dystrophy
- g. Myotonic disorders
- h. Other myopathies
- i. Paralysis of the diaphragm

**AND**

- 4. There must be well-documented failure of standard treatments (e.g. CPT, Flutter/Acapella device) to adequately mobilize retained secretions. Documentation should include the reason why standard treatments cannot be performed (i.e. ineffective, not tolerated, unavailable).


Despite the scarcity of supportive evidence-based data, the Alliance recognizes that the Vest may have a limited role in the management of high-risk patients with specific diagnoses and under particular circumstances.

**Definitions:**

California Children's Services: CCS is a state program for children with certain diseases or health problems. Through this program, children up to 21 years of age can get the health care and services they need for CCS-eligible conditions. CCS also provides medical therapy services that are delivered at public schools through their Medical Therapy Unit (MTU).

Cystic fibrosis (CF): Genetic disorder that most critically affects the lungs resulting in abnormal airway clearance.

Chest physiotherapy (CPT): Consists of clapping, vibration and compression, together with postural drainage and assisted coughing. CPT is often used to mobilize mucopurulent secretions

	<p><b>POLICIES AND PROCEDURES</b></p>
<p><b>Policy #:</b> 404-1614</p>	<p><b>Lead Department:</b> Utilization Management</p>
<p><b>Title:</b> High Frequency Chest Wall Oscillation Devices (Vest) Authorization Review Process</p>	
<p><b>Original Date:</b> 05/01/2004</p>	<p><b>Date Published:</b> 12/10/2024</p>
<p><b>Approved by:</b> Utilization Management Work Group (UMWG)</p>	

in patients with CF and other respiratory and neuromuscular processes that result in impaired airway clearance.

High-frequency Chest Wall Oscillation Device: (e.g. Vest Airway Clearance System™, InCourage System™, Electromed SmartVest™) A specifically fitted vest that contains air chambers connected to a portable machine that generates high frequency air vibrations, which are exerted externally on the chest wall. These vibrations are transmitted through the chest wall to the patient's lungs, creating a vibration of the tracheobronchial tree, which is intended to assist in the loosening and expelling of airway secretions.

Standard (Non-CPT) Treatments to mobilize retained secretions:

These include:


1. Airway oscillating devices (e.g. Flutter and Acapella)
2. Mechanical percussors (e.g. Fluid Flo and Frequencer)
3. Positive expiratory pressure (PEP) mask

Different types of airway clearance devices have been developed for independent use, which require little or no assistance by others. When a competent care giver is not available to administer CPT manually, these alternative methods may be used.

Whole Child Model (WCM): The purpose of the WCM program is to incorporate services covered by the CCS Program into Medi-Cal managed care for Medi-Cal-eligible CCS Program members. Managed care plans (MCPs) operating in WCM counties will integrate Medi-Cal managed care and CCS Program administrative functions to provide comprehensive treatment of the whole child and care coordination in the areas of primary, specialty, and behavioral health for CCS-eligible and non-CCS-eligible conditions.


#### **Procedures:**

1. Screening Requirement
  - a. All providers perform appropriate baseline health assessments and diagnostic evaluations that provide sufficient clinical detail to establish, or raise a reasonable likelihood, that a member has a CCS eligible medical condition. Providers will refer potential CCS-eligible members to the CCS program per Alliance Policy 405-

	<p><b>POLICIES AND PROCEDURES</b></p>
<p><b>Policy #:</b> 404-1614</p>	<p><b>Lead Department:</b> Utilization Management</p>
<p><b>Title:</b> High Frequency Chest Wall Oscillation Devices (Vest) Authorization Review Process</p>	
<p><b>Original Date:</b> 05/01/2004</p>	<p><b>Date Published:</b> 12/10/2024</p>
<p><b>Approved by:</b> Utilization Management Work Group (UMWG)</p>	

1319– *Screening and Referral of Medically Eligible Children to California Children’s Services (CCS) Program.*

- b. Health Services staff will screen for California Children Services (CCS) eligibility. Health Services staff members will refer potential CCS-eligible members to the CCS program per Alliance Policy 405-1319 – *Screening and Referral of Medically Eligible Children to California Children’s Services (CCS) Program.*
2. Initial Authorization Request for use of this equipment requires:
  - a. Initial Authorization Requests must be submitted with documentation detailing the other airway clearance methods that have been used and the outcomes of those trials.
  - b. For diagnoses other than those listed above, documentation submitted must include randomized controlled trials supporting the use of this device for the requested diagnosis.
  - c. Initial Authorization Requests will be for two months for CCS eligible conditions with a CCS eligible member. Initial Authorization Requests for members who do not have a CCS eligible condition, or who are over 21 will be for an initial two-month trial period.,
3. Any subsequent Authorization Request for continued use of this equipment requires:
  - a. Prior authorization.
  - b. Authorization Request is to be submitted within 15 – 30 days after completion of the previously authorized trial period.
  - c. An equipment generated compliance report documenting the daily utilization of this equipment during the authorized trial period.
  - d. Subsequent Authorization Requests may require documentation demonstrating evidence of device’s clinical efficacy: e.g. evidence of decreased hospital admissions and decreased emergency department use compared to the period prior to device use.

	<p align="center"><b>POLICIES AND PROCEDURES</b></p>
<b>Policy #:</b> 404-1614	<b>Lead Department:</b> Utilization Management
<b>Title:</b> High Frequency Chest Wall Oscillation Devices (Vest) Authorization Review Process	
<b>Original Date:</b> 05/01/2004	<b>Date Published:</b> 12/10/2024
<b>Approved by:</b> Utilization Management Work Group (UMWG)	

4. Other Considerations:

- a. For CCS WCM members, durable medical equipment that will be used for the treatment of a member's CCS eligible condition may be authorized when prescribed by a CCS paneled physician who is approved to treat the member's CCS eligible medical condition.

**References:**

Alliance Policies:

405-1319 – Screening and Referral of Medically Eligible Children to California Children's Services (CCS) Program

404-1601 – Durable Medical Equipment (DME) Authorization

Impacted Departments:

Community Care Coordination

Claims

Regulatory:

CCS Numbered Letter 02-0197 - Authorization of Flutter Valves and ThAIRapyVests

Legislative:

Contractual (Previous Contract):

Contractual (2024 Contract):

DHCS All Plan Letter:

NCQA:

Supersedes:

Other References:

CMS Local Coverage Determination: L12739

Attachments:

**Lines of Business This Policy Applies To**

- ☐ DSNP
- ☒ Medi-Cal
- ☒ Alliance Care IHSS

**LOB Effective Dates**


(01/01/2026 – present)

(01/01/1996 – present)

(07/01/2005 – present)

**Revision History:**

Reviewed Date	Revised Date	Changes Made By	Approved By
04/22/2020	06/26/2020	Lorna Metzger, RN Prior Auth Supervisor	UMWG

	<p><b>POLICIES AND PROCEDURES</b></p>
<p><b>Policy #:</b> 404-1614</p>	<p><b>Lead Department:</b> Utilization Management</p>
<p><b>Title:</b> High Frequency Chest Wall Oscillation Devices (Vest) Authorization Review Process</p>	
<p><b>Original Date:</b> 05/01/2004</p>	<p><b>Date Published:</b> 12/10/2024</p>
<p><b>Approved by:</b> Utilization Management Work Group (UMWG)</p>	

Reviewed Date	Revised Date	Changes Made By	Approved By
5/27/2022	5/27/2022	Lorna Metzger, RN Prior Auth Supervisor	UMWG
10/20/2023	10/20/2023	Azura Sanchez UM Admin Assistant	UMWG
11/06/2024	11/06/2024	Tisa Llamas RN, Prior Authorization Supervisor	UMWG