



NHS MEDICAL POLICY

Chest Vest: Chest Wall Compression Device DME 2015-002

A high-frequency chest wall compression device may be indicated when ALL the following are present:

1	The member has one of the following chronic lung conditions: • Cystic fibrosis (CF) • A chronic neuromuscular disorder affecting the ability to cough or clear respiratory secretions • Bronchiectasis confirmed by computed tomography (CT) scan <i>(Note: Bronchiectasis can result from and coexist with many different conditions, including COPD, chronic bronchitis, alpha-1 antitrypsin deficiency, asthma, muco-ciliary disorders, Kartagener's syndrome, tracheomalacia, bronchomalacia, tracheobronchomegaly, metabolic disorders, hypogammaglobulinemia, prolonged immunosuppression, polycystic kidney disease, Young syndrome, rheumatoid arthritis, Sjogren's syndrome, whooping cough (pertussis), chronic viral, mycoplasma or fungal pulmonary infections, and allergic bronchopulmonary aspergillosis.)</i>
2	One of the following has been tried and failed or was not tolerated: • Chest physiotherapy with external percussion and postural drainage • An oscillating device (a flutter valve or Acapella device)
3	Oral and/or nebulized mucolytics have been tried and failed or are not tolerated.
4	Other medical therapies with bronchodilators and antibiotics have been optimized.
5	The member is not currently smoking.
6	Must be ordered by Pediatric or Adult Pulmonary Provider

SOURCES

1. Flume PA, et al; Clinical Practice Guidelines for Pulmonary Therapies Committee. Cystic fibrosis pulmonary guidelines: Airway clearance therapies. Respir Care. 2009;54(4):522-537
2. Ontario Ministry of Health and Long-Term Care, Medical Advisory Secretariat. Airway clearance devices for cystic fibrosis: An evidence-based analysis. Ontario Health Technology Assessment Series. 2009;9(26).
3. Shanmugam G, MacArthur K, Pollock JC, Congenital lung malformations--antenatal and postnatal evaluation and management, Eur J Cardiothorac Surg. 2005;27(1):45.
4. Thornberg E, Thiringer K, Odeback A, Milsom I. Birth asphyxia: incidence, clinical course and outcome in a Swedish population. Acta Paediatr 1995; 84:927.

Product names include:

- The Vest® Airway Clearance System
- SmartVest® Airway Clearance System
- inCourage® System

CODE REFERENCE (This may not be a comprehensive list of codes to apply to this policy.)

E0483, A7025, A7026

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
12/14/2016	Annual review and approval by UM Committee
12/13/2017	Annual review and approval by UM Committee
12/13/2018	Annual review and approval by UM Committee
12/12/2019	Annual review and approval by UM Committee
12/10/2020	Annual review and approval by UM Committee
08/20/2021	Added line 6 - Must be ordered by Pediatric or Adult Pulmonary Provider
09/19/2022	Annual review and approval by UM Committee
08/23/2023	Annual review and approval by UM/QM Committee
08/23/2024	Annual review and approval by UM/QM Committee
06/27/2025	Annual review and approval by UM/QM Committee
06/25/2026	Annual review and approval by UM/QM Committee