High Frequency Chest Wall Oscillation Vest
Clinical Coverage Criteria

Overview

Certain patients, such as those with cystic fibrosis (CF), produce large amounts of respiratory secretions, which may clog the airways, resulting in pneumonia or other problems. To help cough up and clear these secretions, patients often receive chest physiotherapy (CPT), consisting of clapping and pounding of the chest to loosen the secretions.

The High Frequency Chest Wall Oscillation Vest (The Vest™) can be used as a replacement for or enhancement of CPT to help loosen secretions. The vest is hooked up to a hose attached to a machine, and vibrations are transmitted to the patient’s chest to loosen the secretions inside. Like CPT, it is done two or more times a day in patients with CF or certain other lung diseases that cause large amounts of sputum.

Policy

Fallon Health requires Prior Authorization for High Frequency Chest Wall Oscillation Vest’s.

Fallon Health covers The High Frequency Chest Wall Oscillation Vest as augmentation to CPT for members who meet the following:

1. There is well-documented failure of standard treatments to adequately mobilize retained secretions; AND
2. One of the following diagnoses exists;
   - Amyotrophic lateral sclerosis (ALS), OR
   - Cystic Fibrosis (CF), OR
   - Bronchiectasis
     - Characterized by daily productive cough for at least 6 continuous months or frequent (i.e., more than 2 per year) exacerbations requiring antibiotic therapy, and
     - Confirmed by high resolution or spiral CT scan

Exclusions

- We do not cover services when the above criteria are not met or if any procedures or devices not listed above.
- We do not cover services for any other diagnosis as use of The Vest and similar devices has not been scientifically proven to be efficacious.

Codes

<table>
<thead>
<tr>
<th>Code type</th>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>HCPCS</td>
<td>A7025</td>
<td>High Frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each</td>
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<tr>
<td></td>
<td>A7026</td>
<td>High Frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each</td>
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<td></td>
<td>E0483</td>
<td>High Frequency chest wall oscillation air-pulse generator system (includes hoses and vest), each</td>
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</tbody>
</table>
References

1. AARC Clinical Practice Guidelines: Effectiveness of Nonpharmacologic Airway Clearance Therapies in Hospitalized Patients Respiratory Care December 2013 Vol 58 No 12 2187

Policy History

Origination date: 09/29/2003
Approval(s): Technology Assessment Committee: 11/2003, 08/28/2013, 01/28/2015 (removed age criteria, updated template, updated references)
02/24/2016 (updated references, removed criteria related to additional non-medical indications), 03/22/2017 (updated references)

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member’s particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product’s Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member’s benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans. For Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this policy.