Policy Objective
To describe the review process for a request of an airway clearance device, such as The Vest

Background
Airway secretion is cleared by mucociliary clearance, in addition of other mechanics such as cough, peristalsis, two-phase gas-liquid flow, and alveolar clearance. The underlying pathology of abnormal airway clearance differs from one illness to another. Chest physiotherapy (CPT) is a treatment program that attempts to compensate for abnormal airway clearance. By removing mucopurulent secretions, it decreases obstruction and its consequences, such as hyperinflation and atelectasis. Furthermore, physiotherapy can decrease the rate of proteolytic tissue damage by removing infected secretions. The standard dependent method of pulmonary care is clapping, vibration and compression, together with postural drainage and assisted coughing. Most practitioners prescribe 20 to 30 minute CPT sessions one to three times a day, depending on the severity of the disease and the presence of intercurrent infection.

As medical science has developed, several companies have developed DME that provides high-frequency chest wall oscillation (HFCHO) therapy. Most clinical literature addresses using “the Vest” with the diagnosis cystic fibrosis, with less published data about clinical trials addressing other pulmonary diagnoses and increased health benefits of HFCHO as compared to conventional CPT.

- Prior authorization is required.
- A TAR submitted after the equipment has already been provided, may be denied due to lack of prior authorization.

Documentation:
Before review can proceed for an initial TAR request for this equipment, all of the following must be submitted:

- Consultation by a pulmonologist - medical notes should be within the last 3-4 months including diagnosis
- Documentation of clinical studies for use of this equipment for diagnosis other than CF (cystic fibrosis)
- Prescribing physician, must include the frequency of the daily utilization of this equipment (how many times a day, for how many days)
- Prescribing physician’s documentation needs to contain information on which other methods of airway clearance have been employed and their outcomes.

If the TAR has been submitted without all of the required documentation, the TAR may be deferred pending receipt of this information.
Failure to submit a TAR for prior authorization, when the equipment has already been provided, may cause the TAR to be denied reimbursement.

**Procedure:**
- Initial TAR authorization will only be for a 30-day trial period.
- Any subsequent TAR request for continued use of this equipment requires:
  - Prior authorization.
  - TAR is to be submitted within 15 – 30 days after completion of the previously authorized trial period
  - An equipment-generated compliance report documenting the daily utilization of this equipment during the authorized trial period.
- If the above requirements are not met in a timely manner, authorizations and reimbursement for this extended period of time may be denied.

All authorized reimbursement monies will be applied toward purchase of the equipment if a lifetime need for this equipment has been determined.

**Revision History:**

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Revised Date</th>
<th>Approved By</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2006</td>
<td></td>
<td>Barbara Flynn, RN</td>
</tr>
</tbody>
</table>

|                  |              |                     |
|                  |              |                     |
|                  |              |                     |
|                  |              |                     |
|                  |              |                     |