



Coverage of any medical intervention discussed in a Medica medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

High Frequency Chest Compression (HFCWC) Devices (Vest System)

MP9235

Covered Service: Yes

Prior Authorization Required: Yes

Additional Information: Must be ordered by a Pulmonologist, Transplant Surgeon or a Cystic Fibrosis treating provider.

Medica Medical Policy:

- 1.0 High frequency chest compression system **requires** a prior authorization through the Health Services Division and is considered medically necessary, as indicated by **ONE** of the following:
 - 1.1 Cystic fibrosis
 - 1.2 Bronchiectasis not due to cystic fibrosis, and, daily sputum production
- 2.0 Replacement of member owned chest wall system vest or system hose requires a prior authorization through the Health Services Division.
- 3.0 High-frequency chest compression systems are considered experimental and investigational, and therefore not medically necessary for all other indications.



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