

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy 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.

Prevea360 Health Plan 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 High-frequency chest compression systems are considered experimental and investigational, and therefore not medically necessary for all other indications.

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	Committee/Source	Date(s)
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