



PROVIDER BULLETIN

BT 200205

FEBRUARY 1, 2002

To: All Providers

Subject: Policy Revision for Coverage of the ThAIRapy Vest

Note: The prior authorization, payment methodology, and maximum fees information in this Bulletin may vary for providers rendering services to members enrolled in the risk-based managed care (RBMC) delivery system.

Overview

The Office of Medicaid Policy and Planning has revised the policy for coverage of the ThAIRapy Vest for the Indiana Health Coverage Programs. The policy revisions provided in this bulletin are effective on March 18, 2002.

The ThAIRapy Vest is a mechanical device that utilizes a vest and a generator to loosen bronchial secretions and clear the airway. All requests for this durable medical equipment device will continue to require prior authorization with an appropriate clinical summary and physician prescription.

Coverage and Criteria

The following criteria must be met for the ThAIRapy Vest to be approved and covered by the Indiana Health Coverage Programs.

- A physician order is required.
- The physician must certify that the patient requires airway clearance therapy at least once a day.
- Recent pulmonary function study demonstrates
 - a FEV1, 80% of predicted,
 - a FVC 50% of predicted, and
 - 25% decrease on small airway score (FEF 25-75) over 1 year.
- Documentation supports that chest physiotherapy and/or flutter devices used twice a day have been ineffective in managing bronchial secretions.

- Documentation supports that family members and caregivers have been unable to provide effective chest therapy.
- The patient is at risk for continued hospitalization.
- The patient does not have a cardiac condition.

Limitations and Restrictions

- Rental of the ThAIRapy Vest for three months is required before purchase of the equipment.
- At the end of three months, documentation is required that the ThAIRapy Vest has been used at least 67% of the prescribed time.
- Patient compliance and tolerance must be documented before purchase will be approved.

Coding Parameters

New national Health Care Procedure Coding System (HCPCS) codes have been assigned to the ThAIRapy Vest. Effective March 18, 2002, all claims must be filed using S8200—Chest compression vest, and S8205—Chest compression system generator and hoses. Local codes Z5056, Z5057, and Z5058 will be end-dated effective March 18, 2002.

Old Local Code	New National HCPCS Code	Description	Comment	PA Required
Z5056	S8200	Chest compression vest	None	Yes
Z5057	S8205	Chest compression system generator and hoses	Must be rented for three months prior to single payment	Yes
Z5058	End-dated effective 3/18/02	None	Lifetime lease includes all repairs and maintenance	None

Additional Information

Questions about the information in this Bulletin should be directed to the Health Care Excel Medical Policy department at (317) 347-4500. Questions about billing procedures should be directed to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or call 1-800-577-1278.

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