

HERC Coverage Guidance: High-Frequency Chest Wall Oscillation Devices

Disposition of Public Comments

Table of Contents

Discussion Table.....	1
Commenters.....	2
Public Comments	2

Discussion Table

IDs/#s	Summary of Issue	Subcommittee Response
A2, C1–C2, C9	Chest physiotherapy and airway clearance devices are not effective for patients with intellectual or developmental disabilities who cannot actively engage with such therapies effectively.	The revised coverage guidance recommendation includes a recommendation for coverage of high-frequency chest wall oscillation (HFCWO) devices for patients for whom chest physiotherapy and positive expiratory pressure device therapy are not tolerated, contraindicated, or not available (e.g., inability of a caregiver to perform).
A3	Some bronchiectasis patients do not have a cough and thus the coverage guidance should remove the daily productive cough as a requirement for HFCWO device therapy	The inclusion of daily productive cough was added as a requirement for HFCWO therapy for patients with non-cystic fibrosis (non-CF) bronchiectasis based on information extrapolated from studies of the cystic fibrosis (CF) population, and as recommended by our appointed ad hoc expert. <i>For EbGS discussion.</i>
C3–C4	This coverage guidance should include a list of covered conditions and include Rett Syndrome in that list.	This subcommittee declined to produce a list of covered conditions given the heterogeneity of neuromuscular disorders for whom HFCWO therapy may be effective. Instead, detailed coverage indications ensure that a patient with a very rare disorder may still be eligible for HFCWO therapy provided they meet the criteria.

HERC Coverage Guidance: High-Frequency Chest Wall Oscillation Devices Disposition of Public Comments

Commenters

Identification	Stakeholder
A	Jenna Kelly, parent/caregiver of a child with non-CF bronchiectasis <i>[Submitted September 24, 2021]</i>
B	Sharon Skidmore, PT, DPT Physical Therapy for Kids, LLC <i>[Submitted September 28, 2021]</i>
C	Joey Razzano, parent/advocate/caregiver of person experiencing Rett Syndrome, International Rett Syndrome Foundation, NW Rett Syndrome Association <i>[Submitted October 14, 2021]</i>

Public Comments

ID/#	Comment	Disposition
A1	Please make the vests affordable for families. My child has non-CF-bronchiectasis. It took me years to pay his off and it was a significant struggle for my family.	<i>Thank you for your comments. We have written specific responses to individual sections of your letter in the rows that follow.</i>
A2	He also is Autistic and blowing in the little devices was not feasible. He was too young and not able to use them effectively. Once he started using the vest he improved so incredibly much.	<i>The revised draft coverage guidance includes a pathway to coverage for HFCWO device therapy if other treatments are not tolerated, available or contraindicated.</i>
A3	Also, I don't like the cough requirement. My son never coughed. He just had a ton of mucus and couldn't/would not expel it on his own, so he would get infections constantly.	<i>Based on expert testimony, HFCWO device therapy is most effective among patients with non-CF bronchiectasis who have a daily productive cough.</i>
A4	By expanding the coverage of devices It will also make it easier to get them serviced and sized.	<i>Thank you for your comment.</i>
B1	I agree with coverage as the use of High Frequency Chest Wall Oscillation Devices has shown to be very effective and reduces hospitalization when used correctly and consistently which ultimately leads to better patient care and reduced overall cost.	<i>Thank you for your comment.</i>

HERC Coverage Guidance: High-Frequency Chest Wall Oscillation Devices

Disposition of Public Comments

ID/#	Comment	Disposition
C1	I am just a mom and Rett rep who has personally seen ICU's fill every winter with Rett patients in respiratory distress. When determining criteria for when a HFCWO device should be covered, there are a few observations I've made specific to Rett Syndrome - that is the presence of both scoliosis and hypotonia, often including the use of a wheelchair. Rett patients cannot speak and have no functional hand use to indicate difficulty breathing. Most are at risk of constant aspiration as well. The "cycle" is this: a Rett patient aspirates or is exposed to a virus, develops pneumonia, end up in the emergency room at their O2 sats drop and they will be hospitalized. Respiratory therapy is ordered and the HFCWO device is used, often in conjunction with a cough-assist device.	<i>Thank you for your comments. We have written specific responses to individual sections of your letter in the rows that follow.</i>
C2	If scoliosis is present, the kiddo will get well enough to recover at home but a dimness or small amount of infection tends to remain in the lower lobe of one or both lungs. Kiddos with low-tone, scoliosis and a wheelchair can never really expand their chest cavity so the HFCWO provides an effective home therapy that can be done safely and in the home to provide lung clearance. It is not typically prescribed before hospitalization but the pulmonologist will often send the device home as part of routine care following an emergency room visit or hospitalization.	<i>This level of clinical specificity is not included in the studies identified for this review.</i>
C3	I would suggest Rett Syndrome or similarly complex syndromes be added to the list defined on page 18 in the background section.	<i>The subcommittee elected to produce detailed coverage criteria instead of producing a list of covered conditions in order that persons with very rare disorders can obtain access to HFCWO therapy provided they meet the criteria.</i>
C4	I also suggest that this group look at other states' recommendations for coverage in neuromuscular conditions for more definitive criteria.	<i>Our policy is to report coverage for Medicare, Washington's Medicaid program, and selected payers active in Oregon (e.g., Aetna, BlueCross BlueShield of Oregon, Cigna, and Moda).</i>

HERC Coverage Guidance: High-Frequency Chest Wall Oscillation Devices

Disposition of Public Comments

ID/#	Comment	Disposition
C5	I also think there should be a return on investment study performed on the neuromuscular population that evaluates the cost of the device versus the expense of a single night in an ICU and I know you will find it is comparatively cheap insurance for this specific population.	<i>We searched for comparative cost effectiveness studies for this coverage guidance and did not identify any that met our inclusion criteria.</i> <i>The subcommittee relies on existing, peer-reviewed published research to make coverage recommendations. It is outside of this group's scope to independently conduct economic studies.</i>
C6	I also think there's a typo on page 24 where it should read CONGENITAL muscular dystrophy under pulmonary complications.	<i>Thank you for drawing our attention to this typographical error. We have corrected this in the current draft.</i>
C7	I also wonder if the lungs themselves are considered part of the airway since the wording of the recommendation specifically says "chronic airway infection" - and what defines chronic? My daughter was hospitalized 6 times in one year with pneumonia but we have been able to avoid hospitalization multiple times since then.	<i>The subcommittee decided against defining "chronic," leaving ability for the exercise of clinical judgment.</i>
C8	The word CONTRAINDICATED is included in the neuromuscular bronchiectasis guidance but not the CF guidance. I wonder why they are different.	<i>We agree and we have updated the wording in both sections.</i>
C9	The inability of the caregiver to provide chest physiotherapy is an important factor and I am glad to see it included in the criteria for recommendation	<i>Thank you for your comments.</i>