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## Indications for The Vest® System Therapy



The following guidelines incorporate clinical research findings, published airway clearance guidelines, and feedback from patients, physicians and payors regarding successful application of HFCWO therapy in patients whose underlying conditions require effective airway clearance.

### Patient Symptoms

- Chronic mucus hypersecretion or retention associated with a chronic pulmonary or neuromuscular condition
- Ineffective cough or inability to remove mucus by coughing
- Frequent respiratory infection as a result of secretion retention
- Alternative Airway Clearance Therapy proven ineffective or contraindicated

### Chronic Pulmonary

- Bronchiectasis, Cystic Fibrosis and Primary Ciliary Dyskinesia

### Neuromuscular

- Cerebral Palsy, Muscular Dystrophy, Spinal Muscular Atrophy, Amyotrophic Lateral Sclerosis, Multiple Sclerosis, Quadriplegia, and Paralysis of Diaphragm

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**Hill-Rom®**

Enhancing Outcomes for Patients and Their Caregivers.™



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## Documentation to Support The Vest® System Therapy Prescription



The following example of documents commonly needed is based on experience with payors. Requirements may vary by payor and diagnosis.

### Patient's Medical Record Supports (documentation of):

- Chronic mucus secretion or hypersecretion with retention AND
- Ineffective cough or inability to remove mucus by coughing AND
- Frequent respiratory infections requiring antibiotics AND
- Well documented failure of standard alternative Airway Clearance Therapy modalities to adequately mobilize secretions
- Requirements for Medicare: CT scan verifying diagnosis of Bronchiectasis

**Hill-Rom requests documents based on third-party payor requirements.**

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