

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: PA.066.MH
Last Review Date: 02/04/2016
Effective Date: 03/01/2016
Renewal Date: 02/01/2017

PA.066.MH – High Frequency Chest Wall Oscillation Devices

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar MA – DSNP – CSNP
- ✓ MedStar CareFirst PPO

MedStar Health considers a High Frequency Chest Wall Oscillation Device (HFCWO) medically necessary for the following indications:

1. The member has failed trials of alternative methods of expectoration (i.e. mucolytic agents, handheld flutter device, self-controlled breathing techniques, conventional chest physical therapy consisting of postural drainage and percussion)
AND
2. The member has an adequate physiological cough reflex.
AND
3. The member has one of the following conditions:
 - There is a diagnosis of cystic fibrosis
 - There is a diagnosis of Bronchiectasis which has been confirmed by a high resolution, spiral, or standard computed tomography (CT) scan and which is characterized by daily productive cough for at least six continuous months; or frequent (i.e. more than two/year) exacerbations requiring antibiotic therapy
 - Ciliary dyskinesia syndrome
 - Cavitating lung disease
 - Other chronic conditions including but not limited to:
 - Post-polio
 - Acid maltase deficiency
 - Anterior horn cell diseases
 - Multiple sclerosis
 - Quadriplegia
 - Hereditary muscular dystrophy
 - Myotonic disorders
 - Other myopathies
 - Paralysis of the diaphragm

CONTINUATION OF HCFWO:

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Successful rental trials for three months need to be documented prior to extensions.

Replacement supplies

Replacement supplies are covered when the criteria for the base device are met.

Exclusions – HFCWO devices are considered not medically necessary and therefore not covered for the following:

- Chronic bronchitis and chronic obstructive pulmonary disease (COPD) in the absence of a confirmed diagnosis of bronchiectasis
- The use of a HFCWO (E0483) and a mechanical insufflation device (E0482) at the same time.
- Use of devices that are not approved by the Food and Drug Administration (FDA) or have been recalled by the FDA

See Also:

PA.010.MH Durable Medical Equipment and Corrective Appliances

Background

High-frequency chest wall compression (HFCWC) or High-frequency chest wall oscillation devices (HFCWO) devices assist members who have the inability to cough due to respiratory muscle weakness or pulmonary conditions secondary to chronic conditions listed in the indications section above. These members are especially prone to secretion-related complications during upper respiratory tract infections or general anesthesia. These devices work by vibrating the chest wall at a higher frequency than the individual's normal respiratory rate.

HFCWO systems consist of two main components: a vest worn by the patient and a pneumatic air-pulse generator that rapidly inflates and deflates the vest. The vest is made of non-stretch material and covers the thorax like a life jacket; two large-bore air hoses connect the vest to the generator. A hand/foot control can be used to start or stop the compression.

Codes:

HCPCS Modifiers:

RR Rental (used for DME Rental)
NU New Equipment

HCPCS/CPT Codes

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Code	Description
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hose and vest), each
A7025	High frequency chest wall oscillation system VEST, replacement for use with patient-owned equipment, each
A7026	High frequency chest wall oscillation system HOSE, replacement for use with patient-owned equipment, each

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