

High Frequency Chest Wall Oscillation Device

High frequency chest wall oscillation (HFCWO) is an airway clearance device consisting of an inflatable vest connected by tubes to a small air-pulse generator.

DOCUMENTATION REQUIRED:

High frequency chest wall oscillation devices are considered for Members who meet the following:

A. Criterion 1, 2, or 3, and

B. Criterion 4

1. There is a diagnosis of cystic fibrosis.
2. There is a diagnosis of bronchiectasis which has been confirmed by a high resolution, spiral, or standard CT scan and which is characterized by:
 - i. Daily productive cough for at least 6 continuous months; or
 - ii. Frequent (i.e. more than 2/year) exacerbations requiring antibiotic therapy.

Chronic bronchitis and chronic obstructive pulmonary disease (COPD) in the absence of a confirmed diagnosis of bronchiectasis do not meet this criterion.

3. The beneficiary has one of the following neuromuscular disease diagnoses:

Post-polio	Hereditary muscular dystrophy
Acid maltase deficiency	Myotonic disorders
Anterior horn cell diseases	Other myopathies
Multiple sclerosis	Paralysis of the diaphragm
Quadriplegia	

4. **There must be well-documented failure of standard treatments to adequately mobilize retained secretions.**

The provider must include objective documentation to support medical necessity.

Documentation (within the last 12 months) should include:

- Letter of medical necessity from the ordering physician indicating a diagnosis which supports the need for use of HFCWO vest

- History and physical exam with current respiratory status, including respiratory aids and monitors. Documentation showing Postural Drainage and Percussion Therapy (PDPT) Chest Percussion Therapy (CPT) has been ordered and provided consistently and appropriately and has been proven to be ineffective in achieving the desired outcome (i.e. an acceptable level of pulmonary function)
- Documentation and outcomes of previously used airway clearance methods, such as, Acapella, Flutter Valve, Percussor and/or Cough Assist (In-Exsufflator) devices
- Documentation of other medical conditions that would be a barrier to administration of PDPT/CPT
- Documentation of repeated hospitalizations within the last year and/or IV antibiotic therapy despite consistent and appropriate airway clearance regimen
- Objective documentation of atelectasis, bronchiectasis or other pulmonary manifestations
- Pulmonary Function tests performed and results

** CMS: Local Coverage Determination (LCD) - (L12934)

****PLEASE NOTE - PRIOR AUTHORIZATION SUBMISSION DOES NOT GUARANTEE APPROVAL. Additional Documentation may be required. Supplier generated forms and Physician letters of medical necessity are not a substitute for the comprehensive medical record**