

## Medical Policy



### High Frequency Chest Wall Oscillation (HFCWO) Devices

#### Description

The high frequency chest wall oscillation (HFWO) device is a product designed to assist in the mobilization of retained pulmonary secretions. It operates on the principle of chest percussion but allows the individual to self administer the required treatments. It consists of an inflatable vest connected by tubes to an air pulse generator which is worn by the member.

#### Policy

The HFWO is considered **reasonable and necessary** for members requiring airway clearance that meet coverage criteria.

#### Policy Guidelines

##### Medicare Member Coverage Criteria:

Refer to Medicare's medical policy (L33785) and article (A52494) for coverage criteria.

##### Non-Medicare Member Coverage Criteria:

##### Coverage Criteria:

High frequency chest wall oscillation devices (HFCWO) (E0483) are covered for members who meet:

- A. Criterion 1, 2, or 3, and
- B. Criterion 4
  1. There is a diagnosis of cystic fibrosis (see diagnosis codes that support medical necessity section below).
  2. There is a diagnosis of bronchiectasis (see diagnosis codes that support medical necessity section below) which has been confirmed by a high resolution, spiral, or standard CT scan and which is characterized by:
    - a. Daily productive cough for at least 6 continuous months; or
    - b. Frequent (i.e., more than 2/year) exacerbations requiring antibiotic therapy.

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

3. The member has one of the following neuromuscular disease diagnoses (see diagnosis codes that support medical necessity section below):

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

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

If **ALL** of the criteria are not met, the claim will be denied as not reasonable and necessary.

It is not reasonable and necessary for a beneficiary to use both an HFCWO device and a mechanical in-exsufflation device (E0482).

HCPCS Code E0483 describes a complete system. Separate billing of A7025 and/or A7026 in combination with E0483 is incorrect coding – unbundling.

Replacement supplies, A7025 and A7026, used with member owned equipment, are covered if the member meets the criteria listed above for the base device, E0483. If these criteria are not met claims will be denied as not reasonable and necessary.

#### Miscellaneous

Code E0467 (HOME VENTILATOR, MULTI-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ANY OR ALL OF THE ADDITIONAL FUNCTIONS OF OXYGEN CONCENTRATION, DRUG NEBULIZATION, ASPIRATION, AND COUGH STIMULATION, INCLUDES ALL ACCESSORIES, COMPONENTS AND SUPPLIES FOR ALL FUNCTIONS) describes a ventilator that integrates the function of multiple types of equipment into a single device. Code E0467 combines the function of a ventilator with those of any combination or all of the following:

- Oxygen equipment

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- Nebulizer and compressor
- Aspirator (suction device)
- Cough stimulator (multiple products)
- Positive airway pressure devices (PAP and RAD)
- Custom fabricated oral appliances

**The following high frequency chest wall oscillation devices HCPCS codes for individual items are included in the functionality of code E0467:**

- **HCPCS codes E0483, A7025, A7026**

Claims for any of the HCPCS codes listed above that are submitted on the same claim or that overlap any date(s) of service for E0467 is considered to be unbundling.

In addition, any claim for repair (HCPCS code K0739 for labor and any HCPCS code for replacement items) of beneficiary-owned equipment identified by HCPCS codes listed above is considered as unbundling if the date(s) of service for the repair overlaps any date(s) of service for code E0467.

Claims for code E0467 with a date(s) of service that overlaps date(s) of service for any of the following scenarios are considered as a claim for same or similar equipment when the beneficiary:

- Is currently in a rental month for any of the items listed above.
- Owns any of the equipment listed above that has not reached the end of its reasonable useful lifetime.

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#### HCPCS CODES:

##### Group 1 Codes:

HCPCS	Description
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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E0483 High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each

#### ICD-10 Codes that Support Medical Necessity

**Group 1 Paragraph:** The presence of an ICD-10 code listed in this section is not sufficient by itself to assure coverage. Refer to the section on “Coverage Indications, Limitation and/or Medical Necessity” for other coverage criteria and payment information.

#### Group 1 Codes:

ICD-10 Code	Description
A15.0	Tuberculosis of lung
B91	Sequelae of poliomyelitis
D81.810	Biotinidase deficiency
D84.1	Defects in the complement system
E84.0	Cystic fibrosis with pulmonary manifestations
E84.9	Cystic fibrosis, unspecified
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
G12.1	Other inherited spinal muscular atrophy
G12.20	Motor neuron disease, unspecified
G12.21	Amyotrophic lateral sclerosis
G12.22	Progressive bulbar palsy
G12.23	Primary lateral sclerosis
G12.24	Familial motor neuron disease
G12.25	Progressive spinal muscle atrophy
G12.29	Other motor neuron disease
G12.8	Other spinal muscular atrophies and related syndromes
G12.9	Spinal muscular atrophy, unspecified
G14	Postpolio syndrome
G35	Multiple sclerosis
G71.00	Muscular dystrophy, unspecified
G71.01	Duchenne or Becker muscular dystrophy
G71.02	Facioscapulohumeral muscular dystrophy
G71.09	Other specified muscular dystrophies
G71.11	Myotonic muscular dystrophy

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G71.12	Myotonia congenita
G71.13	Myotonic chondrodystrophy
G71.14	Drug induced myotonia
G71.19	Other specified myotonic disorders
G71.20	Congenital myopathy, unspecified
G71.21	Nermaline myopathy
G71.220	X-linked myotubular myopathy
G71.228	Other centronuclear myopathy
G71.29	Other congenital myopathy
G71.3	Mitochondrial myopathy, not elsewhere classified
G71.8	Other primary disorders of muscles
G72.0	Drug-induced myopathy
G72.1	Alcoholic myopathy
G72.2	Myopathy due to other toxic agents
G72.89	Other specified myopathies
G73.7	Myopathy in diseases classified elsewhere
G80.0	Spastic quadriplegic cerebral palsy
G82.50	Quadriplegia, unspecified
G82.51	Quadriplegia, C1-C4 complete
G82.52	Quadriplegia, C1-C4 incomplete
G82.53	Quadriplegia, C5-C7 complete
G82.54	Quadriplegia, C5-C7 incomplete
J47.0	Bronchiectasis with acute lower respiratory infection
J47.1	Bronchiectasis with (acute) exacerbation
J47.9	Bronchiectasis, uncomplicated
J98.6	Disorders of diaphragm
M33.02	Juvenile dermatopolymyositis with myopathy
M33.12	Other dermatopolymyositis with myopathy
M33.22	Polymyositis with myopathy
M33.92	Dermatopolymyositis, unspecified with myopathy
M34.82	Systemic sclerosis with myopathy
M35.03	Sjogren syndrome with myopathy
Q33.4	Congenital bronchiectasis

#### ICD-10 Codes that DO NOT Support Medical Necessity

**Group 1 Paragraph:** All ICD-10 codes that are not specified in the previous section.

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#### Documentation Requirements

Items in this policy may be subject to the Affordable Care Act (ACA) 6407 requirements.

The Affordable Care Act (ACA) 6407 requires that the treating physician conduct a face-to-face examination during the six-month period preceding the written order. The documentation must be received by the provider prior to delivery for certain DME items. The documentation must describe a medical condition for which the DME is being prescribed.

#### Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

### References

Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents. Accessed December 1, 2022.

CGS Administrators, LLC. Jurisdiction B DME MAC, High Frequency Chest Wall Oscillation Devices. Local Coverage Determination No. L33785; Last accessed and reviewed 12/4/23.

Noridian Healthcare Solutions, LLC, High Frequency Chest Wall Oscillation Devices. Local Coverage Determination No. L33785. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction A; revised October 1, 2022. Accessed December 1, 2022.

### Change/Authorization History

Revision Number	Date	Description of Change	Prepared/Reviewed by	Approved by	Review Date:	Effective Date:
A	Nov.2006	Initial Release	Rosanne Brugnani	Ken Fasse	n/a	
01	Oct.2008	Added: Coverage for specified neuromuscular diseases. Added: Statement about concurrent use of mechanical in-exsufflation device. Added:ICD-9 codes for neuromuscular diseases	Susan Glomb	Ken Fasse	n/a	
02		Annual Review	Susan Glomb	Ken Fasse	Dec.2008	
03	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec. 2009	
04	12-02-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	

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05	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
06	11-08-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011	
07	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
08	11-29-12	Annual Review – No changes	Susan Glomb	Dr. B. Almasri	Nov 2012	
09	12-18-13	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
10	11-24-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
11	12-4-14	Annual Review. Added: Items in this policy may be subject to the Affordable Care Act (ACA) 6407 requirements.	Susan Glomb	Dr. B. Almasri		
12	12-9-15	Annual Review. References updated. Removed ICD-9 codes and added ICD-10 codes.	Susan Glomb	Dr. B. Almasri	12-9-15	
13	12-05-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
14	04-06-17	Policy reviewed per CMS memo. No changes required at this time.	Susan Glomb	Dr. C. Lerchin		
15	12-15-17	Annual review. Added: New ICD-10 codes G12.23, G12.24, G12.25.	Carol Dimech	Dr. C. Lerchin	December 2017	
16	12-3-18	Annual review. Removed: ICD-10 Code G71.0 due to annual ICD-10 Code updates. Added: New expanded ICD-10 codes	Carol Dimech	Dr. C. Lerchin	December 2018	



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		G71.00, G71.01, G71.02, G71.09. Updated references.				
17	12-09-19	Annual review. Revised code descriptor for E0483. Added coding guidelines for E0467.	Carol Dimech	Dr. C. Lerchin	December 2019	December 2019
18	12-04-20	Annual Review. Removed ICD-10 code G71.2 and Added ICD-10 codes G71.20, G71.21, G71.220, G71.228 and G71.29 to Group I codes due to annual ICD-10 code updates.	Lisa Wojno	Dr. C. Lerchin	December 2020	December 2020
19	12-10-21	Annual review. Added NCD and LCD verbiage to “Important Note”. Revised: ICD-10-CM code M35.03 description in Group 1 Codes, due to annual ICD-10-CM code updates.	Carol Dimech	Dr. C. Lerchin	December 10, 2021	December 10, 2021
20	12-01-22	Annual review. Revised HCPCS E0483 long description per CMS.	Lisa Wojno	Dr. C. Lerchin	December 1, 2022	December 1, 2022
21	12-04-23	Annual review. Added: ICD-10-CM code G80.0 to Group 1 Codes.	Carol Dimech	Dr. C. Lerchin	December 4, 2023	December 4, 2023