

Hospital Beds and Accessories

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Effective Date	06/2000
Next Review Date	08/2024
Coverage Policy	DME 14
Version	4

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

Purpose:

This policy addresses High Frequency Chest Wall Compression.

Description & Definitions:

High frequency chest wall compression is a device like a vest that vibrates to expel mucus from the lungs.

Criteria:

High frequency chest wall oscillation devices and replacement supplies are considered medically necessary for **ALL** of the following:

- Individual with diagnosis of **1 or more** of the following:
 - Cystic fibrosis
 - Bronchiectasis which has been confirmed by high-resolution, spiral, or standard CT scan and which is characterized by **1 or more** of the following:
 - Daily productive cough for at least 6 continuous months
 - Frequent (ie, more than 2 per year) exacerbations requiring antibiotic therapy
 - Neuromuscular disease as indicated by **1 or more** of the following:
 - Acid maltase deficiency
 - Anterior horn cell diseases
 - Hereditary muscular dystrophy
 - Multiple sclerosis
 - Myotonic disorders
 - Other myopathies
 - Paralysis of the diaphragm
 - Post-polio
 - Quadriplegia
- Well-documented failure of standard treatments to adequately mobilize retained secretions

High frequency chest wall oscillation devices **do not meet the definition of medical necessity**, to include but not limited to:

- Intrapulmonary Percussive Ventilation (IPV)
- Chronic bronchitis and chronic obstructive pulmonary disease in the absence of confirmed diagnosis of bronchiectasis
- Use of both high frequency chest wall oscillation device and mechanical in-exsufflation device (HCPCS E0482 will be denied if billed with E0483)
- High frequency chest wall oscillation devices (e.g., Volara System)

Coding:

Medically necessary with criteria:

Coding	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
E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each

Considered Not Medically Necessary:

Coding	Description
E0481	Intrapulmonary percussive ventilation system and related accessories
E1399	Durable medical equipment, miscellaneous

Document History:

Revised Dates:

- 2022: August
- 2021: April
- 2019: October, November
- 2016: March
- 2014: October
- 2013: June, August
- 2012: March, June
- 2011: June, October
- 2010: June, September
- 2005: February, May
- 2004: November
- 2003: March, September

Reviewed Dates:

- 2023: August
- 2021: November
- 2020: November
- 2018: August
- 2017: November
- 2016: July
- 2015: June, July
- 2014: June
- 2009: June
- 2008: June
- 2007: December

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

MUST SEE MEMBER BENEFIT FOR DETERMINATION.

We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

Keywords:

SHP High Frequency Chest Wall Compression, SHP DME 14, Ventilator, cough, assist, mucous, mucus, chest, frequency, stimulate, stimulating, pulse, compression, neuromuscular disease, polio, Acid maltase deficiency, Anterior horn cell disease, Multiple sclerosis, Quadriplegia, muscular dystrophy, Myotonic disorders, bronchiectasis, lung transplant