High Frequency Chest Wall Oscillation Devices and Intrapulmonary Percussive Ventilators

Last Review Date: Sept. 11, 2020

Number: MG.MM.DM.09cC

Medical Guideline Disclaimer

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Definition

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

Guideline

Members are eligible for coverage of an HFCWOD when any of the following conditions/diagnoses are applicable:

1. Acid maltase deficiency
2. Amyotrophic lateral sclerosis
3. Anterior horn cell diseases
4. Bronchiectasis
5. Cystic fibrosis
6. Hereditary muscular dystrophy
7. Multiple sclerosis
8. Myotonic disorders
9. Other myopathies
10. Paralysis of the diaphragm
11. Post-polio
12. Quadriplegia
13. Any neuromuscular disease disorder with ineffective cough
14. Members with a gastrostomy tube and risk of aspiration if manual chest physical therapy (PT) is indicated on a case by case basis when other methods of daily chest PT have been tried and failed

Well-documented failure of standard treatments to adequately mobilize retained secretions must be made available to the Plan upon request.
Limitations/Exclusions

High frequency chest wall oscillation devices are not covered for any conditions other than those listed above.

Intrapulmonary percussive ventilators (IPV) (e.g., the Impulsator F00012) are considered experimental and investigational for all indications due to insufficient evidence of therapeutic value (including but not limited to bronchiectasis, chronic obstructive pulmonary disease [COPD], cystic fibrosis, neuromuscular conditions associated with retained airway secretions or atelectasis, and post-operative pulmonary complications).

Revision History

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>Sept. 13, 2019</td>
<td>Added the following covered indications to HFDWOD:</td>
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<tr>
<td></td>
<td>▪ Any neuromuscular disease disorder with ineffective cough</td>
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<td>▪ Members with a gastrostomy tube and risk of aspiration if manual chest physical therapy (PT) is indicated on a case by case basis when other methods of daily chest PT have been tried and failed</td>
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<td>Jun. 10, 2016</td>
<td>Communicated noncoverage of IPVs</td>
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Applicable Procedure Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>A7025</td>
<td>High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each</td>
</tr>
<tr>
<td>A7026</td>
<td>High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each</td>
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<tr>
<td>E0467</td>
<td>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 (eff. 01/01/2019)</td>
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<tr>
<td>E0483</td>
<td>High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each</td>
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Applicable ICD-10 Diagnosis Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>A15.0</td>
<td>Tuberculosis of lung</td>
</tr>
<tr>
<td>B91</td>
<td>Sequelae of poliomyelitis</td>
</tr>
<tr>
<td>D81.810</td>
<td>Biotinidase deficiency</td>
</tr>
<tr>
<td>D84.1</td>
<td>Defects in the complement system</td>
</tr>
<tr>
<td>E84.0</td>
<td>Cystic fibrosis with pulmonary manifestations</td>
</tr>
<tr>
<td>E84.11</td>
<td>Meconium ileus in cystic fibrosis</td>
</tr>
<tr>
<td>G12.0</td>
<td>Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]</td>
</tr>
<tr>
<td>G12.1</td>
<td>Other inherited spinal muscular atrophy</td>
</tr>
<tr>
<td>G12.20</td>
<td>Motor neuron disease, unspecified</td>
</tr>
<tr>
<td>G12.21</td>
<td>Amyotrophic lateral sclerosis</td>
</tr>
<tr>
<td>G12.22</td>
<td>Progressive bulbar palsy</td>
</tr>
<tr>
<td>G12.23</td>
<td>Primary lateral sclerosis</td>
</tr>
<tr>
<td>G12.24</td>
<td>Familial motor neuron disease</td>
</tr>
<tr>
<td>G12.25</td>
<td>Progressive spinal muscle atrophy</td>
</tr>
<tr>
<td>G12.29</td>
<td>Other motor neuron disease</td>
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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
G71.11 Myotonic muscular dystrophy
G71.12 Myotonia congenita
G71.13 Myotonic chondrodystrophy
G71.14 Drug induced myotonia
G71.19 Other specified myotonic disorders
G71.2 Congenital myopathies
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
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 dermatomyositis with myopathy
M33.12 Other dermatomyositis with myopathy
M33.22 Polymyositis with myopathy
M33.92 Dermatopolymyositis, unspecified with myopathy
M34.82 Systemic sclerosis with myopathy
M35.03 Sicca syndrome with myopathy
Q33.4 Congenital bronchiectasis

References


Specialty-matched clinical peer review.