

Airway Clearance Devices (for Louisiana Only)

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[Instructions for Use](#)

Content mandated by Louisiana Department of Health

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Application

This Medical Policy only applies to the state of Louisiana. The coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth below in accordance with State requirements.

Coverage Rationale

High frequency chest wall oscillation devices (E0483) are covered for beneficiaries who meet the following criteria.

The beneficiary must have one of the following:

- A diagnosis of cystic fibrosis
- A diagnosis of bronchiectasis:
 - Characterized by daily productive cough for at least 6 continuous, months or, frequent (i.e. more than 2/year) exacerbations requiring antibiotic therapy; and
 - Confirmed by high resolution, spiral, or standard CT scan
- Neuromuscular Disorder; or
- Well-documented failure of standard treatments to adequately mobilize retained secretions with all of the following:
 - Chest physical therapy and flutter device at least twice daily (when age appropriate)
 - A pattern of hospitalizations at least annually or more
 - Significantly deteriorating clinical condition
 - Be under the care of a pulmonologist; and
 - Copies of two pulmonary test results that indicate the beneficiary’s condition improved with the use of the vest

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	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
*E0481	Intrapulmonary percussive ventilation system and related accessories
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

Codes labeled with an asterisk (*) are not on the State of Louisiana Medicaid Fee Schedule and therefore may not be covered by the State of Louisiana Medicaid Program.

Diagnosis Code	Description
A80.0	Acute paralytic poliomyelitis, vaccine-associated
A80.1	Acute paralytic poliomyelitis, wild virus, imported
A80.2	Acute paralytic poliomyelitis, wild virus, indigenous
A80.30	Acute paralytic poliomyelitis, unspecified
A80.39	Other acute paralytic poliomyelitis
A80.4	Acute nonparalytic poliomyelitis
A80.9	Acute poliomyelitis, unspecified
B91	Sequelae of poliomyelitis
E74.02	Pompe disease
E74.4	Disorders of pyruvate metabolism and gluconeogenesis
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
G12.21	Amyotrophic lateral sclerosis
G12.22	Progressive bulbar palsy
G12.25	Progressive spinal muscle atrophy
G12.8	Other spinal muscular atrophies and related syndromes
G12.9	Spinal muscular atrophy, unspecified
G14	Post-polio syndrome
G35	Multiple sclerosis
G71.00	Muscular dystrophy, unspecified
G71.11	Myotonic muscular dystrophy
G71.20	Congenital myopathy, unspecified
G71.21	Nemaline 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
G72.41	Inclusion body myositis [IBM]
G72.89	Other specified myopathies

Diagnosis Code	Description
G73.1	Lambert-Eaton syndrome in neoplastic disease
G73.3	Myasthenic syndromes in other diseases classified elsewhere
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 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
R53.2	Functional quadriplegia
Z99.11	Dependence on respirator [ventilator] status

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

High-Frequency Chest Wall Compression Devices

High-frequency chest wall compression devices are designed to promote airway clearance and improve bronchial drainage. They are indicated when external chest manipulation is the physician's treatment of choice to enhance mucus transport. Refer to the following website for more information (use product code BYI):

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmnmn.cfm>. (Accessed July 28, 2022)

References

Louisiana Department of Health: Durable Medical Equipment Provider Manual, Section 18.2 – High Frequency Chest Wall Oscillation Devices of the Medicaid Services Manual:

<https://www.lamedicaid.com/provweb1/providermanuals/manuals/DME/DME.pdf>. Accessed October 18, 2022.

Policy History/Revision Information

Date	Summary of Changes
04/01/2023	<p>Title Change</p> <ul style="list-style-type: none"> Previously titled <i>High Frequency Chest Wall Compression Devices (for Louisiana Only)</i> <p>Applicable Codes</p> <ul style="list-style-type: none"> Added HCPCS code E0481

Date	Summary of Changes
	<ul style="list-style-type: none"> Added notation to indicate HCPCS codes A7025, A7026, and E0481 are not on the State of Louisiana Fee Schedule and therefore may not be covered by the State of Louisiana Medicaid Program Added list of applicable ICD-10 diagnosis codes: A80.0, A80.1, A80.2, A80.30, A80.39, A80.4, A80.9, B91, E74.02, E74.4, E84.0, E84.9, G12.0, G12.1, G12.9, G12.21, G12.22, G12.25, G12.8, G14, G35, G71.00, G71.11, G71.20, G71.21, G71.220, G71.228, G71.29, G71.3, G71.8, G72.41, G72.89, G73.1, G73.3, G73.7, G80.0, G82.50, G82.51, G82.52, G82.53, G82.54, J47.0, J47.1, J47.9, J98.6, M33.02, M33.12, M33.22, M33.92, M34.82, M35.03, Q33.4, R53.2, and Z99.11 <p>Supporting Information</p> <ul style="list-style-type: none"> Added <i>FDA</i> section Archived previous policy version CS054LA1.B

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual[®] criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.