

High Frequency Chest Wall Compression 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
E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each

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 March 2, 2021.

Policy History/Revision Information

Date	Summary of Changes
04/01/2021	<ul style="list-style-type: none"> Created state-specific policy version for content addressed in the <i>Louisiana Department of Health: Durable Medical Equipment Provider Manual</i>

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.