

## High Frequency Chest Wall Oscillation Device

Airway clearance devices assist beneficiaries with respiratory disorders characterized by excessive respiratory secretions and impaired airway clearance. Devices are available that increase airway resistance to expiratory airflow to promote mucous clearance as well as oscillating or vibratory devices that combine high-frequency airflow with positive expiratory pressure.

### Coverage and Payment Policy

This service requires prior authorization.

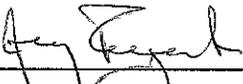
High frequency chest wall oscillation devices are covered for beneficiaries who meet:

- A. Criterion 1, 2, or 3, and
  - B. Criterion 4
1. There is a diagnosis of cystic fibrosis.
  2. There is a diagnosis of bronchiectasis 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.

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

3. The beneficiary has one of the following neuromuscular disease diagnoses :
  - 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.

5. Initial approval will be for a rental period of 90 days. Requests for continued device usage must be accompanied by clinical documentation of stabilization or improvement during the initial 90 day use period.

Approved by:  Associate Medical Director  
Jerry Fingerut, MD

Date: \_\_\_\_\_

Reviewed: \_\_\_\_\_

Revised: 18 February 2015