

LCD for High Frequency Chest Wall Oscillation Devices (L12870)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

LCD Information

LCD ID Number

L12870

LCD Title

High Frequency Chest Wall Oscillation Devices

Contractor's Determination Number

HFCWO

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CMS National Coverage Policy**Primary Geographic Jurisdiction**

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

LCD Information

Oversight Region

Region I

DME Region LCD Covers

Jurisdiction A

Original Determination Effective Date

For services performed on or after 10/01/2003

Original Determination Ending Date

Revision Effective Date

For services performed on or after 10/01/2009

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare a written signed and dated order must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

High frequency chest wall oscillation devices (HFCWO) (E0483) are covered for patients who meet:

- A. Criterion 1,2 or 3, and
- B. Criterion 4

1. There is a diagnosis of cystic fibrosis (ICD-9 277.00, 277.02).
2. There is a diagnosis of bronchiectasis (ICD-9 011.50-011.56, 494.0, 494.1, 748.61) 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 this criterion.

LCD Information

3. The patient has one of the following neuromuscular disease diagnoses:
 - Post-polio (138)
 - Acid maltase deficiency (277.6)
 - Anterior horn cell diseases (335.0-335.9)
 - Multiple sclerosis (340)
 - Quadriplegia (344.00-344.09)
 - Hereditary muscular dystrophy (359.0, 359.1)
 - Myotonic disorders (359.21-359.29)
 - Other myopathies (359.4, 359.5, 359.6, 359.89)
 - Paralysis of the diaphragm (519.4)
4. There must be well-documented failure of standard treatments to adequately mobilize retained secretions.

If all of the criteria are not met, the claim will be denied as not medically necessary.

It is not medically necessary for a patient to use both an HFCWO device and a mechanical in-
exsufflation device (E0482).

Replacement supplies, A7025 and A7026, used with patient owned equipment, are covered if the patient meets the criteria listed above for the base device, E0483. If these criteria are not met claims will be denied as not medically necessary.

Coverage Topic

Durable Medical Equipment

Coding Information

CPT/HCPCS Codes

The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS:

EY - No physician or other licensed health care provider order for this item or service

GA - Waiver of liability statement on file

GZ - Item or service expected to be denied as not reasonable and necessary

KX - Requirements specified in the medical policy have been met

HCPCS CODES:

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 AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH

Coding Information

ICD-9 Codes that Support Medical Necessity

The presence of an ICD-9 code listed in this section is not sufficient by itself to assure coverage. Refer to the section on "Indications and Limitation of Coverage and/or Medical Necessity" for other coverage criteria and payment information.

011.50 - 011.56	TUBERCULOUS BRONCHIECTASIS UNSPECIFIED EXAMINATION - TUBERCULOUS BRONCHIECTASIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
138	LATE EFFECTS OF ACUTE POLIOMYELITIS
277.00	CYSTIC FIBROSIS WITHOUT MECONIUM ILEUS
277.02	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS
277.6	OTHER DEFICIENCIES OF CIRCULATING ENZYMES
335.0 - 335.9	WERDNIG-HOFFMANN DISEASE - ANTERIOR HORN CELL DISEASE UNSPECIFIED
340	MULTIPLE SCLEROSIS
344.00 - 344.09	QUADRIPLEGIA UNSPECIFIED - OTHER QUADRIPLEGIA
359.0	CONGENITAL HEREDITARY MUSCULAR DYSTROPHY
359.1	HEREDITARY PROGRESSIVE MUSCULAR DYSTROPHY
359.21 - 359.29	MYOTONIC MUSCULAR DYSTROPHY - OTHER SPECIFIED MYOTONIC DISORDER
359.4 - 359.6	TOXIC MYOPATHY - SYMPTOMATIC INFLAMMATORY MYOPATHY IN DISEASES CLASSIFIED ELSEWHERE
359.89	OTHER MYOPATHIES
494.0	BRONCHIECTASIS WITHOUT ACUTE EXACERBATION
494.1	BRONCHIECTASIS WITH ACUTE EXACERBATION
519.4	DISORDERS OF DIAPHRAGM
748.61	CONGENITAL BRONCHIECTASIS

Diagnoses that Support Medical Necessity

Refer to the previous section.

ICD-9 Codes that DO NOT Support Medical Necessity

All ICD-9 codes that are not specified in the previous section.

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

All diagnoses that are not specified in the previous section.

General Information

Documentation Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

The ICD-9 code that justifies the need for these items must be included on the claim.

KX, GA, AND GZ MODIFIERS:

Suppliers must add a KX modifier to codes for an HFCWO device and accessories only if all of the criteria in the Indications and Limitations of Coverage and/or Medical Necessity section of this policy have been met.

If all of the criteria in the Indications and Limitations of Coverage and/or Medical Necessity section have not been met, the GA or GZ modifier must be added to the code. When there is an expectation of a medical necessity denial, suppliers must enter GA on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or GZ if they have not obtained a valid ABN.

Claim lines billed without a KX, GA, or GZ modifier will be rejected as missing information.

Refer to the Supplier Manual for more information on documentation requirements.

Appendices

Utilization Guidelines

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

Sources of Information and Basis for Decision

Advisory Committee Meeting Notes

Start Date of Comment Period

09/06/2002

General Information

End Date of Comment Period

10/25/2002

Start Date of Notice Period

06/01/2003

Revision History Number

HFCWO003

Revision History Explanation

Revision Effective Date: 10/01/2009

INDICATIONS AND LIMITATIONS OF COVERAGE:

Clarified: Coverage criterion #2.

HCPCS CODES AND MODIFIERS:

Added: GA, GZ modifiers.

Revised: KX modifier.

DOCUMENTATION REQUIREMENTS:

Added: Instructions for GA and GZ modifiers.

Revision Effective Date: 10/01/2008

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added: Coverage for specified neuromuscular diseases.

Added: Statement about concurrent use of mechanical in-exsufflation device.

ICD-9 CODES THAT SUPPORT MEDICAL NECESSITY:

Added: ICD-9 codes for neuromuscular diseases.

03/01/2008 - In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L12870 from DME PSC TriCenturion (77011) LCD L12870.

Revision Effective Date: 07/01/2007

INDICATIONS AND LIMITATIONS OF COVERAGE:

Removed: DMERC references.

DOCUMENTATION REQUIREMENTS:

Removed: DMERC references.

Removed: Additional documentation requirements.

SOURCES OF INFORMATION AND BASIS FOR DECISION:

Removed: References.

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 04/01/2005

LMRP converted to LCD and Policy Article.

INDICATIONS AND LIMITATIONS OF COVERAGE AND/OR MEDICAL NECESSITY:

Revised: Coverage criteria to allow conventional CT scan for diagnosis of bronchiectasis.

General Information

Reason for Change

Last Reviewed On Date

Related Documents

Article(s)

[A25231 - High Frequency Chest Wall Oscillation Devices - Policy Article - Effective October 2008](#)

LCD Attachments

There are no attachments for this LCD

Article for High Frequency Chest Wall Oscillation Devices - Policy Article - Effective October 2008 (A25231)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

Article Information

Article ID Number

A25231

Article Type

Article

Key Article

Yes

Article Title

High Frequency Chest Wall Oscillation Devices - Policy Article - Effective October 2008

Primary Geographic Jurisdiction

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

DME Region Article Covers

Jurisdiction A

Original Article Effective Date

04/01/2005

Article Information

Article Revision Effective Date

10/01/2008

Article Text

CODING GUIDELINES

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

Suppliers should contact the Pricing, Data Analysis, and Coding (PDAC) contractor for guidance on the correct coding of these items.

Coverage Topic

Durable Medical Equipment

Coding Information

No Coding Information has been entered in this section of the article.

Other Information

Other Comments

3/1/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A25231 from DME PSC TriCenturion (77011) Article A25231.

Revision History Explanation

Revision Effective Date: 10/01/2008

CODING GUIDELINES:

Revised: Reference from SADMERC to PDAC

3/1/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A25231 from DME PSC TriCenturion (77011) Article A25231.

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Effective Date: 04/01/2005

LMRP converted to LCD and Policy Article

Related Documents

LCD(s)

[L12870 - High Frequency Chest Wall Oscillation Devices](#)