



ND

Medical Policies



Policy Number: E-68

Policy Name: High Frequency Chest Wall Oscillation Devices

Policy Type: Medical

Policy

Durable Medical Equipment (DME)

Subtype:

Effective Date: 09-15-2025

End Date: 11-02-2025

Description

A high frequency chest wall oscillation (HFCWO) device (e.g., ABI Vest Airway Clearance System, Therapy Vest) is an airway clearance device consisting of an inflatable vest connected by tubes to a small air-pulse generator.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

High frequency chest wall oscillation devices (HFCWO) may be considered medically necessary when **One (1) or more** of the following criteria are met:

- Individual has a diagnosis of cystic fibrosis; **or**
- Individual has a diagnosis of chronic diffuse bronchiectasis, when **ALL** the following criteria have been met:
 - Diagnosis has been confirmed by CT scan, **and**:
 - Standard chest physical therapy has **EITHER**:
 - Failed; **or**
 - Is unavailable; **or**
 - Is not tolerated; **and**
 - Disease state is evidenced by ONE or more of the following:
 - Daily productive cough for at least six (6) continuous months; **or**
 - Exacerbations MORE than two (2) times per year requiring antibiotic therapy; **or**

- The individual has one (1) of the following neuromuscular disease diagnoses:
 - Acid maltase deficiency (Pompe Disease); **or**
 - Anterior horn cell diseases; **or**
 - Multiple sclerosis; **or**
 - Quadriplegia; **or**
 - Hereditary muscular dystrophy; **or**
 - Myotonic disorders; **or**
 - Other myopathies ; **or**
 - Paralysis of the diaphragm; **and**
- There must be well-documented failure of standard treatments to adequately mobilize retained secretions or valid reasons why standard chest physiotherapy cannot be performed (such as inability of caregiver to perform), is unavailable or not tolerated.

Replacement supplies used with individual owned equipment may be considered medically necessary if the individual meets the criteria listed above for the base device.

HFCWO devices not meeting criteria as indicated in this policy are considered not medically necessary.

Procedure Codes

A7020	A7021	A7025	A7026	E0469	E0482	E0483
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Professional Statements and Societal Positions Guidelines

Not Applicable

Diagnosis Codes

Covered diagnosis codes for procedure codes: A7020, A7025, A7026, E0482, and E0483

A15.0	A80.0	A80.1	A80.2	A80.39	A80.4	B91
D81.810	D84.1	E74.02	E74.4	E84.0	G12.0	G12.1
G12.8	G12.21	G12.22	G12.25	G14	G35	G71.01
G71.02	G71.09	G71.21	G71.220	G71.228	G71.29	G71.3
G71.8	G71.11	G71.12	G71.13	G71.14	G71.19	G72.0
G72.1	G72.2	G72.41	G72.89	G73.1	G73.7	G80.0
G80.1	G80.2	G80.3	G80.4	G80.8	G82.51	G82.52
G82.53	G82.54	J44.89	J47.0	J47.1	J47.9	J98.6

M33.02	M33.12	M33.22	M33.92	M34.82	M35.03	Q33.4
R53.2	Z99.11					

CURRENT CODING

HCPCS:

A7020	Interface, cough stim device	Medicaid Expansion
A7021	Suppl and access lung expan	Medicaid Expansion
A7025	Replace chest compress vest	Medicaid Expansion
A7026	Replace chst cmprss sys hose	Medicaid Expansion
E0469	Lung expans high oscil neb	Medicaid Expansion
E0482	Cough stimulating device	Medicaid Expansion
E0483	Hi freq chest wall oscil sys	Medicaid Expansion
A7020	Interface, cough stim device	Commercial
A7021	Suppl and access lung expan	Commercial
A7025	Replace chest compress vest	Commercial
A7026	Replace chst cmprss sys hose	Commercial
E0469	Lung expans high oscil neb	Commercial
E0482	Cough stimulating device	Commercial
E0483	Hi freq chest wall oscil sys	Commercial

References

1. Seifer FD, Hansen G, Weycker D. Health care utilization and expenditures among patients with comorbid bronchiectasis and chronic obstructive pulmonary disease in US clinical practice. *Chron Resp Dis*. 2019;16:1-8.
2. Sancho J, Bures E, Ferrer S, et al. Mechanical insufflation-exsufflation with oscillations in amyotrophic lateral sclerosis with home ventilation via tracheostomy. *Resp Care*. 2021; 66(3):378-382.
3. Morrison L, Milroy S. Oscillating devices for airway clearance in people with cystic fibrosis. *Cochrane Database Syst Rev*. 2020;4(4):CD006842.
4. Livnat G, Yaari N, Stein N, et al. 4-week daily airway clearance using oscillating positive-end expiratory pressure versus autogenic drainage in bronchiectasis patients: A randomised controlled trial. *ERJ Open Res*. 2021;7(4):00426-2021.
5. Alghamdi SM, Barker RE, Alsulayyim ASS, et al. Use of oscillatory positive expiratory pressure (OPEP) devices to augment sputum clearance in COPD: A systematic review and meta-analysis. *Thorax*.

2020;75(10):855-863.

6. Alghamdi SM, Alsulayyim AS, Alasmari AM, et al. Oscillatory positive expiratory pressure therapy in COPD (O-COPD): a randomised controlled trial. *Thorax*. 2023;78(2):136-143.

ND Committee Review

Internal Medical Policy Committee 7-22-2020 Annual Review no changes in criteria.

Internal Medical Policy Committee 9-21-2020 ICD-10 coding update.

- **Removed** Diagnosis code G71.2 and
- **Added** Diagnosis codes G71.20; G71.21; G71.220; G71.228 and G71.29.

Internal Medical Policy Committee 9-21-2021

- **Removed** Diagnosis code R48.0; and
- **Removed** Policy Position; and
- **Added** Procedure code A7020.

Internal Medical Policy Committee 9-28-2022 Annual Review-no changes in criteria.

Internal Medical Policy Committee 3-23-2023 Annual Review-no changes in criteria.

Internal Medical Policy Committee 11-15-2023 - **Effective October 01, 2023**

- **Added** Diagnosis code J44.89

Internal Medical Policy Committee 9-17-2024

- **Effective October 01, 2024**, Annual Review-no changes in criteria.
- **Effective November 04, 2024**
 - **Removed** diagnosis codes E84.9; G12.9; G12.20; G12.29; G71.0; G71.00; G71.20; & G82.50; and
 - **Added** diagnosis codes A80.0; A80.1; A80.2; A80.39; A80.4; E74.02; E74.4; G12.25; G72.41; G73.1; G80.0; G80.1; G80.2; G80.3; G80.8; R53.2; & Z99.11; and
 - **Added** Policy Application; and
 - **Updated** verbiage.

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.