| NORTH Dakota Be Legendary. \| Health & Human Services | **CHEST WALL OSCILLATING DEVICE** **(AIRWAY VEST SYSTEM)** Service Authorization Required: Yes CMN Required: No |
|---|---|
| **DURABLE MEDICAL EQUIPMENT MANUAL** | COVERAGE AND LIMITATION CRITERIA AND POLICIES |
| EFFECTIVE: March 2007 | REVISED: December 2023 |

## HIGH FREQUENCY CHEST WALL OSCILLATING DEVICE

**Indications and limitations of coverage and medical appropriateness:**

Coverage allowed if the member is unable to cough or remove phlegm on their own, and must have one of the following diagnoses:

- Moderate or severe cystic fibrosis. Member has failed standard chest physiotherapy. Failure is defined as continued frequent severe exacerbations of respiratory distress.
- Bronchiectasis which has been confirmed by a high resolution, spiral, or standard CT scan and which is characterized by:
  - Daily productive cough for at least 6 continuous months; **or**
  - Frequent (i.e., more than 2/year) exacerbations requiring antibiotic therapy. **And**
  - Failure of standard treatments (e.g., pharmacotherapy, postural drainage, chest percussion, vibration) to mobilize secretions.

  Chronic bronchitis and chronic obstructive pulmonary disease (COPD) in the absence of a confirmed diagnosis of bronchiectasis do not meet this criterion.
- Neuromuscular disorder: North Dakota Medicaid utilizes the ICD10 code list in the LCD-related Policy A52494 Article for applicable diagnoses.
  - Proof of failure, intolerance, or contraindication to standard treatment (e.g., pharmacotherapy, postural drainage, daily chest percussion) and standard airway clearance device (e.g., mechanical percussors, positive expiratory pressure device).

Indications for which HFCWO is considered investigational include alpha 1-antitrypsin deficiency, childhood atelectasis, cerebral palsy, coma, kyphosis, leukodystrophy, scoliosis, and stiff-person syndrome.

Only one compressor allowed per household. No exceptions

Limited to one every ten years.

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## HIGH FREQUENCY CHEST WALL OSCILLATING DEVICE

**Trial Rental Period:**

- Initial: Trial period of six month.
- Continued Use:

  - There is documentation of an initial trial during which the member and the family (when applicable) demonstrates ability to comply with prescribed treatment regimen.
  - Continued use of a high frequency chest compression device must provide documented proof of monthly compliance of use. High frequency chest compression devices with usage meters must have documentation that reflects the member's use of at least 67% of the prescribed time.

**Documentation Requirements:**

- There must be well-documented failure of standard treatments to adequately mobilize retained secretions.
- Prescribing physician **must** address the following questions in the medical documentation when the service authorization is requested:
  - Does the member currently have a vest/generator?
  - What other bronchial drainage device/treatment has been tried, and why it failed?
  - Can the member/family use the vest effectively?
  - Does the vest/generator meet all the bronchial drainage therapy needs?
  - What is the frequency of antibiotics or hospitalizations and the associated costs over the past one year?
- A prescription from prescribing physician/practitioner.
- Physician/practitioner exam within 90 days of the service authorization start date.
- Renewal requests should document member compliance, update of therapy plan, and current medications, and a history of any hospitalization during the trial period.  Only one compressor allowed per household. No exceptions  Limited to one every ten years.

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## HIGH FREQUENCY CHEST WALL OSCILLATING DEVICE

**Non-covered:** NDMA will not reimburse providers for bronchial drainage performed by a therapist or any other health care professional while the member has a functional bronchial drainage vest. It is also recommended that the family members maintain their manual chest percussion therapy (CPT) skills.

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## HIGH FREQUENCY CHEST WALL OSCILLATING DEVICE

| Date | Revisions |
|---|---|
| February 2017 | Reviewed and revised. |
| December 12, 2023 | Reviewed and reformatted.<br><br>Coverage section deleted Ciliary dyskinesis. Added: Indications for which HFCWO is considered investigational include alpha 1-antitrypsin deficiency, childhood atelectasis, cerebral palsy, coma, kyphosis, leukodystrophy, scoliosis, and stiff-person syndrome.<br><br>Bullet #1 added Member has failed standard chest physiotherapy. Failure is defined as continued frequent severe exacerbations of respiratory distress.<br><br>Bullet #2 added which has been confirmed by a high resolution, spiral, or standard CT scan and which is characterized by:<br>• Daily productive cough for at least 6 continuous months; or<br>• Frequent (i.e., more than 2/year) exacerbations requiring antibiotic therapy. And<br>• Failure of standard treatments (e.g., pharmacotherapy, postural drainage, chest percussion, vibration) to mobilize secretions.<br><br>Chronic bronchitis and chronic obstructive pulmonary disease (COPD) in the absence of a confirmed diagnosis of bronchiectasis do not meet this criterion.<br><br>Bullet #3 deleted (Muscular dystrophy, Multiple Sclerosis, ALS). Added to bullet #3 North Dakota Medicaid utilizes the ICD10 code list in the LCD-related Policy A52494 Article for applicable diagnoses, and Proof of failure, intolerance, or contraindication to standard treatment (e.g., pharmacotherapy, postural drainage, daily chest percussion) and standard airway clearance device (e.g., mechanical percussors, positive expiratory pressure device). |

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| **HIGH FREQUENCY CHEST WALL OSCILLATING DEVICE** | |
|---|---|
| | Added Trial Rental Period:<br>• Initial: Trial period of six month.<br>• Continued Use:<br>• There is documentation of an initial trial during which the member and the family (when applicable) demonstrates ability to comply with prescribed treatment regimen.<br>• Continued use of a high frequency chest compression device must provide documented proof of monthly compliance of use. High frequency chest compression devices with usage meters must have documentation that reflects the member's use of at least 67% of the prescribed time.<br>Documentation Requirement section.<br>Added:<br>• There must be well-documented failure of standard treatments to adequately mobilize retained secretions.<br>• A prescription from prescribing practitioner.<br>• Physician/practitioner exam within 90 days of the service authorization start date. |
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