



HFCWO Devices

Documentation Requirements

Medicare/Commercial/Tricare

- ★ HFCWO Prescription
- ★ Medical records (see below for criteria)

Medicaid

- ★ Medicaid Certificate of Medical Necessity
- ★ Medical records (see below for criteria)

Medical Record Requirements

- ★ Face to face visit with treating practitioner documenting patient's condition that requires the machine.
 - For Medicaid, this visit must take place within 6 months of the order.
- ★ Medical record must support:
 - One of the following:
 - Diagnosis of cystic fibrosis (approved codes available in the link below).
 - Diagnosis of bronchiectasis (approved codes available in the link below).
 - Confirmed by a high resolution, spiral, or standard CT scan.
 - Characterized by a daily productive cough for at least 6 continuous months OR frequent (more than 2/year) exacerbations requiring antibiotic therapy.
 - Chronic bronchitis and COPD in the absence of bronchiectasis do not meet this criterion.
 - The patient has one of the following neuromuscular diseases (approved codes in the link below)
 - Post polio
 - Acid maltase deficiency
 - Anterior horn cell diseases
 - Multiple sclerosis
 - Quadriplegia
 - Hereditary muscular dystrophy
 - Myotonic disorders
 - Other myopathies
 - Paralysis of the diaphragm
 - Well documented failure of standard treatments to adequately mobilize retained secretions.
- ★ There must be information in the patient's medical record that describes in detail the underlying medical condition(s) that cause the accumulation of pulmonary secretions, the treatment interventions (for example, chest physiotherapy, postural drainage, medications used, mechanical modalities such as in-exsufflation devices (not all-inclusive)) and the effectiveness of the treatment.
- ★ For all approved codes, please reference the Medicare High Frequency Chest Wall Oscillation Devices Policy Article.
<https://med.noridianmedicare.com/web/jddme/policies/lcd/active>