



Medicare High Frequency Chest Wall Oscillation (HFCWO) Device Qualifications

Prescription

- Patient's Name
- Order Date
- General Description of the Item
- Treating Practitioner Name or NPI
- Treating Practitioner's Signature

Chart Notes (must support the following)

**This policy is diagnosis driven. Please refer to the qualifications for the appropriate diagnosis below.*

- **Cystic Fibrosis**- must meet both criteria.
 - A. Documented diagnosis of cystic fibrosis
 - B. Well-documented failure of standard treatments in medical record.
- **Neuromuscular Disease**- must meet both criteria.
 - A. Documented diagnosis of one of the following: Acid maltase deficiency, Anterior horn cell diseases, Hereditary muscular dystrophy, post-polio, Myotonic disorders, other myopathies, paralysis of the diaphragm, multiple sclerosis, quadriplegia
 - B. Well-documented failure of standard treatments in medical record.
- **Bronchiectasis**- must meet all three criteria.
 - A. Documented diagnosis of Bronchiectasis confirmed by a CT scan.
 - B. Well-documented failure of standard treatments in medical record
 - C. Documented daily productive cough for at least 6 continuous months OR documented frequent (i.e., more than 2/year) exacerbations requiring antibiotic therapy.

Disclaimer: This information was prepared as an educational tool and not intended to grant rights or impose obligation. This information is only intended to be a general summary and not intended to take place of written law or regulations.

Current as of August 2024

Scan For High Frequency Chest Wall Oscillation Device Criteria

