
CHAPTER 18: DURABLE MEDICAL EQUIPMENT

SECTION 18.2: SPECIFIC COVERAGE CRITERIA**PAGE(S) 1**

18.2.1.3 High Frequency Chest Wall Oscillation Devices

High frequency chest wall oscillation devices are covered for beneficiaries who meet the following criteria.

The beneficiary must have one of the following:

1. Diagnosis of cystic fibrosis;
2. Diagnosis of bronchiectasis:
 - a. Characterized by daily productive cough for at least 6 continuous, months or, frequent (i.e. more than 2/year) exacerbations requiring antibiotic therapy; and
 - b. Confirmed by high resolution, spiral, or standard CT scan.
3. Neuromuscular Disorder; or
4. Well-documented failure of standard treatments to adequately mobilize retained secretions with all of the following:
 - a. Chest physical therapy and flutter device at least twice daily (when age appropriate);
 - b. Pattern of hospitalizations at least annually or more;
 - c. Significantly deteriorating clinical condition;
 - d. Be under the care of a pulmonologist; and
 - e. Copies of two pulmonary test results that indicate the beneficiary's condition improved with the use of the vest.