



Medicare Requirements For High Frequency Chest Wall Oscillation Systems

Medicare provides coverage for High Frequency Chest Wall Oscillation devices.

High frequency chest wall oscillation devices (HFCWO) (E0483) are covered for patients who meet:

A. Criteria 1,2 or 3, and

B. Criterion 4

1. There is a diagnosis of cystic fibrosis (ICD-9 277.00, 277.02).
2. There is a diagnosis of bronchiectasis, (ICD-9 011.50-011.56, 494.0, 494.1, 748.61), **(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. The patient has one of the following neuromuscular disease diagnoses:
 - Post-polio (138)
 - Acid maltase deficiency (277.6)
 - Anterior horn cell diseases (335.0-335.9)
 - Multiple sclerosis (340)
 - Quadriplegia (344.00-344.09)
 - Hereditary muscular dystrophy (359.0, 359.1)
 - Myotonic disorders (359.21-359.29)
 - Other myopathies (359.4, 359.5, 359.6, 359.89)
 - Paralysis of the diaphragm (519.4)
4. There must be well-documented failure of standard treatments to adequately mobilize retained secretions

Questions?
Call Electromed, Inc. at 800-462-1045