

**Criteria Checklist**  
**Alabama Medicaid Agency**  
**High Frequency Chest Wall Oscillation Air Pulse Generator System**  
Children under the age of 21 and EPSDT eligible

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**PREREQUISITE CRITERIA** *All of the following **must** be met:*

- Patient is Medicaid eligible
- Patient is under age 21 and has a current EPSDT screening
- Documented\* medical diagnosis of chronic lung condition of cystic fibrosis
- Medical documentation\* submitted stating that other means of chest physiotherapy including hand percussion, mechanical percussion, and the PEP device have been used and failed
- Medical documentation\* indicates a need for chest physiotherapy at least twice daily
- Clinical documentation\* indicates that manual therapy has been used and does not mobilize the respiratory tract secretions or that patient is intolerant of P/PD
- Patient has a written order or signed prescription from the physician to a participating supplier which documents\* medical necessity for a percussor

**ADDITIONAL CRITERIA** *At least one of the two criteria in each group must be met with supporting reports and documentation\*:*

- Patient had two or more hospitalizations during the last twelve months  
**OR**
- Patient had episodes of home intravenous antibiotic therapy for acute pulmonary exacerbations during the last twelve months
  
- Patient's FEV1 (forced respiratory flow in one second) is less than 80% of predicted value  
**OR**
- Patient's FVC (forced vital capacity) is less 50% of the predicted value
  
- A primary caregiver is not available to administer manual therapy – if so, trial of hand percussion is not a prerequisite  
**OR**
- A primary caregiver is available but not capable of performing manual therapy

**DIAGNOSIS CODES**

Please refer to Chapter 14 of the Provider Manual for the ICD-10 crosswalk codes.

**PROCEDURE CODES**

E0483

Initial approval of the HFCWO air vest will be for 90 days. At the end of 90 days, documentation\* is required that the device has been used at least 67% of the prescribed time. Patient's respiratory status is documented\* as stable or improving. Patient compliance and tolerance must be documented\* before the purchase will be approved.

*\*Documentation may include notes from the patient chart.*