

Document ID: AETAMA-096937	Title: (AMA) 7100.72 CPT Vest-High Frequency Chest - Louisiana Policy	
Parent Documents: N/A		
Effective Date: See Document Information Page	Last Review Date: See Review and Revision History Section	Business Process Owner (BPO): Principal Clinical Ld., 0000791161 CS AMA UM Shared Svs Ldr
Exhibit(s): N/A		
Document Type: Policy and Procedure		

PURPOSE

The purpose of this policy is to describe the health plan’s process for the prior authorization decision-making conditions in which CPT Vest-High Frequency Chest Wall Oscillation Device may be authorized according to the directives from state of Louisiana Medicaid.

SCOPE

The scope of this policy applies to the Louisiana Prior Authorization staff and all colleagues processing authorization requests for CPT Vest-High Frequency Chest Wall Oscillation Device

POLICY

This policy is provided to prior authorization information to staff for processing of authorization requests for CPT Vest-High Frequency Chest Wall Oscillation Device.

This provides specific state directives in addition to MCG ® criteria to use when processing requests. It defines additional Louisiana state qualifications and authorization and documentation requirements.

Member Criteria and Prior Authorization Requirements¹

All services must be prior authorized and should include documentation to meet the medical necessity criteria listed above.

- Must have a diagnosis of cystic Fibrosis or Bronchiectasis
 - Must be characterized by daily productive cough for at least 6 continuous months or frequent (i.e., more than two years) exacerbations requiring antibiotic therapy and
 - Confirmed by high resolution, spiral, or standard CT scan.
- Neuromuscular Disorder or
- Well documented failure of standard treatments to adequately mobilize retained secretions with all of the following:
 - Chest Physical Therapy and flutter device at least twice daily (when age appropriate)
 - Pattern of hospitalizations at least annually or more;
 - Significantly deteriorating clinical condition;
 - Be under the care of a pulmonologist and
 - Copies of two pulmonary test results that indicate the member’s condition

¹ **2025 Louisiana Department of Health Services Manual, Chapter 18 DME Provider Manual p. 25**

Document ID: AETAMA-096937	Title: (AMA) 7100.72 CPT Vest-High Frequency Chest - Louisiana Policy
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improved with the use of the vest.

- Must meet medical necessity criteria for requested device.

DEFINITIONS:

- 1. Chest Percussion Treatment (CPT) - A treatment of percussing or clapping along the chest wall to loosen mucus secretions so they may be coughed up as defined by the National Institute of Health National Library of Medicine.**
- 2. Current Procedural Terminology (CPT) codes - A set of medical number codes used by physicians, allied health professionals and medical facilities to identify a specific tasks, diagnostic services, procedures or treatments and are used for billing and reimbursement of these services.²**
- 3. Durable Medical Equipment (DME) - Durable medical equipment is furnished by a supplier or a home health agency and is equipment that meets the following criteria: 1. Can withstand repeated use; 2. Is used to serve a medical purpose; 3. Generally is not useful to a member in the absence of an illness or injury; and 4. Is appropriate for use in the home.³**
- 4. High Frequency Chest Wall Oscillation Device - An inflatable device worn like a vest, connected by tubes to a small air-pulse generator that vibrates, assisting to loosen pulmonary secretions allowing coughing and expelling of secretions.**
- 5. MCG ® Criteria - A standard set of guidelines and criteria that offer evidence-based criteria, goals, optimal care pathways, and other decision -support tools for proactive care management, case review and assessment.**
- 6. Prior Authorization (PA) - Approval from the health plan that is required before receiving a service in order for the service to be covered.**

APPLICABLE CPT CODES

This policy applies the additional definitions, qualifications, criteria and documentation requirements to the procedure codes listed below. Listing of a code in this policy does not imply

² American Association of Procedure Coding (AAPC) definition for CPT codes.

³ **2025** Louisiana Department of Health Services Manual, Chapter 18 DME Provider Manual p. 25

Document ID: AETAMA-096937	Title: (AMA) 7100.72 CPT Vest-High Frequency Chest - Louisiana Policy
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that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS	Description
A7025	High frequency chest wall oscillation vest
<u>E0483</u>	<u>High-Frequency Chest Wall Oscillation (HFCWO) system</u>

Resources/ References

- 2023 Louisiana Medicaid Managed Care Organization Attachment A Model Contract
- **2025** Louisiana Medicaid Services Manual Chapter 18.2: Durable Medical Equipment High Frequency Chest Wall Oscillation Devices **p. 25**
- **American Association of Procedure Coding (AAPC) definition for CPT codes**