High Frequency Chest Wall Oscillation Devices

DRAFT

Humana

Medicaid Medical Coverage Policy

Original Effective Date: 01/01/2023
Effective Date: XX/XX/XXXX
Review Date: 10/07/2025
Policy Number: LA.CLI.046.001
Line of Business: Medicaid
State(s): LA

Table of Contents

Disclaimer
The Clinical Coverage Policies are reviewed by the Humana Medicaid Coverage Policy Adoption (MCPA) Forum. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from Humana.

~~Summary of Changes:~~
~~10/9/2024: Annual Review, updated references to most recent edition reviewed.~~

~~Scope:~~

Description

This policy applies to all Humana Healthy Horizons in Louisiana (Plan) associates who administer, review, or communicate covered physical and behavioral health benefits and services to eligible enrolled members.

~~Policy:~~

Coverage Determination

Humana Healthy Horizons in Louisiana members may be eligible under the Plan for ~~H~~**h**igh frequency chest wall oscillation devices ~~are covered for members who meet the following criteria:~~ **when the following criteria are met:**

- ~~The member~~ **Individual** must have one of the following:
  - Diagnosis of cystic fibrosis; **OR**
  - Diagnosis of bronchiectasis

- Characterized by daily productive cough for at least 6 continuous months or frequent ~~(ie more than 2/year)~~ exacerbations **(ie more than 2 per year)** requiring antibiotic therapy; ~~and~~ **AND**
- Confirmed by high resolution, spiral, or standard CT scan~~.~~

OR

- Neuromuscular disorder; **OR**

- ~~Well d~~**D**ocumented failure of standard treatments to adequately mobilize retained secretions with all of the following;

  - Chest physical therapy (PT) and flutter device at least twice daily (when age appropriate; ~~and~~ **AND**
  - ~~A P~~**P**attern of hospitalizations at least once annually; ~~and~~ **AND**
  - Significantly deteriorating clinical condition; ~~and~~ **AND**
  - Be under the care of a pulmonologist; ~~and~~ **AND**
  - Copies of **(2)** two pulmonary test results that indicate the member's condition improved with the use of the vest~~.~~

~~Definitions:~~
~~N/A~~

References

1. Louisiana Department of Health. Medicaid Services Manual. Chapter 18: Durable Medical Equipment. https://ldh.la.gov/medicaid. Published September 1, 2010. Updated June 25, 2025.

~~2. State of Louisiana Bureau of Health Services Financing. Durable Medical Equipment Provider Manual, Chapter Eighteen of the Medicaid Services Manual (3/18/2024). Accessed (9/30/2024).~~

~~Version Control:~~

Change Summary

8/22/22: Policy Creation-Approved by LDH for Readiness
5/15/23: Approved by LA UM Committee
9/6/23: Changed to new template for Annual Review Due by 5.15.24.
10/9/24: Annual Review, updated references to the most recent edition reviewed
10/07/2025 Annual Review, No Coverage Change. New Clinical Coverage Policy Template

~~Non-Compliance:~~

~~Failure to comply with any part of Humana's policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services, or relationship with Humana. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules, and regulations.~~

~~Any unlawful act involving Humana systems or information may result in Humana turning over all evidence of unlawful activity to appropriate authorities. Information on handling sanctions related to noncompliance with this policy may be found in the Expectations for Performance, and Critical Offenses policies, both of~~

~~which may be found in the Associate Support Center via Humana's secure intranet on Hi! (Workday & Apps/Associate Support Center).~~