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Medicare diagnoses indicative of coverage for high frequency chest wall oscillation (HFCWO) therapy (E0483)[1]

The most common diagnoses for which Medicare and many other payers will consider coverage of HFCWO, when medically necessary, are listed below. The appropriate ICD-10 code should be listed as a primary or secondary diagnosis on the prescription form.

	Code	Description
Bronchiectasis	J47.0	Bronchiectasis with acute lower respiratory infection
	J47.1	Bronchiectasis with (acute) exacerbation
	J47.9	Bronchiectasis, uncomplicated
	Q33.4	Congenital bronchiectasis
Cystic fibrosis (CF)	E84.0	Cystic fibrosis with pulmonary manifestations
	E84.9	Cystic fibrosis, unspecified
Metabolic disorder	E74.02	Pompe disease
	E74.05	Lysosome-associated membrane protein 2 [LAMP2] deficiency
Neuromuscular diseases	**Spinal muscular atrophy and related syndromes**	
	G12.0	Infantile spinal muscular atrophy, type I (Werdnig-Hoffman)
	G12.1	Other inherited spinal muscular atrophy
	G12.20	Motor neuron disease, unspecified
	G12.21	Amyotrophic lateral sclerosis (ALS)
	G12.22	Progressive bulbar palsy
	G12.23	Primary lateral sclerosis
	G12.24	Familial motor neuron disease
	G12.25	Progressive spinal muscle atrophy
	G12.29	Other motor neuron disease
	G12.8	Other spinal muscular atrophies and related syndromes
	G12.9	Spinal muscular atrophy, unspecified
	Quadriplegia	
	G82.50	Quadriplegia, unspecified
	G82.51	Quadriplegia, C1-C4 complete
	G82.52	Quadriplegia, C1-C4 incomplete
	G82.53	Quadriplegia, C5-C7 complete
	G82.54	Quadriplegia, C5-C7 incomplete
	Myotonic disorders	
	G71.11	Myotonic muscular dystrophy
	G71.12	Myotonia congenita
	G71.13	Myotonic chondrodystrophy
	G71.14	Drug-induced myotonia
	G71.19	Other specified myotonic disorders
	Muscular dystrophy	
	G71.00	Muscular dystrophy, unspecified
	G71.01	Duchenne or Becker muscular dystrophy
	G71.02	Facioscapulohumeral muscular dystrophy
	G71.031	Autosomal dominant limb girdle muscular dystrophy
	G71.032	Autosomal recessive limb girdle muscular dystrophy due to calpain-3 dysfunction
	G71.033	Limb girdle muscular dystrophy due to dysferlin dysfunction

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	Code	Description
Neuromuscular diseases cont.	**Muscular dystrophy cont.**	
	G71.0340	Limb girdle muscular dystrophy due to sarcoglycan dysfunction, unspecified
	G71.0341	Limb girdle muscular dystrophy due to alpha sarcoglycan dysfunction
	G71.0342	Limb girdle muscular dystrophy due to beta sarcoglycan dysfunction
	G71.0349	Limb girdle muscular dystrophy due to other sarcoglycan dysfunction
	G71.035	Limb girdle muscular dystrophy due to anoctamin-5 dysfunction
	G71.038	Other limb girdle muscular dystrophy
	G71.039	Limb girdle muscular dystrophy, unspecified
	G71.09	Other specified muscular dystrophies
	Congenital myopathies	
	G71.20	Congenital myopathy, unspecified
	G71.21	Nemaline myopathy
	G71.220	X-linked myotubular myopathy
	G71.228	Other centronuclear myopathy
	G71.29	Other congenital myopathy
	Other and unspecified myopathies	
	G72.0	Drug-induced myopathy
	G72.1	Alcoholic myopathy
	G72.2	Myopathy due to other toxic agents
	G72.41	Inclusion body myositis (IBM)
	G72.49	Other inflammatory and immune myopathies
	G72.89	Other specified myopathies
	G72.9	Myopathy
Other neuromuscular diseases	A15.0	Tuberculosis of lung
	B91	Sequelae of poliomyelitis (late effects of polio)
	G14	Post-polio syndrome
	G35	Multiple sclerosis
	G70.00	Myasthenia gravis without (acute) exacerbation
	G70.01	Myasthenia gravis with (acute) exacerbation
	G71.3	Mitochondrial myopathy, not elsewhere classified
	G71.8	Other primary disorders of muscles
	G73.7	Myopathy in diseases classified elsewhere
	G80.0	Spastic quadriplegic cerebral palsy
	J98.6	Disorders of diaphragm
	M33.02	Juvenile dermatomyositis w/myopathy
	M33.12	Other dermatomyositis w/myopathy
	M33.22	Polymyositis w/myopathy
	M33.92	Dermatopolymyositis, unspecified w/myopathy
	M34.82	Systemic sclerosis w/myopathy
	M35.03	Sjogren syndrome w/myopathy

This educational information offers general coverage, coding and payment information for procedures associated with use of HFCWO, which is indicated when external manipulation of the chest is the prescribed treatment to increase the clearance of mucus in patients with pulmonary disorders. This is not legal guidance, nor is it advice about how to code, complete, or submit any particular claim for payment. It is always the provider's responsibility to determine coverage and submit appropriate codes and charges for services rendered. This is based on the medical necessity of the services and supplies provided, the requirements of insurance carriers and any other third-party payers, and any local, state or federal laws that apply to the products and services rendered. Given the rapid and constant change in public and private reimbursement, we cannot guarantee the accuracy or timeliness of this information.

[1]www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52494&ver=51

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