DOCUMENTATION CHECKLIST

JURISDICTIONS B & C

High Frequency Chest Wall Oscillation Devices

REQUIRED DOCUMENTATION

- ☐ **Standard Written Order (SWO)**
  - ○ Beneficiary's name or Medicare Beneficiary Identifier (MBI)
  - ○ Order date
  - ○ General description of the item
    - ☐ The description can be either a general description (e.g., HFCWO, chest wall oscillating system), a HCPCS code, a HCPCS code narrative, or a brand name/model number
    - ☐ For equipment—In addition to the description of the base item, the SWO may include all concurrently ordered options, accessories or additional features that are separately billed or require an upgraded code (List each separately).
  - ○ Quantity to be dispensed, if applicable
  - ○ Treating Practitioner name or NPI
  - ○ Treating Practitioner's signature
    - ☐ Practitioner's signature on the written order meets CMS Signature Requirements 100-08 Program Integrity Manual (PIM), Chapter 3, Section 3.3.2.4
  - ○ Standard Written Order was obtained prior to submitting the claim to Medicare.
  - ○ Any changes or corrections have been initialed/signed and dated by the ordering practitioner.
- ☐ **Delivery Documentation**

Direct Delivery	Shipped/Mail Order Tracking Slip	Shipped/Mail Order Return Post-Paid Delivery Invoice
☐ Beneficiary's name ☐ Delivery address ☐ Quantity delivered ☐ A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. ☐ Delivery date ☐ Signature of person accepting delivery ☐ Relationship to beneficiary	☐ Shipping invoice ○ Beneficiary's name ○ Delivery address ○ A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. ○ Quantity shipped ☐ Tracking slip ○ References each individual package ○ Delivery address ○ Package I.D. #number ○ Date shipped ○ Date delivered ☐ A common reference number (package ID #, PO #, etc.) links the invoice and tracking slip (may be handwritten on one or both forms by the supplier)	☐ Shipping invoice ○ Beneficiary's name ○ Delivery address ○ A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. ○ Quantity shipped ○ Date shipped ○ Signature of person accepting delivery ○ Relationship to beneficiary ○ Delivery date

NOTE: If a supplier utilizes a shipping service or mail order, suppliers have two options for the DOS to use on the claim:

1. Suppliers may use the shipping date as the DOS. The shipping date is defined as the date the delivery/shipping service label is created or the date the item is retrieved by the shipping service for delivery. However, such dates should not demonstrate significant variation.
2. Suppliers may use the date of delivery as the DOS on the claim.

High Frequency Chest Wall Oscillation Devices

Medical Records

- ☐ A High frequency chest wall oscillation device (HFCWO) is covered for beneficiaries who meet:
  - ○ Criterion 1, 2, or 3, and
  - ○ Criterion 4
    - ☐ 1. There is a diagnosis of cystic fibrosis
    - ☐ 2. There is a diagnosis of bronchiectasis which has been confirmed by a high resolution, spiral, or standard CT scan and which is characterized by:
      - ○ Daily productive cough for at least 6 continuous months; or
      - ○ Frequent (i.e., more than 2/year) exacerbations requiring antibiotic therapy
    - ☐ 3. The beneficiary has one of the following neuromuscular disease diagnoses (refer to the ICD-10 code list in the LCD-related Policy Article for applicable diagnoses):
      - ○ Post-polio
      - ○ Acid maltase deficiency
      - ○ Anterior horn cell diseases
      - ○ Multiple sclerosis
      - ○ Quadriplegia
      - ○ Hereditary muscular dystrophy
      - ○ Myotonic disorders
      - ○ Other myopathies
      - ○ Paralysis of the diaphragm
    - ☐ 4. There must be well-documented failure of standard treatments to adequately mobilize retained secretions.
- ☐ The applicable diagnoses for the HFCWO must be on the claim. The presence of a diagnosis alone does not justify coverage.
- ☐ There must be information in the beneficiary's medical record that describes in detail the underlying medical condition(s) that cause the accumulation of pulmonary secretions, the treatment interventions (for example, chest physiotherapy, postural drainage, medications used, mechanical modalities such as in-exsufflation devices (not all-inclusive)) and the effectiveness of the treatment.

REMINDERS

- Replacement supplies, A7025 and A7026, used with beneficiary owned equipment, are covered if the beneficiary meets the criteria listed above for the base device.
- KX, GA, AND GZ MODIFIERS:
  - For the HFCWO device and accessories (E0483, A7025, A7026), the KX modifier must be added to the code only if all the coverage criteria as described in the Coverage Indications, Limitations and/or Medical Necessity section of the related LCD have been met.
  - If all coverage criteria as described in the Coverage Indications, Limitations and/or Medical Necessity section of the related LCD have NOT been met, the GA or GZ modifier must be added to the code.
  - Claim lines billed without a KX, GA, or GZ modifier will be rejected as missing information.
- Claims for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (E0469).
- E0469 represents a specialized respiratory device that integrates three essential functions: lung expansion, airway clearance with continuous high frequency oscillation, and nebulization. E0483 is considered included in the payment for E0469 and will only be paid for dates of service prior to billing E0469.

ONLINE RESOURCES

- **Local Coverage Determination (LCD) and Policy Articles (PAs)**
  - JB: https://www.cgsmedicare.com/jb/coverage/lcdinfo.html
  - JC: https://www.cgsmedicare.com/jc/coverage/LCDinfo.html

High Frequency Chest Wall Oscillation Devices

- **DME MAC Supplier Manual**
  - JB: https://www.cgsmedicare.com/jb/pubs/index.html
  - JC: https://www.cgsmedicare.com/jc/pubs/index.html
- **Airway Clearance Dear Physician Letter**
  - JB: https://cgsmedicare.com/jb/dpl/dpl_hi_freq_chest_wall_osc.pdf
  - JC: https://cgsmedicare.com/jc/dpl/dpl_hi_freq_chest_wall_osc.pdf
- **Lung Expansion Airway Clearance, Continuous High Frequency Oscillation, and Nebulization Device (HCPCS Code E0469)—Correct Coding and Billing of HCPCS**
  - JB: https://cgsmedicare.com/jb/pubs/news/2025/07/cope181758.html
  - JC: https://cgsmedicare.com/jc/pubs/news/2025/07/cope181758.html

NOTE: It is expected that the beneficiary's medical records will reflect the need for the care provided. These records are not routinely submitted to the DME MAC but must be available upon request. Therefore, while it is not a requirement, it is a recommendation that suppliers obtain and review the appropriate medical records and maintain a copy in the beneficiary's file.

DISCLAIMER

This document was prepared as an educational tool and is not intended to grant rights or impose obligations. This checklist may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either written law or regulations. Suppliers are encouraged to consult the DME MAC Supplier Manual and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.