

## **Oregon Health Plan Prioritized List Changes High-Frequency Chest Wall Oscillation Devices**

The Health Evidence Review Commission approved the following changes to the Prioritized List of Health Services on August 11, 2022, based on the coverage guidance report, “High-Frequency Chest Wall Oscillation Devices.” These changes take effect on the Prioritized List of Health Services for the Oregon Health Plan on January 1, 2023.

### ***Changes to the Prioritized List of Health Services:***

#### **1) Move CPT 94669 from Line 502 to Lines 20, 58, 71, and 197**

Delete CPT 94669 (Mechanical chest wall oscillation to facilitate lung function, per session) from Line 502 CONDITIONS FOR WHICH INTERVENTIONS RESULT IN MARGINAL CLINICAL BENEFIT OR LOW COST-EFFECTIVENESS

- Remove the associated entry for “Mechanical chest wall oscillation” from Guideline 172 INTERVENTIONS WITH MARGINAL CLINICAL BENEFIT OR LOW COST-EFFECTIVENESS FOR CERTAIN CONDITIONS

Add CPT 94669 to the following Lines:

- 20 CYSTIC FIBROSIS
- 58 BRONCHIECTASIS
- 71 NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES
- 197 CONGENITAL LUNG ANOMALIES

#### **2) Add HCPCS A7025, A7026, and E0483 to Lines 20, 58, 71, and 197**

Add the following HCPCS codes to Lines 20, 58, 71, and 197:

- HCPCS A7025 (High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each)
- HCPCS A7026 (High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each)
- HCPCS E0483 (High frequency chest wall oscillation system, includes all accessories and supplies, each)

#### **3) Adopt new guideline based on the Coverage Guidance Box Language**

Guideline Note XXX: HIGH-FREQUENCY CHEST WALL OSCILLATION DEVICES  
*Lines 20, 58, 71, 197*

High-frequency chest wall oscillation devices are included on these lines ONLY when:

- A) The patient has cystic fibrosis, AND
  - 1) There is documentation of frequent exacerbations requiring antibiotics, frequent hospitalization, OR rapidly declining lung function measured by spirometry, despite either:
    - a) receiving chest physiotherapy and positive expiratory pressure therapy, OR

- b) documentation that such therapies are not tolerated, contraindicated, not effective, or not available (e.g., inability of a caregiver to perform chest physiotherapy); OR
- B) The patient has non-cystic fibrosis bronchiectasis AND the three criteria below are all met:
  - 1) The bronchiectasis is confirmed by computed tomography (CT) scan, AND
  - 2) The patient has experienced either:
    - a) daily productive cough for at least 6 continuous months, OR
    - b) frequent (> 2 times a year) exacerbations requiring antibiotic therapy, AND
  - 3) The patient has received mucolytics and less costly airway clearance treatments (e.g., chest physiotherapy, positive expiratory pressure therapy, self-management techniques) OR such therapies are not tolerated, contraindicated, not effective, or not available (e.g., inability of a caregiver to perform chest physiotherapy); OR
- C) The patient has neuromuscular disease resulting in chronic lung disease when there is evidence of chronic lung infection, despite either:
  - 1) receiving chest physiotherapy and positive expiratory pressure therapy, OR
  - 2) documentation that such therapies are not tolerated, contraindicated, not effective, or not available (e.g., inability of a caregiver to perform chest physiotherapy).