

Airway Clearance Devices



INDEPENDENT CARE HEALTH PLAN

Effective Date: 01/01/2024

Revision Date: Click or tap to enter a date.

Review Date: Click or tap to enter a date.

Policy Number: WI.PA-1007

Line of Business: Medicare

Medicare Advantage Medical Coverage Policy

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Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. 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 iCare.

Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

Related Documents

Please refer to [CMS website](#) for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/ Transmittals.

Type	Title	ID Number	Jurisdiction Medicare Administrative Contractors (MACs)	Applicable States/Territories
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NCD	Intrapulmonary Percussive Ventilator (IPV)	240.5		
LCD LCA	High Frequency Chest Wall Oscillation Devices	L33785 A52494	J15 - CGS Administrators, LLC (Part A/B MAC) DME A - Noridian Healthcare Solutions, LLC (DME MAC) DME B - CGS Administrators, LLC (DME MAC) DME C - CGS Administrators, LLC (DME MAC) DME D - Noridian Healthcare Solutions, LLC (DME MAC)	KY, OH CT, DE, DC, ME, MD, MA, NH, NJ, NY, PA, RI, VT IL, IN, KY, MI, MN, OH, WI AL, AR, CO, FL, GA, LA, MS, NM, NC, OK, SC, TN, TX, VA, WV, PR, US VI AK, AZ, CA, HI, ID, IA, KS, MO, MT, NE, NV, ND, OR, SD, UT, WA, WY, American Samoa, Guam, Northern Mariana Islands
LCD LCA	Intrapulmonary Percussive Ventilation System	L33786 A52495	DME A - Noridian Healthcare Solutions, LLC (DME MAC) DME B - CGS Administrators, LLC (DME MAC)	CT, DE, DC, ME, MD, MA, NH, NJ, NY, PA, RI, VT IL, IN, KY, MI, MN, OH, WI AL, AR, CO, FL, GA, LA, MS, NM, NC, OK,

			DME C - CGS Administrators, LLC (DME MAC)	SC, TN, TX, VA, WV, PR, US VI
			DME D - Noridian Healthcare Solutions, LLC (DME MAC)	AK, AZ, CA, HI, ID, IA, KS, MO, MT, NE, NV, ND, OR, SD, UT, WA, WY, American Samoa, Guam, Northern Mariana Islands
LCD LCA	Mechanical In-exsufflation Devices	L33795 A52510	JN - First Coast Service Options, Inc. (Part A/B MAC)	FL, PR, US VI

Description

Individuals with impaired ability to cough due to respiratory muscle weakness or pulmonary restriction have difficulty clearing secretions from the lungs. The accumulated secretions may allow growth of pathogens, leading to a higher risk for chronic infections and deterioration of lung function as the bronchial tubes can be occluded. Conditions that can lead to this problem include amyotrophic lateral sclerosis (ALS), bronchiectasis, cystic fibrosis (CF), muscular dystrophy, myasthenia gravis and spinal cord injuries.

Airway clearance devices are an alternative to standard manual chest physiotherapy (CPT), which includes percussion, postural drainage, forced expiratory maneuvers, huffing and coughing. These techniques usually require the aid of another individual. Several types of airway clearance devices have been developed, which include, but may not be limited to:

- **High-frequency chest compression vests** – These consist of an air generator and an inflatable vest that covers the chest. Increases in air pulses are delivered to the vest with oscillating airflow patterns, causing external manipulations of the chest. Examples of these devices include, but may not be limited to, AffloVest, InCourage System, Monarch Airway Clearance System, SmartVest Airway Clearance System, SmartVest SQL Airway Clearance System and Vest Airway Clearance System.
- **Intrapulmonary percussive ventilation (IPV)** – IPV utilizes a mouthpiece to deliver mini bursts of oxygen while also delivering therapeutic aerosols through a nebulizer. The intended purpose of this treatment is that through a combination of bursts of oxygen and medication, it loosens secretions, stimulates cough and increases sputum production. An example of this type of device includes, but may not be limited to, the Impulsator.

- **Mechanical insufflation-exsufflation (MIE)** – This approach utilizes portable devices with a facemask that covers the nose and mouth, delivering alternating positive and negative pressure allowing air to be pumped into the lungs and then rapidly evacuated. This produces a high expiratory flow rate from the lungs and stimulates a cough and increasing secretion clearance. Examples of these include, but may not be limited to, BiWaze Cough System, CoughAssist and Synclara.
- **Mechanical percussors** – These electrical devices provide clapping, percussion and/or vibration to the external chest wall and are used in place of manual chest percussion to assist with secretion clearance. Examples of these types of devices include, but may not be limited to, Frequencer and Vibralong.
- **Positive expiratory pressure (PEP) devices** – These devices increase resistance to expiratory airflow which helps improve secretion clearance by creating pressure in the lungs and preventing airway closure. The individual breathes into the device normally, but breathes out harder against resistance. An example of this device includes, but may not be limited to, Pari Pep S. TheraPEP is another PEP device; however, this device is available over-the-counter without a prescription.
- **Oscillating (vibratory) positive expiratory pressure devices (OPEP)** – These hand-held devices combine PEP with high-frequency air flow oscillations using a stainless-steel ball or a counterweight plug and magnet. These devices utilize deep breathing and forced exhalation to create a vibration of the airway walls which loosen secretions. An example of this type of device includes, but may not be limited to, Flutter.

Acapella and Aerobika are examples of other OPEP devices; however, these devices are available over-the-counter without a prescription.

The Volara System and BiWaze Clear System combine several noninvasive therapies into one device. These devices purportedly provide oscillation and lung expansion (OLE) therapy using PEP, oscillation and delivery of aerosol medications.¹⁹ Volara was voluntarily recalled by the manufacturer on April 26, 2022 due to the risk of respiratory distress in ventilated patients during home use with the US Food & Drug Administration (FDA) categorizing it as a Class I recall.⁵⁰

Coverage Determination

iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.

In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the criteria contained in the following:

Airway Clearance Devices

The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.

Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
94669	Mechanical chest wall oscillation to facilitate lung function, per session	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
A7020	Interface for cough stimulating device, includes all components, replacement only	
A7025	High frequency chest wall oscillation system vest, replacement for use with patient-owned equipment, each	
A7026	High frequency chest wall oscillation system hose, replacement for use with patient-owned equipment, each	
E0480	Percussor, electric or pneumatic, home model	
E0481	Intrapulmonary percussive ventilation system and related accessories	
E0482	Cough stimulating device, alternating positive and negative airway pressure	
E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each	
E0484	Oscillatory positive expiratory pressure device, nonelectric, any type, each	
E1399	Durable medical equipment, miscellaneous	

References

1. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). High Frequency Chest Wall Oscillation Devices (L33785). <https://www.cms.gov>. Published October 1, 2015. Updated October 1, 2022. Accessed November 1, 2023.
2. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Intrapulmonary Percussive Ventilation System (L33786). <https://www.cms.gov>. Published October 1, 2015. Updated January 1, 2020. Accessed November 1, 2023.
3. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Mechanical In-sufflation Devices (L33795). <https://www.cms.gov>. Published October 1, 2015. Updated January 1, 2020. Accessed November 1, 2023.
4. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Intrapulmonary Percussive Ventilator (IPV) (N240.5). <https://www.cms.gov>. Published July 14, 1997. Accessed November 1, 2023.

Change Summary

- 01/01/2024 New Policy.
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