

Airway Clearance Devices (for Kentucky Only)

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 [Instructions for Use](#)

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Related Policy

- [Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements \(for Kentucky Only\)](#)

Application

This Medical Policy only applies to the state of Kentucky.

Coverage Rationale

Airway clearance devices are proven and medically necessary in certain circumstances. For necessity clinical coverage criteria, refer to the InterQual® CP: Durable Medical Equipment, Airway or Secretion Clearance Devices.

Click [here](#) to view the InterQual® criteria.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPSC Code	Description
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
E0481	Intrapulmonary percussive ventilation system and related accessories
E0483	High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each

Diagnosis Code	Description
A80.0	Acute paralytic poliomyelitis, vaccine-associated

Diagnosis Code	Description
A80.1	Acute paralytic poliomyelitis, wild virus, imported
A80.2	Acute paralytic poliomyelitis, wild virus, indigenous
A80.30	Acute paralytic poliomyelitis, unspecified
A80.39	Other acute paralytic poliomyelitis
A80.4	Acute nonparalytic poliomyelitis
A80.9	Acute poliomyelitis, unspecified
B91	Sequelae of poliomyelitis
E74.02	Pompe disease
E74.4	Disorders of pyruvate metabolism and gluconeogenesis
E84.0	Cystic fibrosis with pulmonary manifestations
E84.9	Cystic fibrosis, unspecified
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
G12.1	Other inherited spinal muscular atrophy
G12.9	Spinal muscular atrophy, unspecified
G12.21	Amyotrophic lateral sclerosis
G12.22	Progressive bulbar palsy
G12.25	Progressive spinal muscle atrophy
G12.8	Other spinal muscular atrophies and related syndromes
G14	Post-polio syndrome
G35	Multiple sclerosis
G71.00	Muscular dystrophy, unspecified
G71.11	Myotonic muscular dystrophy
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
G71.3	Mitochondrial myopathy, not elsewhere classified
G71.8	Other primary disorders of muscles
G72.41	Inclusion body myositis [IBM]
G72.89	Other specified myopathies
G73.1	Lambert-Eaton syndrome in neoplastic disease
G73.3	Myasthenic syndromes in other diseases classified elsewhere
G73.7	Myopathy in diseases classified elsewhere
G80.0	Spastic quadriplegic cerebral palsy
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
J47.0	Bronchiectasis with acute lower respiratory infection
J47.1	Bronchiectasis with (acute) exacerbation

Diagnosis Code	Description
J47.9	Bronchiectasis, uncomplicated
J98.6	Disorders of diaphragm
M33.02	Juvenile dermatomyositis with myopathy
M33.12	Other dermatomyositis with myopathy
M33.22	Polymyositis with myopathy
M33.92	Dermatopolymyositis, unspecified with myopathy
M34.82	Systemic sclerosis with myopathy
M35.03	Sicca syndrome with myopathy
Q33.4	Congenital bronchiectasis
R53.2	Functional quadriplegia
Z99.11	Dependence on respirator [ventilator] status

Description of Services

In healthy individuals, clearance of secretions from the respiratory tract is accomplished primarily through ciliary action. Increased production of airway secretions is usually cleared by coughing. However, a number of conditions, including asthma, chronic obstructive pulmonary disease (COPD), cystic fibrosis (CF), mucociliary disorders, neuromuscular disease (NMD) and metabolic disorders can result in inadequate airway clearance, either because of increased volume of secretions, increased viscosity of secretions, or difficulty in coughing. These secretions accumulate in the bronchial tree, occluding small passages and interfering with adequate gas exchange in the lungs. They also serve as a culture medium for pathogens, leading to a higher risk for chronic infection and deterioration of lung function. The blockage of mucus can result in bronchiectasis, the abnormal stretching and enlarging of the respiratory passages. Bronchiectasis may complicate chronic bronchitis, one of the groups of respiratory illnesses referred to as COPD and it can occur as a complication of CF.

When coughing alone cannot adequately clear secretions, other therapies are used. Conventional chest physical therapy (CPT) has been shown to result in improved respiratory function and has traditionally been accomplished through the use of percussion and postural drainage. Postural drainage and percussion are usually taught to family members so that the therapy may be continued at home when needed in chronic disease. This highly labor-intensive activity requires the daily intervention of a trained caregiver which may lead to poor compliance with the recommended treatment plan.

To improve compliance and allow patients to independently manage their disease, HFCWC/high-frequency chest wall oscillation (HFCWO) devices have been developed to improve mucociliary clearance and lung function. HFCWC is a mechanical form of CPT that consists of an inflatable vest connected by tubes to a small air-pulse generator. The air-pulse generator rapidly inflates and deflates the vest, compressing and releasing the chest wall up to 20 times per second. The vibratory forces of these devices are thought to lower mucus viscosity.

An IPV is a mechanized form of chest physical therapy, which delivers mini bursts (more than 200 per minute) of respiratory gases to the lungs via a mouthpiece. Its purpose is to mobilize endobronchial secretions and diffuse patchy atelectasis. The patient controls variables such as inspiratory time, delivery rates and peak pressure. Alternatively, a therapist will do a slapping or clapping of the patient's chest wall.

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

High-Frequency Chest Wall Compression Devices

High-frequency chest wall compression devices are designed to promote airway clearance and improve bronchial drainage. They are indicated when external chest manipulation is the physician's treatment of choice to enhance mucus transport. Refer to the following website for more information (use product code BYI):

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>. (Accessed July 28, 2022).

Policy History/Revision Information

Date	Summary of Changes
08/01/2023	<p>Coverage Rationale</p> <ul style="list-style-type: none">Revised language to indicate airway clearance devices are proven and medically necessary in certain circumstances; for medical necessity clinical coverage criteria, refer to the InterQual® CP: Durable Medical Equipment, Airway or Secretion Clearance Devices <p>Supporting Information</p> <ul style="list-style-type: none">Removed <i>Definitions</i>, <i>Clinical Evidence</i>, and <i>References</i> sectionsArchived previous policy version CS054KY.10

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) for substance use, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and/or Utilization Review Guidelines that have been approved by the Kentucky Department for Medicaid Services. The UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and Utilization Review Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.