

# OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICES

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## INSTRUCTIONS FOR USE

*This Medical Policy provides assistance in interpreting UnitedHealthcare benefit plans. When deciding coverage, the enrollee specific document must be referenced. The terms of an enrollee's document (e.g., Certificate of Coverage (COC) or Summary Plan Description (SPD) and Medicaid State Contracts) may differ greatly from the standard benefit plans upon which this Medical Policy is based. In the event of a conflict, the enrollee's specific benefit document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the enrollee specific plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.*

*UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care 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.*

## COVERAGE RATIONALE

**For information regarding medical necessity review of oscillatory positive expiratory pressure devices, when applicable, see MCG™ Care Guidelines, 18th edition, 2014, Noninvasive Positive Pressure Ventilation (CPAP, BiPAP) ACG: A-0431 (AC).**

## APPLICABLE CODES

The Current Procedural Terminology (CPT®) codes and Healthcare Common Procedure Coding System (HCPCS) codes listed in this policy are for reference purposes only. Listing of a service code in this policy does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by the enrollee specific benefit 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 claims payment. Other policies and coverage determination guidelines may apply. This list of codes may not be all inclusive.

HCPCS Code	Description
E0484	Oscillatory positive expiratory pressure device, non-electric, any type, each

For information regarding continuous positive airway pressure (CPAP) titration, refer to the Medical Policy titled [Polysomnography and Portable Monitoring for Sleep Related Breathing Disorders](#).

#### U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Oscillatory positive expiratory pressure devices are regulated by the FDA as Class II medical devices. Examples of oscillating positive expiratory pressure devices include FLUTTER® and Acapella®.

See the following Web site for more information (use product code BYI):  
<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>  
Accessed December 2013.

#### CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Medicare does not have a National Coverage Determination (NCD) for Oscillatory Positive Expiratory Pressure Devices. Local Coverage Determinations (LCDs) do not exist.

This item is intended for use in instances where assistance is needed to mobilize thick or tenacious secretions. Refer to the DME MAC Articles for [Local Articles for Correct Coding Flutter® and Acapella Devices TM : A22645 Cigna Government Services](#), [A47038 National Government Services](#) and [A19952 National Heritage Insurance Company](#).  
(Accessed December 18, 2013)

#### POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
05/01/2014	<ul style="list-style-type: none"><li>Replaced references to “MCG™ Care Guidelines, 17th edition, 2013” with “MCG™ Care Guidelines, 18th edition, 2014”</li><li>Archived previous policy version 2014T0562B</li></ul>