BlueCross BlueShield of Arizona
An Independent Licensee of the Blue Cross and Blue Shield Association

MEDICAL COVERAGE GUIDELINES
SECTION: Durable Medical Equipment (DME)

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OSCILLATORY DEVICES

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

Description:

Oscillatory devices are designed to provide self-administered airway clearance for individuals suffering from excessive or retained lung secretions, e.g., cystic fibrosis, ciliary fibrosis, ciliary dyskinesia and bronchiectasis. Oscillatory devices include high-frequency chest compression with an inflatable vest, intrapulmonary percussive ventilation devices and oscillating positive expiratory pressure devices.

OSCILLATORY DEVICES (cont.)

Description: (cont.)

High Frequency Chest Wall Compression Devices:
The inCourage® System provides high-frequency chest wall oscillation using an inflatable jacket and air pulse delivery unit. It inflates and deflates against the chest providing mobilization and clearance of bronchial secretions.

The Vest™ Airway Clearance System provides high-frequency chest compression using an inflatable vest and air-pulse generator. It inflates and deflates against the thorax, creating high frequency chest wall oscillation and mobilization of pulmonary secretions. Formerly known as ABI Vest® or ThAIRapy Vest®.

Intrapulmonary Percussive Ventilation Devices:
The Percussionaire® Corporation's Intrapulmonary Percussive Ventilation(IPV®) device is a passive oscillatory device. It combines internal thoracic percussion through rapid minibursts of inhaled air and continuous therapeutic aerosol delivered through a nebulizer.

Oscillating Positive Expiratory Pressure Devices:
The Acapella® device is a small, hand-held portable device that facilitates positive expiratory pressure generating vibrations that open airways to mobilize pulmonary secretions.

The Flutter® device is a small pipe-shaped, easily portable hand-held device with a mouthpiece at one end. It contains a high-density stainless steel ball that rests in a plastic circular cone. During exhalation, the steel ball moves up and down, creating oscillations in expiratory pressure and airflow.

OSCILLATORY DEVICES (cont.)

Criteria:

- Use of an oscillatory positive expiratory pressure (PEP) device is considered ***medically necessary*** for treatment of respiratory disorders manifesting excessive or retained lung secretions. These disorders include, *but are not limited to:*

  1. **ONE** of the following diagnoses:

     - Bronchiectasis
     - Ciliary dyskinesia
     - Ciliary fibrosis
     - Cystic fibrosis

- High frequency compression devices and intrapulmonary percussive ventilation devices to provide airway clearance are considered ***medically necessary*** with documentation of **ALL** of the following:

  1. **ONE** of the following diagnoses:

     - Bronchiectasis
     - Ciliary dyskinesia
     - Ciliary fibrosis
     - Cystic fibrosis

  2. Airway clearance therapy is prescribed every day or more frequently
  3. Failure of standard airway clearance therapies (e.g., conventional chest physiotherapy, oscillating positive expiratory pressure devices)
  4. Primary caregiver or other resources are not available or are unable to provide consistent and effective therapy as the result of **ONE** of the following:

     - Physical or emotional disability (e.g., arthritis, depression or other chronic illnesses)
     - Time limitations (e.g., single parenthood, employment, educational pursuit or multiple children in the household)
     - Severity of the pulmonary disease requires complex or frequent therapy
     - Independent individual without parents or capable partner
     - Rehabilitation plan includes promotion of independent, self-administered, easily supervised therapy

OSCILLATORY DEVICES (cont.)

Criteria: (cont.)

- High frequency compression devices and intrapulmonary percussive ventilation devices for all other indications not previously listed or if above criteria not met are considered ***experimental or investigational*** based upon:

  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

  These indications include, *but are not limited to:*

  - Chronic bronchitis
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Emphysema

Resources:

1. 1.01.15 BCBS Association Medical Policy Reference Manual. Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders. Re-issue date 02/13/2014, issue date 11/01/1997.