

Airway Clearance Devices in the Ambulatory Setting

Last Revision/Review Date: September 19, 2018

P&P # C.11.01

A. Documentation Required:

To facilitate the authorization process referral requests must include **ALL** the following:

1. Order from a Pulmonologist or Transplant Surgeon;
2. Confirmation of diagnosis:
 - a. Cystic fibrosis, **OR**
 - b. Lung transplantation within the previous six months, **OR**
 - c. Bronchiectasis confirmed by high-resolution CT scan;
3. Documentation of failed response to standard therapy(s);
4. Documentation of caregiver inability or availability to perform manual chest physiotherapy.

B. Medical Necessity Criteria for Rental of a High Frequency Chest Wall Compression Vest:

1. Up to 6 months of trial rental of a high-frequency chest wall compression vest is considered medically necessary for patients with a diagnosis of Cystic Fibrosis (CF) when **EITHER** of the following criteria are met:
 - a. Well documented failure, intolerance or contraindication of standard, manual CPT; **OR**
 - b. Caregiver is unavailable or physically unable to perform manual CPT at the required frequency or intensity.
2. Up to 6 months trial rental of a high-frequency chest wall compression vest is considered medically necessary for lung transplant recipients within the first six months post-transplant if they are physically unable to tolerate standard manual CPT.
3. Up to 6 months trial rental of a high-frequency chest wall compression vest is considered medically necessary for patients with bronchiectasis confirmed by high-resolution CT scan, when **BOTH** of the following criteria are met:
 - a. Daily productive cough for at least six continuous months or exacerbations requiring antibiotic therapy more than two (2) times per year **AND**
 - b. Well documented failure, intolerance or contraindication of standard treatments to mobilize secretions including:
 - i. CPT
 - ii. Positive Expiratory Pressure (PEP) devices
 - iii. Postural drainage
 - iiii. Nebulized mucolytics

C. Medical Necessity Criteria for Rental of a Mechanical Insufflation-Exsufflation Device

Up to 6 months trial rental of a mechanical insufflation-exsufflation device is considered medically necessary for mobilizing respiratory tract secretions when **BOTH** of the following criteria are met:

1. Patient with impaired ability to cough due to respiratory muscle weakness or pulmonary restriction; **AND**
2. Patient can no longer be adequately treated with standard manual chest physiotherapy.

D. Purchase of a High Frequency Chest Wall Compression Vest or Mechanical Insufflation-Exsufflation Device is medically necessary when BOTH of the following criteria are met

1. Documentation of compliance with consistent daily use of the device; **AND**
2. Well documented improvement in respiratory symptoms.

E. Indications Considered Experimental, Investigational or not Medically Necessary:

1. Diagnosis of chronic obstructive pulmonary disease (COPD)
2. For any other diagnosis or condition not identified in this policy.

CPT/HCPCS CODES:

Mechanical Insufflation-Exsufflation Devices

E0482	Cough stimulating device, alternating positive and negative airway pressure
-------	---

High-Frequency Chest Wall Compression Vest

E0483	High frequency chest wall oscillation air-pulse generator system (includes hoses and vest) each
-------	---

REFERENCES:

Hayes, Inc. Medical Technology Directory. High-Frequency Chest Wall Compression for Diseases Other than Cystic Fibrosis. Publication date August 11, 2016. Annual Review March 5, 2018.

Hayes, Inc. Medical Technology Directory. High-Frequency Chest Wall Compression for Cystic Fibrosis. Published December 22, 2016. Annual review December 11, 2017

Hayes, Inc. CoughAssist Mechanical Insufflation-Exsufflation Device (Phillips Respironics) for Respiratory Insufficiency; April 30, 2015. Annual Review April 4, 2017. Archived May 30, 2018.

Main E, Prasad A, van der Schans CP. Conventional chest physiotherapy compared to other airway clearance techniques for cystic fibrosis (Review). Cochrane Database of Systematic Reviews 2013. Issue 2. Art.No.:CD002011.

Morrison L, Agnew J. Oscillating devices for airway clearance in people with cystic Fibrosis (Review). Cochrane Database of Systematic Reviews 2011. Issue 1. Art. No.: CD006842.

Warnock L, Gates A. Chest Physiotherapy compared to no chest physiotherapy for cystic fibrosis. Cochrane Database of Systemic Reviews 2015, Issue 12. Art. No.: CD001401.

Forward Health, WI Medicaid Topic #3507 Chest Wall Oscillation Systems

Forward Health, WI Medicaid Topic #1877 Airway Clearance Devices