Airway Clearance Devices - Positive Expiratory Pressure Device, Oscillating Positive Expiratory Pressure Device and Percussor

Description

Airway clearance devices assist Members with respiratory disorders characterized by excessive respiratory secretions and impaired airway clearance by loosening thick, sticky lung mucus so it can be cleared from the airway. Two types of airway clearance devices are the positive expiratory pressure device (PEP) and the oscillating positive pressure device.

A PEP device increases resistance to expiratory airflow to promote mucus clearance by preventing airway closure and increasing collateral ventilation. Examples of this type of device include the TheraPEP®, Resistex PEP Mask, and the Pari RC Cornet Mucus Clearing Device™.

An oscillating (or vibratory) positive expiratory pressure device is a form of PEP that combines high-frequency air flow oscillations with positive expiratory pressure via a small hand-held device. Examples of this device include the Flutter® and the Acapella®.

A percussor is a device used for a diagnosis requiring percussion, consisting of a hammer with a rubber or metal head.

Policy

Positive expiratory pressure device, oscillating positive expiratory pressure device and percussor are considered medically necessary for Members with excessive respiratory secretions and impaired airway clearance.

Policy Guidelines

Coverage Criteria:

1. Must be ordered by the Member’s treating physician.
2. A positive expiratory pressure device, an oscillating positive expiratory pressure device or a percussor will be covered for Members with a
diagnosis that is characterized by excessive mucus production and difficulty in clearing secretions.

Examples of diagnoses creating excessive mucus production include, but are not limited to:

- Cystic fibrosis
- Motor neuron disease
- Muscular dystrophies
- Bronchiectasis
- Chronic obstructive asthma
- Obstructive chronic bronchitis
- Myoneural disorders (ALS)
- Disorders of the diaphragm

Limitations:

1. The powered Percussor is provided only when the Member or operator has received appropriate training by a physician or therapist, and no one is available to administer manual therapy.

2. Repair of a Percussor will be covered for restoration to a serviceable condition which is not the result from misuse, non-intentional or intentional when Member owned.

3. The replacement of a Percussor is covered if any of the following criteria are met:
   a. When necessitated by irreparable damage not due to misuse, intentional or non-intentional.
   b. An irreparable change in the condition of the Percussor.
   c. The cost of repairs to the Percussor would exceed the purchase price.

**HCPCS Level II Codes and Description**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>E0480</td>
<td>Percussor, electric or pneumatic, home model</td>
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<tr>
<td>E0484</td>
<td>Oscillatory positive expiratory pressure device, nonelectric, any type, each</td>
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<tr>
<td>S8185</td>
<td>Flutter device (non-Medicare code)</td>
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**Important Note:**

Northwood’s Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member’s contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member’s contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood’s Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member’s benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood’s policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

**References**


### Change/Authorization History

<table>
<thead>
<tr>
<th>Revision Number</th>
<th>Date</th>
<th>Description of Change</th>
<th>Prepared/Reviewed by</th>
<th>Approved by</th>
<th>Review Date</th>
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<tr>
<td>A</td>
<td>11-20-06</td>
<td>Initial Release</td>
<td>Rosanne Brugnoni</td>
<td>Ken Fasse</td>
<td>n/a</td>
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<tr>
<td>02</td>
<td>12-03-10</td>
<td>Annual Review – no changes</td>
<td>Susan Glomb</td>
<td>Ken Fasse</td>
<td>Dec. 2010</td>
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<tr>
<td>03</td>
<td>07-20-11</td>
<td>Added Important Note to all Medical Policies</td>
<td>Susan Glomb</td>
<td>Dr. B. Almasri</td>
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<td>04</td>
<td>11-16-11</td>
<td>Annual Review. Added References to Policy</td>
<td>Susan Glomb</td>
<td>Dr. B. Almasri</td>
<td>Nov. 2011</td>
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<tr>
<td>05</td>
<td>04-03-12</td>
<td>Added reference to NH Medicaid</td>
<td>Susan Glomb</td>
<td>Dr. B. Almasri</td>
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<td>06</td>
<td>11-26-12</td>
<td>Annual review. No changes.</td>
<td>Susan Glomb</td>
<td>Dr. B. Almasri</td>
<td>Nov. 2012</td>
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<td>07</td>
<td>12-18-13</td>
<td>Annual review. No changes.</td>
<td>Susan Glomb</td>
<td>Dr. B. Almasri</td>
<td>Dec 2013</td>
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<td>08</td>
<td>11-24-14</td>
<td>Annual Review. No change</td>
<td>Susan Glomb</td>
<td>Dr. B. Almasri</td>
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<tr>
<td>09</td>
<td>11-23-15</td>
<td>Annual Review. Updated policy to reflect that S8185 is a non-Medicare code.</td>
<td>Lisa Wojno</td>
<td>Dr. B. Almasri</td>
<td>November 2015</td>
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<td>10</td>
<td>11-21-16</td>
<td>Annual Review. No Changes.</td>
<td>Lisa Wojno</td>
<td>Dr. B. Almasri</td>
<td>November 2016</td>
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