HEALTH PLAN POLICY	
Policy Title: Oscillatory Devices for Airway Clearance	**Policy Number:** MUM36 **Revision:** B
Department: Medical Management	**Sub-Department:** Utilization Management
Applies to Product Lines: ☐Medicaid ☐Children's Health Insurance Plan ☒Health Insurance Exchange ☒Medicare Advantage ☒USFHP ☒Commercial Insured ☐Non Insured Business	
Origination/Effective Date: 02/22/2018	
Reviewed Date(s):	**Revision Date(s):** 04/24/2019, 05/15/2020

SCOPE:

The focus of this policy is the use of oscillatory devices as opposed to manual chest physiotherapy for purposes of airway clearance of pulmonary secretions in selected disease states. There are two broad types of oscillatory devices – chest compression devices & intrapulmonary percussive ventilation devices; both will be discussed. Manual chest physiotherapy has long been the standard of care where it is possible at least 67% of the time. Where appropriate airway clearance devices are adjunctive to chest physiotherapy.

DEFINITIONS AND ACRONYMS:

- **Airway Clearance Therapy (ACT)**
- **American College of Chest Physicians (ACCP)**
- **Amyotrophic Lateral Sclerosis (ALS)**
- **Bronchiectasis** – Destruction of bronchial tissue as opposed bronchial irritation (bronchitis)
- **Chest Physiotherapy (CPT)**
- **Cystic Fibrosis Foundation (CFF)**
- **High Frequency Chest Compression (HFCC)**
- **Intrapulmonary Percussive Ventilation (IPV)**

POLICY:

A. Medically necessary conditions for HFCC

1. Cystic fibrosis – evidence is weak, but sufficient
2. Bronchiectasis – evidence is weak, but sufficient
3. Chronic neuromuscular disease such as ALS – evidence is weak, but sufficient

B. No Medical Necessity for ACT

4. COPD/Chronic Bronchitis – smoking related
5. Upgrades to newer technology when current device is functional
6. Contraindications such as chest trauma
7. Any form of IPV- very limited data

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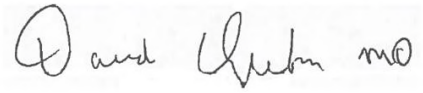
REFERENCES:

- ALS 2006 (Chaisson, et al) – 7: 107-111
- ACCP 2006 (McCool)– Clinical Practice Guidelines
- CFF 2009 – (Flume) – Metanalysis of 13 trials/7 reviews
- Respiratory Care 2012 -57: 221-228

RELATED DOCUMENTS:

None

Nancy Horstmann
Chief Executive Officer Health Plans



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Medical Director

REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	02/22/2018	Initial release.	Executive Leadership
A	04/24/2019	Annual review. Removed Medicaid and CHIP from lines of business.	Executive Leadership
B	05/15/2020	Annual review. No change to policy content.	Executive Leadership