

# Airway Clearance Devices (for Ohio Only)

**Policy Number:** CS054OH.B

**Effective Date:** April 1, 2024

[Instructions for Use](#)

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## Related Policy

- [Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements \(for Ohio Only\)](#)

## Application

This Medical Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

## Coverage Rationale

**Note:** For general coverage and payment policies for durable medical equipment (DME), prosthesis, orthotic devices, medical/surgical supplies, and supplier services refer to the [Ohio Administrative Code, Rule 5160-10-01, Durable medical equipment, prostheses, orthoses, and supplies \(DMEPOS\): general provisions](#).

For medical necessity clinical coverage criteria of high-frequency chest wall oscillation (HFCWO) devices, refer to the [Ohio Administrative Code, Rule 5160-10-08, DMEPOS: high-frequency chest wall oscillation \(HFCWO\) devices](#).

For medical necessity clinical coverage criteria for an intrapulmonary percussive ventilation system, refer to the InterQual® CP: Durable Medical Equipment, Airway or Secretion Clearance Devices.

Click [here](#) to view the InterQual® criteria.

## Coverage Limitations and Exclusions

For coverage limitations and exclusions, refer to the [Ohio Administrative Code, Rule 5160-10-01, Durable medical equipment, prostheses, orthoses, and supplies \(DMEPOS\): general provisions](#) and the [Ohio Administrative Code, Rule 5160-10-02, DMEPOS: repair](#).

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements 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 claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
A7025	High frequency chest wall oscillation system vest, replacement for use with patient- owned equipment, each
A7026	High frequency chest wall oscillation system hose, replacement for use with patient- owned equipment, each
E0481	Intrapulmonary percussive ventilation system and related accessories
E0483	High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each

## U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

### High-Frequency Chest Wall Compression Devices

High-frequency chest wall compression devices are designed to promote airway clearance and improve bronchial drainage. They are indicated when external chest manipulation is the physician's treatment of choice to enhance mucus transport. Refer to the following website for more information (use product code BYI):

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>. (Accessed September 26, 2023)

## References

Ohio Administrative Code/5160/Chapter 5160-1-01. Medicaid medical necessity: definitions and principles. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-1-01>. Accessed November 27, 2023.

Ohio Administrative Code/5160/Chapter 5160-10-08 | DMEPOS: high-frequency chest wall oscillation (HFCWO) devices. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-10-08>. Accessed December 11, 2023.

Ohio Administrative Code/5160/Chapter 5160-10-01. Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS): general provisions. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-10-02>. Accessed December 11, 2023.

## Policy History/Revision Information

Date	Summary of Changes
04/01/2024	<p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"> <li>Revised language to indicate: <ul style="list-style-type: none"> <li>For general coverage and payment policies for durable medical equipment (DME), prosthesis, orthotic devices, medical/surgical supplies, and supplier services, refer to the <i>Ohio Administrative Code, Rule 5160-10-01, Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS): general provisions</i></li> <li>For medical necessity clinical coverage criteria for <b>high-frequency chest wall oscillation (HFCWO) devices</b>, refer to the <i>Ohio Administrative Code, Rule 5160-10-08, DMEPOS: high-frequency chest wall oscillation (HFCWO) devices</i></li> <li>For medical necessity clinical coverage criteria for an <b>intrapulmonary percussive ventilation system</b>, refer to the InterQual® CP: Durable Medical Equipment, Airway or Secretion Clearance Devices</li> <li>For <b>coverage limitations and exclusions</b>, refer to the Ohio Administrative Code, Rule 5160-10-01, Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS): general provisions and the Ohio Administrative Code, Rule 5160-10-02, DMEPOS: repair</li> </ul> </li> </ul> <p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>Removed list of applicable ICD-10 diagnosis codes: A80.0, A80.1, A80.2, A80.30, A80.39, A80.4, A80.9, B91, E74.02, E74.4, E84.0, E84.9, G12.0, G12.1, G12.21, G12.22, G12.25, G12.8, G12.9, G14, G35, G71.00, G71.11, G71.20, G71.21, G71.220, G71.228, G71.29, G71.3, G71.8, G72.41,</li> </ul>

Date	Summary of Changes
	<p>G72.89, G73.1, G73.3, G73.7, G80.0, G82.50, G82.51, G82.52, G82.53, G82.54, J47.0, J47.1, J47.9, J98.6, M33.02, M33.12, M33.22, M33.92, M34.82, M35.03, Q33.4, R53.2, and Z99.11</p> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>• Added <i>References</i> section</li> <li>• Removed Description of Services section</li> <li>• Archived previous policy version CS054OH.A</li> </ul>

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state (Ohio Administrative Code [OAC]) or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state (OAC) or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state (OAC) or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state (OAC) or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) for substance use, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and/or Utilization Review Guidelines that have been approved by the Ohio Department for Medicaid Services. The UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and Utilization Review 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.