



MEDICAL COVERAGE GUIDELINES  
SECTION: Durable Medical Equipment (DME)

ORIGINAL EFFECTIVE DATE: 04/02/14  
LAST REVIEW DATE: 07/31/18  
LAST CRITERIA REVISION DATE: 07/07/16  
ARCHIVE DATE:

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## OSCILLATORY DEVICES

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Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

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.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

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.

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### 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.



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## **OSCILLATORY DEVICES (cont.)**

### **Description:** (cont.)

#### Acoustical Percussor Device:

The Vibralong® Acoustical Percussor is an airway secretion clearance device that creates vibrations in the airways. It is also an acoustic device that induces oscillatory sound waves by means of an electro-acoustical transducer.

#### 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®.

The Monarch® Airway Clearance System is a high frequency chest wall oscillation (HFCWO) therapeutic device that combines mobility with targeted kinetic energy and airflow to thin and mobilize secretions from the airways. This is achieved by the placement of eight pulmonary oscillating discs (PODs) containing magnets, over the upper and lower lobes of the lungs.

#### 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® Mucus Clearance 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.



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## 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.
  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



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## 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
- Respiratory conditions associated with neuromuscular disorders

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### Resources:

Literature reviewed 07/31/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

1. 1.01.15 BCBS Association Medical Policy Reference Manual. Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions. Re-issue date 06/14/2018, issue date 11/01/1997.



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## OSCILLATORY DEVICES (cont.)

### Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, [crc@azblue.com](mailto:crc@azblue.com). You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

### Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idíílkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idíílkidgo beehaz'áanii hólg díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ilínígóó. Ata' halne'ígíí kojí' bich'í' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، ف لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

