

Policy Name:	Medical Policy: Secretion Clearance Devices	Policy #:	MP-330
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Policy Information

Owner Department:	Medical UM & Systems Department
Owner:	Assigned Medical Director
Electronic Signature/Date:	Krystal Revai (06/23/2023), Lori Slaughter (06/22/2023)

If there is a discrepancy between a medical policy and a patient's policy or plan document/summary plan description, the policy or plan document/summary plan descriptions provisions and limitations will govern the determination of benefits.

Purpose of the Policy

To make utilization decisions, Health Alliance uses written criteria based on sound clinical evidence for appropriately applying the criteria.

Statement of the Policy

To apply objective and evidence-based criteria when determining the medical appropriateness of health care services.

NOTE: Please refer to plan documents for prior authorization necessity/status.

Interpretations

Health Alliance uses InterQual DME criteria for Secretion Clearance Devices to adjudicate for Cough Assist In-Exsufflator cough stimulating device, the Vest® Airway Clearance System – High frequency chest wall oscillation, and others. The InterQual DME criteria are available in the Utilization Management software systems and can be accessed when submitting an authorization digitally.

Medicare Advantage Criteria details:

- No NCDs available.
- Enter the LCD/LCA ID in the Medicare link/website below for criteria details.
- [MCD Search \(cms.gov\)](https://cms.gov)

Regional Medicare Admin Contractor (MAC) – Member's state (DME)	Regional LCD/LCA Identifier	Applicable Criteria
CGS (IL, IN, NC, OH)	L33795/A52510	CGS LCD/LCA
Noridian (WA & IA)	L33795/A52510	Noridian LCD/LCA

CPT Codes

E0482	Cough stimulating device, alternating positive and negative airway pressure
E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each
E0480	Percussor, electric or pneumatic, home model
E0484	Oscillatory positive expiratory pressure device, nonelectric, any type, each

E1399	Durable medical equipment, miscellaneous
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Providers are required to indicate the diagnosis and procedure codes when requesting review of coverage.

References

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History

Created Date:	04/26/2021		
Effective Date:	05/10/2021		
Next Review Date:	06/23/2024		
Revision Date:	05/17/22 – MDC-Annual review, no changes.		
	06/20/23 – MDC-Annual review, Medicare information updated, no changes.		