



# Louisiana

## Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions

Policy # 00090

Original Effective Date: 03/24/2003

Current Effective Date: 10/12/2020

*Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.*

### When Services Are Eligible for Coverage

*Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:*

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider high-frequency chest wall compression devices and intrapulmonary percussive ventilation (IPV) devices in patients with cystic fibrosis (CF) or chronic diffuse bronchiectasis as determined by specific criteria (including chest computed tomography scan) when standard chest physical therapy has failed OR standard chest physical therapy is unavailable or not tolerated. to be **eligible for coverage.**\*\*

*Note:*

*In considering the chest wall compression and IPV devices, there should be demonstrated need for airway clearance. There should also be documented failure of standard treatments, ie, the patient has frequent severe exacerbations of respiratory distress involving inability to clear mucus despite standard treatment (chest physical therapy and, if appropriate, use of an oscillatory PEP device) or valid reasons why standard treatment cannot be performed, such as inability of the caregiver to perform it.*

Based on review of available data, the Company may consider the use of an oscillatory positive expiratory pressure (PEP) device in patients with hyper-secretory lung disease (i.e., production of excessive mucus) who have difficulty clearing the secretions and recurrent disease exacerbations to be **eligible for coverage.**\*\*

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*Note:*

*For this policy, chronic diffuse bronchiectasis is defined by daily productive cough for at least 6 continuous months or more than 2 times per year exacerbations requiring antibiotic therapy and confirmed by high-resolution or spiral chest computed tomography scan.*

*For the chest wall compression devices, a trial period to determine patient and family compliance may be considered. Those who appear to benefit most from the compression devices are adolescents and adults due to lifestyle factors in which manual percussion and postural drainage (P/PD) may essentially not be available.*

*A trial period may also be helpful because patients' responses to the various types of devices can be variable; the types of devices should be considered as alternative, and not equivalent, devices.*

## **When Services Are Considered Investigational**

*Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.*

Based on review of available data, the Company considers other applications of high-frequency chest wall compression devices and intrapulmonary percussive ventilation devices, including but not limited to, their use in patients with cystic fibrosis or chronic diffuse bronchiectasis other than as specified above, their use as an adjunct to chest physical therapy or their use in other lung diseases, such as chronic obstructive pulmonary disease (COPD) or respiratory conditions associated with neuromuscular disorders, to be **investigational**.\*

## **Policy Guidelines**

For this policy, chronic diffuse bronchiectasis is defined by a daily productive cough for at least 6 continuous months or exacerbations more than 2 times per year requiring antibiotic therapy and confirmed by high-resolution or spiral chest computed tomography scan.

For the chest wall compression devices, a trial period to determine patient and family compliance may be considered. Those who appear to benefit most from the compression devices are adolescents and adults for whom, due to lifestyle factors, manual percussion and postural drainage may not be available.

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A trial period may also be helpful because patients' responses to different types of devices can vary; the types of devices should be considered as alternative, not equivalent, devices.

### **Background/Overview**

Oscillatory devices are designed to move mucus and clear airways; the oscillatory component can be intra- or extra thoracic. Some devices require the active participation of patients. They include oscillating positive expiratory pressure devices, such as Flutter and Acapella, in which the patient exhales multiple times through a device. The Flutter device is a small pipe-shaped, easily portable handheld 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. When the oscillation frequency approximates the resonance frequency of the pulmonary system, the vibration of the airways occurs, resulting in loosening of mucus. The Acapella device is similar in concept but uses a counterweighted plug and magnet to create air flow oscillation.

Other airway clearance techniques also require active patient participation. For example, autogenic drainage and an active cycle breathing technique both involve a combination of breathing exercises performed by the patient. Positive expiratory pressure therapy requires patients to exhale through a resistor to produce positive expiratory pressures during a prolonged period of exhalation. It is hypothesized that the positive pressure supports the small airway such that the expiratory airflow can better mobilize secretions.

High-frequency chest wall oscillation devices (eg, the Vest Airway Clearance System, ThAIRapy Bronchial Drainage System, SmartVest Airway Clearance System) are passive oscillatory devices designed to provide airway clearance without the active patient participation. The Vest Airway Clearance System provides high-frequency chest compression using an inflatable vest and an air-pulse generator. Large-bore tubing connects the vest to the air-pulse generator. The air-pulse generator creates pressure pulses that inflate and deflate the vest against the thorax, creating high-frequency chest wall oscillation and mobilization of pulmonary secretions.

The Percussionaire device is another type of passive oscillatory device; it delivers intrapulmonary percussive ventilation. This device combines internal thoracic percussion through rapid mini bursts of inhaled air and continuous therapeutic aerosol delivered through a nebulizer.

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All of these techniques may be alternatives to daily percussion and postural drainage in patients with cystic fibrosis, also known as chest physical therapy. Daily percussion and postural drainage need to be administered by a physical therapist or another trained adult in the home, often a parent if the patient is a child. The necessity for regular therapy can be particularly burdensome for adolescents or adults who lead independent lifestyles. Oscillatory devices can also potentially be used by patients with other respiratory disorders to promote bronchial secretion drainage and clearance, such as diffuse bronchiectasis and chronic obstructive pulmonary disease. Additionally, they could benefit patients with neuromuscular disease who have impaired cough clearance.

This evidence review addresses the outpatient use of oscillatory devices. We do not address inpatient device use (eg, in the immediate postsurgical period) here.

### **FDA or Other Governmental Regulatory Approval**

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

Several oscillatory devices have been cleared for marketing by the U.S. Food and Drug Administration through the 510(k) process, including those listed in Table 1.

Table 1. Select Oscillatory Devices Cleared by the Food and Drug Administration

<b>Device</b>	<b>Manufacturer</b>	<b>Clearance Date</b>
Flutter <sup>®</sup> ‡ Mucus Clearance Device	Axcan Scandipharm (for marketing in the United States)	1994
Vest <sup>™</sup> ‡ Airway Clearance System	Hill-Rom	1998
Acapella <sup>®</sup> ‡ device	DHD Healthcare	1999
RC Cornet <sup>™</sup> Mucus Clearing Device	PARI Respiratory Equipment	1999
inCourage <sup>®</sup> ‡ System	RespirTech	2005
AerobiKA oscillating PEP device	Trudell Medical	2013

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Vibralung Acoustical Percussor	Westmed	2014
The vest airway clearance system	Hill-Rom	2015
The Monarch™ ‡ Airway Clearance System	Hill-Rom	2017

PEP: positive expiratory pressure.

Food and Drug Administration product codes: BYI, BYT.

### Rationale/Source

Oscillatory devices are alternatives to the standard daily percussion and postural drainage method of airway clearance for patients with cystic fibrosis. There are several types of devices including high-frequency chest compression with an inflatable vest and oscillating positive expiratory pressure devices, such as the Flutter and Acapella devices. Respiratory therapies and other providers may also use oscillatory devices are also proposed for other respiratory conditions such as diffuse bronchiectasis, chronic obstructive pulmonary disease, and respiratory conditions associated with neuromuscular disorders.

For individuals who have cystic fibrosis who receive oscillatory devices, the evidence includes randomized controlled trials (RCTs) and a systematic review. Relevant outcomes are symptoms, quality of life, hospitalizations, and medication use. The RCTs reported mixed findings and limitations such as small sample sizes and large dropout rates. A systematic review identified 35 RCTs comparing oscillatory devices with another recognized airway clearance techniques; some were published only as abstracts. Reviewers could not pool findings due to heterogeneity in study designs and outcome measures and concluded that additional adequately powered RCTs with long-term follow-up would be needed to make conclusions about oscillatory devices for cystic fibrosis. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have bronchiectasis who receive oscillatory devices, the evidence includes RCTs and a systematic review. Relevant outcomes are symptoms, quality of life, hospitalizations, and medication use. A 2015 systematic review identified 7 small RCTs on several types of oscillatory devices; only one reported the clinically important outcomes of exacerbations or

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hospitalizations. Only 3 RCTs reported on quality of life, and findings were mixed. The evidence is insufficient to determine the effects of the technology on health outcomes.

Clinical input obtained in 2008 supported the use of oscillatory devices to treat patients with cystic fibrosis and bronchiectasis, in certain situations. The most commonly mentioned clinical criteria were patients who failed or were intolerant of other methods of mucus clearance and patients who lacked caregivers to provide chest physical therapy. Thus, these devices may be considered medically necessary when chest physical therapy has failed, is unavailable, or is not tolerated by the patient.

For individuals who have chronic obstructive pulmonary disease who receive oscillatory devices, the evidence includes RCTs and systematic reviews. Relevant outcomes are symptoms, quality of life, hospitalizations, and medication use. Only a few controlled studies have evaluated oscillatory devices for the treatment of chronic obstructive pulmonary disease, and they tend to have small sample sizes, short follow-up periods, and limitations in their analyses (eg, lack of intention-to-treat analysis and between-group comparisons). Moreover, the published studies reported mixed findings and did not clearly support the use of oscillatory devices in this population. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have respiratory conditions related to neuromuscular disorders who receive oscillatory devices, the evidence includes 2 RCTs and a systematic review. Relevant outcomes are symptoms, quality of life, hospitalizations, and medication use. One of the RCTs was not powered to detect statistically significant differences. The other RCT, conducted in patients with amyotrophic lateral sclerosis, did not find significant improvements after high-frequency chest wall compression devices vs usual care in primary outcomes, in pulmonary function measures, or in most secondary outcomes. The evidence is insufficient to determine the effects of the technology on health outcomes.

## **Supplemental Information**

### **Clinical Input From Physician Specialty Societies and Academic Medical Centers**

While the various physician specialty societies and academic medical centers may collaborate with and make recommendations during this process, through the provision of appropriate reviewers, input received does not represent an endorsement or position statement by the physician specialty societies or academic medical centers, unless otherwise noted.

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In response to requests, input was received from 2 academic medical centers while this policy was under review in 2008. Input indicated the available studies demonstrated that these oscillatory devices are comparable with chest physical therapy for cystic fibrosis and bronchiectasis. The most commonly mentioned clinical criteria were patients who failed or were intolerant of other methods of mucus clearance and patients who lacked caregivers to provide chest physical therapy. Input did not support the use of oscillatory devices for treatment of chronic obstructive pulmonary disease.

### Practice Guidelines and Position Statements

#### American College of Chest Physicians

The 2006 guidelines from the American College of Chest Physicians recommended (level of evidence: low) that, in patients with cystic fibrosis, devices designed to oscillate gas in the airway, either directly or by compressing the chest wall, can be considered as an alternative to chest physical therapy.

#### Cystic Fibrosis Foundation

The Cystic Fibrosis Foundation (2009) published guidelines on airway clearance therapies based on a systematic review of evidence. The Foundation recommended airway clearance therapies for all patients with cystic fibrosis but stated that no therapy had been demonstrated to be superior to others (level of evidence: fair; net benefit: moderate; grade of recommendation: B).

#### U.S. Preventive Services Task Force Recommendations

Not applicable.

#### Medicare National Coverage

There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

#### Ongoing and Unpublished Clinical Trials

Some currently unpublished trials that might influence this review are listed in Table 2.

**Table 2. Summary of Key Trials**

NCT No.	Trial Name	Planned Enrollment	Completion Date
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<i>Ongoing</i>			
NCT03013452	Oscillating PEP vs Autogenic Drainage in People With Bronchiectasis (oPEP-vs-AD)	50	Dec 2018*

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14. Yuan N, Kane P, Shelton K, et al. Safety, tolerability, and efficacy of high-frequency chest wall oscillation in pediatric patients with cerebral palsy and neuromuscular diseases: an exploratory randomized controlled trial. *J Child Neurol.* Jul 2010;25(7):815-821. PMID 20357238.
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### **Policy History**

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- |            |                                                                                                                                                                  |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12/19/2002 | Medical Policy Committee review                                                                                                                                  |
| 03/24/2003 | Managed Care Advisory Council approval                                                                                                                           |
| 12/16/2003 | Medical Director review                                                                                                                                          |
| 01/27/2004 | Managed Care Advisory Council approval                                                                                                                           |
| 03/08/2004 | Medical Director review                                                                                                                                          |
| 03/16/2004 | Medical Policy Committee review. Policy revision addresses investigation status of the use of oscillatory devices for the treatment outside of cystic fibrosis . |
| 03/29/2004 | Managed Care Advisory Council approval                                                                                                                           |
| 03/01/2005 | Medical Director review                                                                                                                                          |

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03/15/2005	Medical Policy Committee review
04/04/2005	Managed Care Advisory Council approval
04/05/2006	Medical Director review
04/19/2006	Medical Policy Committee approval. Format Revisions: FDA/Governmental Regulations, Rationale/Source
03/14/2007	Medical Director review
03/21/2007	Medical Policy Committee approval. Coverage eligibility unchanged.
07/02/2008	Medical Director review
07/16/2008	Medical Policy Committee approval. Coverage eligibility unchanged.
07/02/2008	Medical Director review
07/22/2009	Medical Policy Committee approval. Extensively revised the coverage section.
12/01/2010	Medical Policy Committee review
12/15/2010	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
12/08/2011	Medical Policy Committee review
12/21/2011	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
12/06/2012	Medical Policy Committee review
12/19/2012	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
12/12/2013	Medical Policy Committee review
12/18/2013	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
08/03/2015	Coding update: ICD10 Diagnosis code section added; ICD9 Procedure code section removed.
09/03/2015	Medical Policy Committee review
09/23/2015	Medical Policy Implementation Committee approval. Added IPV to policy statements, replaced Flutter and Acapella with “oscillatory PEP devices” in policy statements. Updated rationale and references.
09/08/2016	Medical Policy Committee review
09/21/2016	Medical Policy Implementation Committee approval. Patients with respiratory conditions associated with neuromuscular disorders added to investigational statement. In title, “disorders” changed to “conditions”.
01/01/2017	Coding update: Removing ICD-9 Diagnosis Codes

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- 09/07/2017 Medical Policy Committee review
- 09/20/2017 Medical Policy Implementation Committee approval. ‘Not medically necessary’ statement removed and “patients with cystic fibrosis or chronic diffuse bronchiectasis other than as specified above” added to the investigational statement.
- 09/06/2018 Medical Policy Committee review
- 09/19/2018 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
- 09/05/2019 Medical Policy Committee review
- 09/11/2019 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
- 09/03/2020 Medical Policy Committee review
- 09/09/2020 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

Next Scheduled Review Date: 09/2021

### **Coding**

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Policy # 00090

Original Effective Date: 03/24/2003

Current Effective Date: 10/12/2020

*contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply.*

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Codes used to identify services associated with this policy may include (but may not be limited to) the following:

Code Type	Code
CPT	No codes
HCPCS	A7025, A7026, E0480, E0481, E0483, E0484
ICD-10 Diagnosis	E84.0-E84.9, J47.0-J47.9, J67.0

\*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
  - 1. Consultation with the Blue Cross and Blue Shield Association technology assessment program (TEC) or other nonaffiliated technology evaluation center(s);
  - 2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
  - 3. Reference to federal regulations.

\*\*Medically Necessary (or “Medical Necessity”) - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment,

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would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- A. In accordance with nationally accepted standards of medical practice;
- B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
- C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, "nationally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

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**NOTICE:** If the Patient's health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

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