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Owner	Cindy Matthews: Prior Authorization & Medical Policy Manager
Area	Medical Policy
Lines Of Business	All Lines of Business

Multi-Function Oscillation Lung Expansion Therapy

PURPOSE:

This policy addresses coverage limitations regarding multi-function oscillation lung expansion (OLE) therapy devices such as the BiWaze Clear System and the Volara.

For any item to be covered by The Health Plan, it must:

A. Be eligible for a defined Medicare or The Health Plan benefit category; and

B. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member; and

C. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements; and

D. The supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan; and

E. The treating practitioner must provide thorough documentation to substantiate the medical necessity and appropriate use of the device.

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

Suppliers are to follow The Health Plan requirements for precertification, as applicable.

DESCRIPTION:

Multi-function oscillation lung expansion (OLE) therapy combines continuous positive expiratory pressure (CPEP) to hold the lungs open with continuous high frequency oscillation (CHFO) to loosen mucus, and deliver

aerosolized medication. It is intended to mobilize lung secretions, provide lung expansion therapy, and treat and prevents atelectasis. Examples of these combination devices include, but are not limited to, BiWaze Clear System and Volara. Some devices are available over-the-counter without a prescription. Examples include, but are not limited to, Acapella, Aerobika and TheraPEP

COVERAGE POLICY:

The Health Plan complies with all Medicare National Coverage Determinations (NCD's), applicable Local Coverage Determinations (LCD's), and WV Bureau for Medical Services guidelines for all therapies, items, services, and/or procedures that are covered benefits under Medicare or Medicaid. If the coverage criteria in this policy conflicts with any NCD's, relevant LCD, or WV BMS guidelines, the relevant document controls the application of services regardless of the version of the NCD. LCD, or WV BMS guideline listed in the reference section.

There are currently no Medicare National Coverage Determinations or Local Coverage determinations available for review.

NON-COVERAGE STATEMENT:

Multi-function oscillation lung expansion (OLE) therapy devices are not covered for Commercial, WV PEIA (Public Employees Insurance Agency), Self- Funded, Medicare, or West Virginia Medicaid lines of business at this time as they are considered experimental and investigational. There is limited evidence in the published peer-reviewed scientific medical literature to demonstrate the safety and efficacy of multi-function oscillation lung expansion (OLE) therapy devices in the home setting.

The non-coverage statement refers to the use of oscillation and lung expansion (OLE) therapy in a home setting. This policy would not apply to OLE therapy provided in a facility setting. OLE therapy in a facility should be reported with the appropriate coding.

CODING GUIDELINES:

CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.

A7021	Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device.
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device. e.g. Volara System oscillation & lung expansion (Ole) therapy device.
E1399	Durable medical equipment, miscellaneous.

There are no specified diagnoses or ICD-10 codes that indicate medical necessity for a non-covered item.

BILLING GUIDELINES:

HCPCS codes **E0570** (Nebulizer), **E0482** (Cough stimulator), or **E0483** (High-frequency chest wall oscillation) are considered included in the payment for E0469 and cannot be billed separately for dates of service after initiating E0469 rental.

REFERENCES:

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West Virginia Medicaid Internet Provider Manual. Chapter 506. Covered Services, Limitations, and Exclusions for DME Medical Supplies. Last accessed: 04/25/2025. Retrieved from dhhr.wv.gov/bms/Pages/default.aspx

RELATED POLICIES:

Experimental/Investigational Services and Emerging Technologies ID: 19850636

POLICY HISTORY:

New as of 8/1/2026

DISCLAIMER:

This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy is intended to address medical necessity guidelines that are suitable for most individuals. Each individual's unique clinical situation may warrant individual consideration based on medical records. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to

member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and nonparticipating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case.

The use of specific product names is not intended to be a recommendation of a particular product. It is not intended to be a comprehensive listing of all available products.

MULTI-FUNCTION OSCILLATION LUNG EXPANSION (OLE) DEVICE PROVIDED TO A MEMBER IN A PART A FACILITY:

Multi-function oscillation lung expansion (OLE) therapy devices related accessories provided to a member while in a hospital, rehabilitation or skilled inpatient level of care will not be separately payable as durable medical equipment.

NOTIFICATION REQUIREMENTS:

Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider should submit this information upon request.

PRICING, DATA ANALYSIS, AND CODING (PDAC):

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations when applicable. Suppliers should contact the PDAC contractor for guidance on the correct coding of these items. **dmepdac.com/**

AMA CPT/ADA CDT COPYRIGHT STATEMENT:

Approval Signatures

Step Description	Approver	Date