

# Multi-Function Oscillation Lung Expansion Therapy

**Humana**

Medicaid Medical Coverage Policy

Original Effective Date: 04/01/2025

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Review Date: 06/03/2025

Policy Number: HUM-2007-001

Line of Business: Medicaid

State(s): MI

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## Description

Multi-function oscillation lung expansion (OLE) therapy purportedly provides noncontinuous ventilation intended to mobilize lung secretions, provide lung expansion therapy and treats 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 Determination

There are no covered indications; refer to Coverage Limitations Section.

## Coverage Limitations

Humana members may **NOT** be eligible under the Plan for any of the following:

- Multi-function oscillation lung expansion (OLE) therapy; **OR**
- Over the counter devices

A review of the current medical literature shows that there is **no evidence** to determine that these services are standard medical treatments. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these services in clinical management.

## Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

| CPT® Code(s)              | Description   | Comments |
|---------------------------|---|----------|
| No Code(s) Identified     |   |          |
| CPT® Category III Code(s) | Description   | Comments |
| No Code(s) Identified     |   |          |
| HCPCS Code(s)             | Description   | Comments |
| E0469                     | Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device |          |
| E1399                     | Durable medical equipment, miscellaneous  |          |

## References

1. American Thoracic Society (ATS). Evaluation of work of breathing and health care utilization in patients prescribed daily oscillation and lung expansion (OLE) therapy at home. <https://thoracic.org>. Published 2023.
2. ECRI Institute. Product Brief. Volara system (Hill-Rom, Inc.) for clearing lung and airway secretions in hospitalized patients. <https://home.ecri.org>. Published April 30, 2020. Updated January 9, 2025.
3. Hayes, Inc. Evidence Analysis Research Brief. Volara (Hillrom) for respiratory therapy. <https://evidence.hayesinc.com>. Published August 14, 2023.

## Change Summary

04/01/2025 New Policy.

06/03/2025 Update, No Coverage Change. Title Change.