Multi-Function Oscillation Lung Expansion Therapy



Original Effective Date: 04/01/2025 Effective Date: 07/01/2025 Review Date: 06/03/2025 Policy Number: HUM-2007-001

Line of Business: Medicaid

State(s): VA

Table of Contents

Description
Coverage Limitations
References

Coverage Determination
Coding Information
Change Summary

Disclaimer

The Medical Coverage Policies are reviewed by the Humana Medicaid Coverage Policy Adoption (MCPA) Forum. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT* codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from Humana.

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.