Airway Clearance Devices
Revised: November 13, 2024

Overview
Airway clearance devices provide self-administered airway clearance for people with certain respiratory or neuromuscular conditions.

Eligible Providers
- Medical suppliers
- Pharmacies
- Home health agencies
- Indian Health Services
- Federally qualified health centers
- Rural health clinics

Third Party Liability (TPL) and Medicare
Providers must meet any provider criteria, including accreditation, for third-party insurance or Medicare to help members for whom MHCP is not the primary payer.

MHCP quantity limits and thresholds apply to all members unless only Medicare coinsurance or deductible is requested.

Eligible Members
Airway clearance devices are covered for eligible MHCP members who meet coverage criteria described under Covered Services.

Covered Services
MHCP covers the following services:
- **A7025** (High-frequency chest wall oscillation system vest, replacement)
- **E0480** (Percussor, electric or pneumatic, home model)
- **E0482** (Cough stimulating device, alternating positive and negative airway pressure)
- **E0483** (High-frequency chest wall oscillation air-pulse generator system)
- **E0484** (Oscillatory positive expiratory pressure device, nonelectric, any type)

Nonelectric oscillatory devices are covered for members with medical conditions that cause a need for assistance with mucus clearance from the airway.

Electric or pneumatic percussors are covered for members who require chest physiotherapy with the assistance of a mechanical device.

Cough stimulating devices, also known as In-Exsufflation devices, are covered for members with neuromuscular disease, which causes a significant impairment of chest wall or diaphragmatic movement, and which results in an inability to clear secretions when standard treatments have failed

or are medically contraindicated. A detachable battery and a car charger for a cough stimulating device is covered for treatment required more than three times daily.

High-Frequency Chest Wall Oscillation (HFCWO) air-pulse generator systems are covered for members when standard chest physiotherapy has failed or is medically contraindicated and the member has one of the following indications:

- Cystic fibrosis
- Chronic bronchiectasis, confirmed by radiological scan, and one of the following:
  - Daily productive cough for at least six continuous months
  - More than two exacerbations in 12 months requiring antibiotic treatment
- One of the following neuromuscular disease diagnoses:
  - Acid maltase deficiency
  - Anterior horn cell diseases
  - Hereditary muscular dystrophy
  - Multiple sclerosis
  - Myotonic disorders
  - Other myopathies
  - Paralysis of the diaphragm
  - Post polio
  - Quadriplegia

HFCWO replacement vests are covered for use with member-owned systems when the original vest is lost, stolen or damaged beyond repair and not covered by a warranty.

Noncovered Services

MHCP does not cover the following devices for any indication because they are not standard in community care and substantive research is lacking:

- Intrapulmonary percussive ventilation devices (E0481)
- Lung expansion airway clearance devices (E0469)

Authorization

Authorization is always required for cough stimulating devices, a detachable battery and car charger for a cough stimulating device, HFCWO systems and replacement vests for HFCWO systems. Submit authorization requests and documentation to the authorization medical review agent.

Cough Stimulating Devices

Documentation must include a diagnosis of neuromuscular disease such as multiple sclerosis, spinal muscular atrophy, quadriplegia or muscular dystrophy, and the member's history of conservative treatment and the reason it is not meeting the member's needs or is medically contraindicated. Submit chart documentation.

HFCWO Systems

Documentation must include the member's:

- Diagnosis
- History of respiratory infections
- History of chest physiotherapy and the reason it is not meeting the member's needs or is medically contraindicated

Submit chart documentation; a checklist is not sufficient to establish medical need.

Replacement Vests for HFCWO Systems

Documentation must state the reason the vest needs replacement, and when the warranty period ended.

Submit authorization requests electronically or on the Minnesota Health Care Programs Authorization Form (DHS-4695) (PDF).

Billing

An HFCWO air-pulse generator system with full anterior or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each. Do not bill separately.

- A cough stimulating device includes all necessary accessories with initial dispensing. Do not bill separately
- Use X12 Batch or MN–ITS 837P Professional electronic claim
- Report the ordering provider in the Other Provider Types section of the MN–ITS Interactive claim
- If the member has Medicare, MHCP will pay only the deductible and coinsurance on any item for which Medicare made payment, regardless of any MHCP prior authorization
- If the member has Medicare, any items for which Medicare denies payment must meet MHCP coverage and authorization requirements
- Shipping and delivery costs are included in the MHCP maximum allowable payment and may not be separately billed to MHCP or the member
- Durable medical equipment is expected to serve the member for at least five years. If a device is stolen or damaged beyond repair, a replacement device may be covered with authorization

Refer to Non-Mobility Equipment Repairs for billing requirements for repairs to durable medical equipment.