



CATEGORY: OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE (NON-ELECTRIC) Any Type	EFFECTIVE: 3/2018 REVIEWED: 5/24, 9/24 REVISED: 9/24
EQUIPMENT: - Acapella or Flutter Valve - Expiratory Muscle Strength Trainer (EMST) or similar	COVERAGE BENEFIT: <input type="checkbox"/> Base <input checked="" type="checkbox"/> DME <input type="checkbox"/> Orthotic/Brace <input type="checkbox"/> External Prosthetic

CLINICAL CRITERIA:

Device must meet a member’s medical need, and the specific product meets the definition of a Durable Medical Equipment (DME)

- Can withstand repeated use (i.e., could normally be rented and used by successive patients)
- Is primarily and customarily used to service a medical purpose
- Generally, is NOT useful to a person in the absence of illness or injury; and
- Is appropriate for use in a patient’s home.

1. Acapella and Flutter Valve: (E0484)

Additional Clinical Criteria: Covered for diagnosis of cystic fibrosis and bronchiectasis.

Clinical Review: Cystic Fibrosis: Pulmonologist or Pediatric Pulmonologist
Bronchiectasis: Pulmonologist or PCP

2. Expiratory Muscle Strength Training (EMST-75) or similar devices (E0484):

Clinical Review: Recommended by Neurologist or Speech Therapist

USAGE GUIDELINES: One per patient at a time. Coverage limited to one every 5-years

NON-COVERED:

- Aerobika (A9270) – Per Center for Medicare & Medicaid Services (CMS) Non-Covered item.
- EMST-150 – non covered. Does not meet the definition of a DME as it can be used for people who do not have a medical need.