



Medica Central Coverage Policy

Policy Name: Oscillating Lung Expansion Systems (e.g., Volara; BiWaze Clear) MP9746

Effective Date: 12/01/2025

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Oscillating lung expansion systems (e.g., Volara; BiWaze Clear) is considered investigative and unproven and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the safety and efficacy or effects on health care outcomes.

Description

Oscillating lung expansion systems (e.g., Volara; BiWaze Clear are portable, lightweight devices that combine continuous positive expiratory pressure, continuous high-frequency oscillation, and a aerosol delivery to provide oscillation and lung expansion therapy). These therapies work together to expand lungs, mobilize mucus from airways, and maximize treatment efficacy (e.g., for treating and preventing atelectasis). They are designed to be used in conjunction with a ventilator or in the home setting.

FDA Approval

The Maximus Volara System (previously known as MetaNeb) was given 510(k) FDA approval as a Class II device in May 2020 for use in both acute and home care settings.

BiWaze Clear System (ABM Respiratory Care, Inc.), previously known as BiWaze Cough, received initial FDA 510(k) clearance in December 2022 for use in both acute and home care settings. An expanded indication, cleared in April 2024, allows for its use in-line with a ventilator in acute care environments.

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.



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Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes

- **A7021** - Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter)
- **E0469** - Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device
- **E1399** – Durable medical equipment, miscellaneous
- **E0484** – Oscillatory positive expiratory pressure device, nonelectric, any type, each

	Committee/Source	Date(s)
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