

# Medical Policy



## Mechanical In-Exsufflation Devices (Cough Assist)

### ▼ Description

A mechanical in-exsufflation device is designed to slowly inflate the lungs with positive pressure during inspiration and simulate cough with rapidly applied negative pressure during expiration. It is used by individuals who have difficulty in clearing secretions from their airways due to a neuromuscular disease or injury.

### ▼ Policy

Mechanical In-Exsufflation devices are considered **reasonable and necessary** when a Member requires assistance for airway clearance secondary to a neuromuscular disease or injury.

### ▼ Policy Guidelines

Coverage Criteria:

1. Must be ordered by the Member's treating physician.
2. Mechanical In-Exsufflation devices (E0482) are covered for Members who meet all of the following criteria;
  - a. They have a neuromuscular disease (refer to ICD-10 section), and
  - b. This condition is causing a significant impairment to chest wall and/or diaphragmatic movement, such that it results in an inability to clear retained secretions.

Limitations:

1. If both of the criteria above are not met, the claim will be considered not reasonable and necessary.

### ▼ Covered ICD-10 Codes that Support Medical Necessity

ICD-10 Code	Description
B91	Sequelae of poliomyelitis
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
G12.1	Other inherited spinal muscular atrophy

G12.20	Motor neuron disease, unspecified
G12.21	Amyotrophic lateral sclerosis
G12.22	Progressive bulbar palsy
G12.23	Primary lateral sclerosis
G12.24	Familial motor neuron disease
G12.25	Progressive spinal muscle atrophy
G12.29	Other motor neuron disease
G12.8	Other spinal muscular atrophies and related syndromes
G12.9	Spinal muscular atrophy, unspecified
G14	Postpolio syndrome
G35	Multiple sclerosis
G71.00	Muscular dystrophy, unspecified
G71.01	Duchenne or Becker muscular dystrophy
G71.02	Facioscapulohumeral muscular dystrophy
G71.09	Other specified muscular dystrophies
G71.11	Myotonic muscular dystrophy
G71.2	Congenital myopathies
G72.41	Inclusion body myositis [IBM]
G82.50	Quadriplegia, unspecified
G82.51	Quadriplegia, C1-C4 complete
G82.52	Quadriplegia, C1-C4 incomplete
G82.53	Quadriplegia, C5-C7 complete
G82.54	Quadriplegia, C5-C7 incomplete

#### **ICD-10 Codes that DO NOT Support Medical Necessity**

**Group 1 Paragraph:** All ICD-10 codes that are not specified in the previous section.

#### **▼ HCPCS Level II Codes and Description**

**E0482 COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE**

**A7020 INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY**

## Documentation Requirements

Items in this policy may be subject to the Affordable Care Act (ACA) 6407.

The Affordable Care Act (ACA) 6407 requires that the treating physician conduct a face-to-face examination during the six month period preceding the written order. The documentation must be received by the provider prior to delivery for certain DME items. The documentation must describe a medical condition for which the DME is being prescribed.

### ▼ Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

### ▼ References

1. Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents.

2. CGS Administrators, LLC. Mechanical In-exsufflation Devices. Local Coverage Determination No. L33795. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction B; revised October 1, 2015. Accessed December 2017
3. Chatwin M, Simonds AK. The addition of mechanical insufflation/exsufflation shortens airway-clearance sessions in neuromuscular patients with chest infection. *Respir Care*. 2009 Nov;54(11):1473-9.
4. Chatwin M, Ross E, Hart N, Nickol AH, Polkey Mi, Simonds AK. Cough augmentation with mechanical insufflation/exsufflation in patients with neuromuscular weakness. *Eur Respir J*. 2003 Mar;21(3):502-8.
5. Fauroux B, Guillemot N, Aubertin G, Nathan N, Labit A, Clément A, Lofaso F. Physiologic benefits of mechanical insufflation-exsufflation in children with neuromuscular diseases. *Chest*. 2008 Jan;133(1):161-8.
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7. Miller RG, Jackson CE, Kasarskis EJ, England JD, Forshew D, Johnston W, Kalra S, Katz JS, Mitsumoto H, Rosenfeld J, Shoesmith C, Strong MJ, Woolley SC; Quality Standards Subcommittee of the American Academy of Neurology. Practice parameter update: The care of the patient with amyotrophic lateral sclerosis: drug, nutritional, and respiratory therapies (an evidence-based review): report of the Quality Standards Subcommittee of the American Academy of Neurology. *Neurology*. 2009 Oct 13;73(15):1218-26.
8. Miske LJ, Hickey EM, Kolb SM, Weiner DJ, Panitch HB. Use of the mechanical in-exsufflator in pediatric patients with neuromuscular disease and impaired cough. *Chest*. 2004;125:1406-12.
9. Paralyzed Veterans of America. Consortium for Spinal Cord Medicine. Early acute management in adults with spinal cord injury: a clinical practice guideline for health-care professionals. *J Spinal Cord Med* 2008;31(4):403-79. Accessed Apr 15, 2010. Available at URL address: <http://www.pva.org/site/News2?page=NewsArticle&id=8407>

10. Sancho J, Servera E, Diaz J, Marin J. Efficacy of mechanical insufflation-exsufflation in medically stable patients with amyotrophic lateral sclerosis. Chest. 2004 Apr;125(4):1400-5.

11. Winck JC, Gonçalves MR, Lourenço C, Viana P, Almeida J, Bach JR. Effects of mechanical insufflation-exsufflation on respiratory parameters for patients with chronic airway secretion encumbrance. Chest. 2004 Sep;126(3).

**Applicable URAC Standard**

Core 8	Staff operational tools and support
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**Change/Authorization History**

Revision Number	Date	Description of Change	Prepared/ Reviewed by	Approved by	Review Date:
A	Nov.2006	Initial Release	Rosanne Brugnioni	Ken Fasse	n/a
01	July2007	DMERC references removed if noted in policy.	Susan Glomb	Ken Fasse	
02		Annual Review / no revisions	Susan Glomb	Ken Fasse	Dec.2008
03	12-22-09	Annual Review/ No changes	Susan Glomb	Ken Fasse	Dec. 2009
04	12-03-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010
05	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	
06	11-16-11	Annual Review. Added References to Policy.	Susan Glomb	Dr. B. Almasri	Nov. 2011
07	11-29-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012
08	12-11-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri	
09	12-3-14	Annual Review. Added: Items in this policy may be subject to the Affordable Care Act (ACA) 6407 requirements.	Susan Glomb	Dr. B. Almasri	
10	12-9-15	Annual Review. Updated policy with ICD-10 codes also added Medicare references from LCD and Policy article	Susan Glomb	Dr. B. Almasri	

11	12-05-16	Annual Review. Updated Medicare Reference name.	Lisa Wojno	Dr. B. Almasri	December 2016
12	12-15-17	Annual Review. Added new ICD-10 codes that support medical necessity.	Lisa Wojno	Dr. Cheryl Lerchin	December 2017
13	12-7-18	Annual review. ICD-10 Code G71.0 due to annual ICD-10 code updates. Added: New expanded ICD-10 codes for those removed G71.00-G71.09.	Carol Dimech	Dr. C. Lerchin	December 2018