# 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.

**ICD-10 Codes that Support Medical Necessity**

| ICD-10 Codes | Description |
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| 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 |
| G12.29 | 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 |
| G71.0 | Muscular dystrophy |
| 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 requirements.

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. National Government Services, Inc. Mechanical In-exsufflation Devices. Local Coverage Determination No. L33795. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction B; revised October 1, 2015.

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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8. Miske LJ, Hickey EM, Kolb SM, Weiner DJ, Panitch HB. Use of the mechanical inexsufflator 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

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|---|---|
| Core 8 | Staff operational tools and support |

**Change/Authorization History**

| Revision Number | Date | Description of Change | Prepared/Reviewed by | Approved by | Review Date: |
|---|---|---|---|---|---|
| A | Nov.2006 | Initial Release | Rosanne Brugnoni | 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 | 04-04-12 | Added reference to NH Medicaid | Susan Glomb | Dr. B. Almasri | |
| 08 | 11-29-12 | Annual Review – No changes | Susan Glomb | Dr. B. Almasri | Nov 12 |
| 09 | 12-11-13 | Annual review. No changes | Susan Glomb | Dr. B. Almasri | |
| 10 | 12-4-14 | Annual Review. Added: Items in this policy may be subject to the Affordable Care Act (ACA) 6407 requirements. | Susan Glomb | Dr. B. Almasri | |
| 11 | 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 | |

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| 12 | 12-05-16 | Annual Review. Updated Medicare Reference name. | Lisa Wojno | Dr. B. Almasri | December 2016 |