Mechanical In-Exsufflation Devices

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not reasonable and necessary.

Suppliers are to follow The Health Plan requirements for precertification as applicable.

Mechanical in-exsufflation devices require precertification and a physician's face-to-face.

National Coverage Determination Policy	Not applicable
Local Coverage Determination Policy	J-B/C
Effective Date	For services performed on or after: 10/31/13
Review/Revisions Effective Date	01/19, 10/06/05/2018, 07/01/17, 05/01/16
The Health Plan	Will follow Coverage Determination posted on the CGS website unless otherwise indicate in sections of this policy or contractual agreement

DESCRIPTION

Device is used to assist cough by inflating the lung with positive pressure, followed by a rapid shift to negative pressure. These portable, electric devices are advocated for inpatients with neuromuscular diseases who have an insufficient ability to cough. May be referred to as a cough machine.

Examples: CoughAssistTM, In-Exsufflator, CofflatorTM

COVERAGE GUIDELINES

Mechanical in-exsufflation devices (E0482) are covered for patients who meet all of the following criteria;

1. They have a neuromuscular disease (refer to ICD-10 section), and

2. This condition is causing a significant impairment of chest wall and/or diaphragmatic movement, such that it results in an inability to clear retained secretions.

If both of these criteria are not met, the device will be denied for not meeting guidelines.

REPAIR, REPLACEMENT, AND REASONABLE USEFUL LIFETIME

West Virginia Medicaid plans allow one cough stimulating device per lifetime.

Replacements and repairs require precertification. See **Replacement and Repair** policy.

Repairs are not separately payable during rental period.

Replacements are not covered due to neglect or misuse.

CODING INFORMATION

CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS

EY	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE

HCPCS CODES

E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE
A7020	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY

B91	SEQUELAE OF POLYMYELITIS
G12.0	INFANTILE SPINAL MUSCULAR ATROPHY, TYPE I, (WERDING-HOFFMAN)
G12.1	OTHER INHERITED SPINAL MUSCULAR ATROPHY
G12.20	MOTOR NEURON DISEASE, UNSPECIFIED
G12.21	AMYOTROPHIC LATERAL SCLEROSIS
G12.22	PROGRESSIVE BULBAR PALSEY
G12.29	OTHER MOTOR NEURON DISEASE
G12.8	OTHER SPINAL MUSCULAR ATROPHIES AND RELATED SYMPTOMS
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

Diagnoses and ICD-10 codes that support medical necessity are indicated above.

The ICD-10 code that justifies the need for these items must be included on the claim.

DOCUMENTATION REQUIREMENTS

For the purposes of this policy, it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports.

This documentation must be available with precertification.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

1. Physician detailed written order. Order must include the following:
    a. Member's name
    b. Date
    c. Description of item. The medical record must contain the information that supports the request for each item and must be submitted with the precertification, if the item requires precertification, or with the claim, if no precertification was required
    d. Order must include diagnosis code
    e. Physician signature with date. Date stamps are not appropriate
    f. Quantity of items required and duration. A new order is required if there is an increase in the quantity of the supply used per month and/or the type of supply used

    The supplier is to contact The Health Plan in this instance to update referral

2. There must be documentation in the supplier's records to support the medical necessity of that type of device. This information but must be available upon request usually with precertification per The Health Plan policy.

3. Proof of delivery to be kept on file by the provider of the item.

   Note: If templates or forms are submitted, (i.e., a Medicare Certificate of Medical Necessity, and/or a provider created form), The Health Plan reserves the right to request the medical record, that may include, but not limited to, the physician office notes, hospital and nursing facility records, and home health records.

   Note: Template provider forms, prescriptions, and attestation letters are not considered part of the medical record, even if signed by the ordering physician.

MEDICAL IN-EXSUFFLATION DEVICES PROVIDED WHILE MEMBER IN PART A FACILITY

Reimbursement for a manual wheelchair provided to a member while the member is covered in a Part A facility is based on specific contract information with the individual facility, and whether or not the device is intended for use while the member is in the facility.

EQUIPMENT RETAINED FROM A PRIOR PAYOR:

The Health Plan will not pay in excess of the contracted purchase price for any item in this policy. If the provider is seeking payment from The Health Plan, the item must be precerted and The Health Plan will pay the remaining rental months up to purchase price- if member meets guidelines above.

KX, GA, and GZ MODIFIERS

Suppliers may submit a claim with a KX modifier only if all the criteria for that item is met.

If coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier, if they have not obtained a valid ABN.

ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

NOTE: Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or ABN to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

PRICING, DATA ANALYSIS, AND CODING (PDAC)

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Please refer to PDAC website for the appropriate product classification list. dmepdac.com/

MEDICARE DEFINITIONS AND DESCRIPTION

Mechanical in-exsufflation devices are designed to slowly inflate the lungs with positive pressure during inspiration and simulate cough with rapidly applied negative pressure during expiration.

A7020 (INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY). It must not be billed at the time of initial issue.

AMA CPT/ADA CDT COPYRIGHT STATEMENT

INTERNET LINKS AND SOURCES

National Government Services Local Coverage Determination Policy Website. Mechanical In-Exsufflation Devices. LCD L27043 and Article A47096. Last accessed 10/30/18. Retrieved from: http://ngsmedicare.com

The Pricing, Data Analysis, and Coding Contractor. Noridian. Internet website. Last Accessed 10/30/18. Retrieved from: https://www.dmepdac.com/dmecsapp/

West Virginia Medicaid Internet Provider Manual. Chapter 506. Covered Services, Limitations, and Exclusions for DME Medical Supplies. Last accessed 10/30/18. Retrieved from: dhhr.wv.gov/bms/Pages/default.aspx

CGS, A Celerian Group Company Local Coverage Determination Policy. Mechanical In-Exsufflation Devices. LCD L11443 and Article A33749. Internet website. Last accessed 10/30/18. Retrieved from: cgsmedicare.com/jc/coverage/LCDinfo.html

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