



Cough Assist

Documentation Required

- ❖ All insurance payers
 - Prescription
 - Medical record notes specifying medical necessity

- ❖ Medicaid
 - Medicaid Certificate of Medical Necessity – may replace prescription form

- ❖ Medicare
 - Medical documents must document
 - Neuromuscular disease (Dx and ICD-10 codes listed below), and
 - The condition is causing a significant impairment of chest wall and/or diaphragmatic movement (unable to clear secretions)

- ❖ Prescription requirements:
 - ✓ Start Date
 - ✓ Patient Name
 - ✓ Provider Name
 - ✓ Detailed description of item(s) prescribed (50 PSI air compressor, heater, aerosol tubing)
 - ✓ Quantity per month needed, and must be consistent with medical record notes
 - ✓ ICD-10 code(s)
 - ✓ Length of need
 - ✓ Provider signature with credentials (for Medicare recipients)
 - ✓ Provider signature date (in addition to start date of prescription for Medicare recipients)

Diagnosis considered qualifying by Medicare

B91	Sequelae of poliomyelitis
G12.0	Infantile spinal muscular atrophy, type 1 (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	Post-polio 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