

Patient selection criteria for Philips Respironics CoughAssist T70

Symptoms indicating consideration of CoughAssist therapy

Presence of these symptoms may suggest the patient could benefit from mechanical insufflation-exsufflation therapy:

- A weakening or ineffective cough due to immobility or diaphragmatic weakness¹, which can result in a high risk for developing atelectasis and pneumonia²
- Hypoventilation, with a need for secretion management and cough reflux augmentation/assistance³
- Lack of glottis control and bulbar dysfunction³
- Difficulty or inability to clear secretions from airways, or may have tried and failed other airway clearance techniques¹

Conditions associated with airway secretion clearance needs

Patients with these respiratory muscle impairment conditions may suggest the patient could benefit from CoughAssist therapy¹ (see backside for full list of ICD-10 codes):

- Amyotrophic lateral sclerosis (ALS)
- Muscular dystrophy
- Multiple sclerosis
- Motor neuron disease
- Progressive bulbar palsy
- Spinal muscular atrophy (SMA)
- Spinal cord injury (SCI)
- Quadriplegia

Contraindications for CoughAssist T70 use³

- History of bullous emphysema
- Known susceptibility to pneumothorax (or pneumo-mediastinum)
- Recent barotrauma to the lungs

1. Centers for Medicare and Medicaid Services, Local Coverage Determination (LCD): Mechanical In-exsufflation Devices (L33795), 2020.

2. Ambrosino N, Carpenè N, Gherardi M: Chronic respiratory care for neuromuscular diseases in adults. Eur Respir J 2009; 34: 444-451.

3. Chatwin et al. "Airway clearance techniques in neuromuscular disorders: A state of the art review" Respiratory Medicine 136 (2018) 98-110.



Medicare covered diagnoses for mechanical insufflation-exsufflation (MI-E) therapy

Below are Medicare MI-E therapy coverage criteria and diagnoses (ICD-10 codes), which many payers follow. Private payers coverage requirements for MI-E therapy will vary depending on the payer and the individual policy. The appropriate ICD-10 code should be listed as a primary or secondary diagnosis on the prescription form.

Required medicare coverage criteria

- A qualified diagnosis (see below list)
- Documentation in medical record that the condition is causing a significant impairment of chest wall or diaphragmatic movement and results in an inability to clear retained secretions
- Face-to-face exam and written order prior to delivery

ICD-10 codes

- B91 Sequelae of poliomyelitis
- E74.02 Pompe disease
- 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
- G70.01 Myasthenia gravis (with acute exacerbation)
- 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

This information is for the benefit of prescribers and offers general coverage, coding and payment information for procedures associated with use of the CoughAssist T70 device. This is not legal guidance, nor is it advice about how to code, complete, or submit any particular claim for payment. It is always the provider's responsibility to determine coverage and submit appropriate codes and charges for services rendered.