

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.