



Cough Stimulating Device Documentation

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Documentation Requirements

Medicare/Commercial/Tricare

- Cough Assist Prescription
- Medical records (see below for criteria)

Medicaid

- Medicaid Certificate of Medical Necessity
- Medical records (see below for criteria)

Medical Record Requirements

- Face-to-face visit with treating practitioner documenting patient's condition that requires the machine.
 - For Medicaid, this visit must take place within 6 months of the order.
- Medical record must support:
 - Patient has a qualifying neuromuscular disease (see common codes below), and
 - The condition is causing a significant impairment of chest wall and/or diaphragmatic movement (unable to clear secretions).

Diagnosis considered qualifying per Medicare

For all approved codes, please reference the Medicare Mechanical In-exsufflation Devices Policy Article.

B91	Sequelae of poliomyelitis	G35	Multiple sclerosis
G12.0	Infantile spinal muscular atrophy, type 1 (Werdnig-Hoffman)	G71.00	Muscular dystrophy
G12.1	Other inherited spinal muscular atrophy	G71.11	Myotonic muscular dystrophy
G12.20	Motor neuron disease, unspecified	G71.20	Congenital myopathies
G12.21	Amyotrophic lateral sclerosis	G72.41	Inclusion body myositis (IBM)
G12.22	Progressive bulbar palsy	G82.50	Quadriplegia, unspecified
G12.29	Other motor neuron disease	G82.51	Quadriplegia, C1 – C4, complete
G12.8	Other spinal muscular atrophies and related syndromes	G82.52	Quadriplegia, C1 – C4, incomplete
G12.9	Spinal muscular atrophy, unspecified	G82.53	Quadriplegia, C5 – C7, complete
G14	Post-polio syndrome	G82.54	Quadriplegia, C5 – C7, incomplete