Cough Stimulating Device Documentation

Fax: 602-428-6841
Phone: 480-795-7955
Orders@MyTritonSupply.com

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
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
G71.00 Muscular dystrophy
G71.11 Myotonic muscular dystrophy
G71.20 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