



Helpful hints for filing

CoughAssist device

HCPCS Code E0482

Overview

The following information describes coverage and payment information regarding the use of CoughAssist (previously Cofflator). Coding, coverage, payment and documentation guidelines are listed below. This is to be used as a guide. For an item to be covered by Medicare, the following conditions apply: (1) item must be eligible for a defined Medicare benefit category, (2) item must be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member and (3) item must meet all applicable Medicare statutory and regulatory requirements. For specific instructions, please reference your Supplier Manual or contact your Durable Medical Equipment Medicare Administrative Contractor (DME MAC) provider helpline.

The CoughAssist device is classified in the payment policy category "Capped Rental." Medicare will pay on a rental basis for continuous use up to 13 months, after which the title and ownership of the equipment will transfer to the beneficiary.

Definition

CoughAssist is a portable electric device which utilizes a blower and a valve to alternately apply a positive and then a negative pressure to a patient's airway in order to assist the patient in clearing retained bronchopulmonary secretions. Air is delivered to and from the patient

via a breathing circuit incorporating a flexible tube, a bacterial filter and either a facemask, a mouthpiece or an adapter to a tracheostomy or endotracheal tube. Physicians, trained respiratory therapists, nurses, and family members administer this therapy.

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Medical necessity

The CoughAssist device is indicated for any patients unable to cough or clear secretions effectively due to reduced peak cough expiratory flow (less than 5-6 liters/second), resulting from high spinal cord injuries, neuromuscular deficits or severe fatigue associated with intrinsic lung diseases. Other methods of controlling secretions should have been tried but failed to provide significant response including inhalers, IPPB, incentive spirometry, PEP mask therapy, and flutter devices.

Use of CoughAssist may be of particular importance for patients on any type of noninvasive ventilation, since suctioning is difficult without a tracheal or endotracheal tube in place. Exsufflation with negative pressure enhances or replaces the patient's natural cough, providing the necessary removal of secretions.

Contraindications include a history of bullous emphysema, known susceptibility to pneumothorax or pneumo-mediastinum, or recent barotrauma. Patients known to have cardiac instability should be monitored closely for pulse and oxygen saturation when using the CoughAssist device.

Coding guidelines

E0482	Cough stimulating device, alternating positive and negative airway pressure	Capped rental
A7020	Interface for cough stimulating device, includes all components, replacement only	Purchase

Medicare payment for the device is made on a monthly rental basis provided all medical necessity criteria are met. Medicare will pay up to 13-months rental for the device after which time the title (ownership) of the device transfers to the patient. Medicare will pay for replacement circuits (masks) when medically necessary. Medicare will pay for maintenance and service of the device after title has transferred to the patient. Consult your local DME MAC for specific details.

Payment methodologies for private payers and state Medicaid programs will vary. Typically, these payers reimburse for DME either through rental payments similar to the Medicare payment system or they will provide reimbursement for a device in one "lump-sum" payment.

Clinical coverage guidelines

Medicare

Each of the four DME MACs have issued a Local Coverage Decision (LCD) outlining Medicare coverage for mechanical in-exsufflation devices such as CoughAssist.

Medicare provides coverage for CoughAssist for patients with a neuromuscular disease resulting in the inability to clear retained secretions caused by a significant impairment of the chest wall or diaphragmatic movement. For CoughAssist to be eligible for coverage, medical necessity must be demonstrated. Medicare guidelines indicate that the following ICD-9-CM diagnosis codes may support medical necessity for CoughAssist:

ICD-9-CM	Description
138	Late effects of acute poliomyelitis
335.0 – 335.9	Wednig-Hoffman disease – Anterior horn cell disease
340	Multiple sclerosis
344.00 – 344.09	Quadriplegia
359.0	Congenital hereditary muscular dystrophy
359.1	Hereditary progressive muscular dystrophy

DME MAC guidelines require that ICD-9-CM diagnosis codes be reported to their highest level of specificity. For example, if an ICD-9-CM diagnosis code has up to four digits that may be reported, a three-digit code from that range will not be acceptable for claims submission.

Please note that the appearance of a diagnosis code does not guarantee coverage or payment. Suppliers should maintain supporting documentation in their files for each patient. Please refer to the Documentation and Billing Guidelines section for additional information.

Private payers and Medicaid

While some private payers and Medicaid programs have established specific coverage policies for CoughAssist, many plans continue to conduct coverage review on a case-by-case basis. Until coverage is established for this device under specific private payer and Medicaid plans, claims should be submitted with patient-specific documentation to support medical necessity. Please refer to the Documentation and Billing Guidelines section for additional information.

Documentation and billing guidelines

Medicare

A Certificate of Medical Necessity (CMN) is not required with the claim but Medicare guidelines require that the supplier keep patient-specific medical necessity documentation on file including:

- An order for all equipment and accessories signed and dated by the treating physician
- Documentation of medical necessity including physician office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and applicable test results

If the item is billed to the DME MAC before the supplier has received a signed and dated order from the treating physician, an –EY modifier must be added to each affected HCPCS code to indicate “No physician or other healthcare provider order for this item or service.”

Private payers and Medicaid

Until coverage is established for this device under specific private payer and Medicaid plans, we suggest manual billing of CoughAssist, allowing the attachment of supporting documentation with each claim. Generally, a physician’s order and/or documentation of medical necessity should be completed and signed by the physician for every DME claim. The physician’s order or documentation of medical necessity must include at the minimum:

- Patient’s diagnosis
- Patient’s prognosis (care plan)
- Clinical need for the equipment/therapy
- Duration of medical need, typically in months (duration of six months or more typically requires special review)

Specific to the CoughAssist device, the physician order or documentation of medical necessity should indicate:

- Patient has tried several methods to control secretions without significant response (list specific methods)
- Since starting CoughAssist, the patient has had better control of their disease (i.e., fewer hospitalizations, emergency room visits, and other invasive procedures such as bronchoscopies)
- Due to prognosis, respiratory secretions and respiratory infections are expected

Be sure to include product literature, such as a description of the equipment and any instructions for intended use/indications. Any applicable clinical studies are helpful in providing a detailed description of the clinical application of the item. You can contact the Philips Respironics Reimbursement Support Line for a packet of supporting documentation.

Note: Inclusion or exclusion of a code for a specific product or supply does not imply any health insurance coverage or reimbursement policy. All referenced information and codes were taken from HCPCS. Please refer to DMEPOS Supplier Manual for complete explanations.

This information should not be considered to be either legal or reimbursement advice. Given the rapid and constant change in public and private reimbursement, Philips Respironics cannot guarantee the accuracy or timeliness of this information and urges you to seek your own counsel and experts for guidance related to reimbursement, including coverage, coding and payment.

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For more information from Philips Respironics

Reimbursement	Customer service	Website
Information and fee schedules	1-800-345-6443; listen to the instructions	http://reimbursement.respironics.com
Educational materials and questions (coding, coverage and payment)	and follow prompts to select the insurance reimbursement information option	

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