

Cough Assist:

Patient must have one of the following diagnoses in order to qualify for a cough assist device:

Group 1 Codes:	
ICD-10 CODE	DESCRIPTION
B91	Sequelae of poliomyelitis
E74.02	Pompe disease

ICD-10 CODE	DESCRIPTION
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

Prescription:

- Patient's name
- DOB
- Cough Assist E0482 with pressure settings, Cough assist circuit A7020
- Frequency of use
- MD name printed
- MD signature
- MD signature Date
- MD NPI

F2F notes: Must document the patient's diagnosis and the need for the cough assist.

Prescription must be the most recent documentation and F2F notes must be within 6-12 months. [6 months if Medicare]