

LCD for Mechanical In-exsufflation Devices (L12872)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

LCD Information

LCD ID Number

L12872

LCD Title

Mechanical In-exsufflation Devices

Contractor's Determination Number

MIXD20070701

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CMS National Coverage Policy**Primary Geographic Jurisdiction**

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

LCD Information

Oversight Region

Region I

DME Region LCD Covers

Jurisdiction A

Original Determination Effective Date

For services performed on or after 10/01/2003

Original Determination Ending Date

Revision Effective Date

For services performed on or after 07/01/2007

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) 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) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare a written signed and dated order must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

Mechanical in-exsufflation devices (E0482) are covered for patients who meet all of the following criteria;

1. They have a neuromuscular disease (refer to ICD-9 section), and
2. This condition is causing a significant impairment of chest wall and/or diaphragmatic movement, such that it results in an inability to clear retained secretions.

If both of these criteria are not met, the claim will be denied as not medically necessary.

Coverage Topic

Durable Medical Equipment

Coding Information

CPT/HCPCS Codes

The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS:

EY - No physician or other licensed health care provider order for this item or service

E0482 COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE

ICD-9 Codes that Support Medical Necessity

The presence of an ICD-9 code listed in this section is not sufficient by itself to assure coverage. Refer to the section on "Indications and Limitation of Coverage and/or Medical Necessity" for other coverage criteria and payment information.

138 LATE EFFECTS OF ACUTE POLIOMYELITIS

[335.0 - 335.9](#) WERDNIG-HOFFMANN DISEASE - ANTERIOR HORN CELL DISEASE UNSPECIFIED

340 MULTIPLE SCLEROSIS

[344.00 - 344.09](#) QUADRIPLEGIA UNSPECIFIED - OTHER QUADRIPLEGIA

359.0 CONGENITAL HEREDITARY MUSCULAR DYSTROPHY

359.1 HEREDITARY PROGRESSIVE MUSCULAR DYSTROPHY

Diagnoses that Support Medical Necessity

Refer to the previous section

ICD-9 Codes that DO NOT Support Medical Necessity

All ICD-9 codes that are not specified in the previous section.

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

All diagnoses that are not specified in the previous section.

General Information

Documentation Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

General Information

The ICD-9 code that justifies the need for these items must be included on the claim.

Refer to the Supplier Manual for more information on documentation requirements.

Appendices

Utilization Guidelines

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

Sources of Information and Basis for Decision

Advisory Committee Meeting Notes

Start Date of Comment Period

09/06/2002

End Date of Comment Period

10/25/2002

Start Date of Notice Period

06/01/2003

Revision History Number

MIXD003

Revision History Explanation

Revision Effective Date: 07/01/2007

INDICATIONS AND LIMITATIONS OF COVERAGE:

Removed DMERC references

DOCUMENTATION REQUIREMENTS:

Removed DMERC references

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 07/01/2005

LMRP converted to LCD and Policy Article

SOURCES OF INFORMATION AND BASIS FOR DECISION:

Removed. Not relevant to this revision.

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia

General Information

and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

3/1/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L12872 from DME PSC TriCenturion (77011) LCD L12872.

Reason for Change

Last Reviewed On Date

Related Documents

Article(s)

[A33767 - Mechanical In-exsufflation Devices - Policy Article - August 2009](#)

LCD Attachments

There are no attachments for this LCD

Article for Mechanical In-exsufflation Devices - Policy Article - August 2009 (A33767)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

Article Information

Article ID Number

A33767

Article Type

Article

Key Article

Yes

Article Title

Mechanical In-exsufflation Devices - Policy Article - August 2009

Primary Geographic Jurisdiction

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

DME Region Article Covers

Jurisdiction A

Original Article Effective Date

07/01/2005

Article Information

Article Revision Effective Date

08/01/2009

Article Text

CODING GUIDELINES

Mechanical in-exsufflation devices are designed to slowly inflate the lungs with positive pressure during inspiration and simulate cough with rapidly applied negative pressure during expiration.

Suppliers should contact the Pricing, Data Analysis and Coding (PDAC) Contractor for guidance on the correct coding of these items.

Coverage Topic

Durable Medical Equipment

Coding Information

No Coding Information has been entered in this section of the article.

Other Information

Revision History Explanation

Revision Effective Date: 08/01/2009

CODING GUIDELINES:

Changed: SADMERC to PDAC.

03/01/2008 - In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A33767 from DME PSC TriCenturion (77011) Article A33767.

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 07/01/2005

LMRP converted to LCD and Policy Article.

Related Documents

LCD(s)

[L12872 - Mechanical In-exsufflation Devices](#)