

Coverage Criteria for inCourage® Airway Clearance Therapy (E0483)



As part of our service to your patients, RespirTech submits all required documentation to your patient's insurance plans for reimbursement of the inCourage Airway Clearance Therapy. We will work with you to obtain the required documentation.

Medicare Coverage Criteria and Documentation Requirements

The following table summarizes the covered diagnosis requirements from Medicare.

Medical Record Documentation Requirements	Medicare Covered Diagnoses										
	Bronchiectasis	Cystic Fibrosis	ALS and Other Anterior Horn Cell Diseases	Muscular Dystrophy, Hereditary	Paralysis of the Diaphragm	Quadriplegia	Myotonic Disorders	Multiple Sclerosis	Other Myopathies	Acid Maltase Deficiency	Post-Polio
Signed and dated written order prior to delivery	X	X	X	X	X	X	X	X	X	X	X
Records supporting diagnosis	X	X	X	X	X	X	X	X	X	X	X
Face-to-face encounter within last 6 months	X	X	X	X	X	X	X	X	X	X	X
Tried and Failed Alternative Therapies (See A)	X	X	X	X	X	X	X	X	X	X	X
Daily productive cough for at least 6 continuous months OR Exacerbation requiring antibiotic therapy at least 3 times within the last year	X										
CT Scan confirming diagnosis	X										
Continued Use and Medical Need (See B)	X	X	X	X	X	X	X	X	X	X	X

For further information on use of inCourage Airway Clearance Therapy (E0483) and Cough Assist Device (E0482), see C on next page.

A. TRIED AND FAILED ALTERNATIVE THERAPIES

Considerations for tried and failed documentation in the patient's progress notes:

- WHICH** Airway Clearance Therapies have been tried and failed for the patient? (List of examples)

 - ◆ CPT (Manual or Percussor) ◆ PEP (Flutter®, acapella®, etc.) ◆ Exercise ◆ Suctioning
 - ◆ Cough Assist ◆ Autogenic Drainage ◆ Breathing Techniques
- Include all reasons **WHY** the above therapy failed, is contraindicated, or inappropriate for the patient: (List of examples)

 - ◆ Did not mobilize secretions ◆ Feeding tube ◆ Scoliosis/Rod placement
 - ◆ Too fragile for percussion ◆ Artificial airway ◆ Resistance to therapy
 - ◆ Severe arthritis/osteoporosis ◆ Unable to form mouth seal ◆ Cognitive level
 - ◆ Spasticity/contractures ◆ Insufficient expiratory force ◆ Physical limitations of patient/caregiver
 - ◆ Gastroesophageal reflux (GERD) ◆ Aspiration risk ◆ No caregiver available

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Medicare Coverage Criteria and Documentation Requirements (continued)

B. CONTINUED USE AND MEDICAL NEED

Simply add the inCourage System to the patient's list of current medications so the therapy can be reviewed at each visit to document continued use and medical need to the patient.

C. COUGH ASSIST DOCUMENTATION GUIDELINES

The inCourage Airway Clearance Therapy *and* a cough assist device can provide *complementary* airway clearance therapy. Due to the different mechanisms of action, the inCourage System should be prescribed first to effectively move secretions from the periphery to the central airways where they can be expectorated. With diseases where the patient's ability to cough is impaired, the cough assist device would then be an appropriate complement to the inCourage Airway Clearance Therapy.

Medicare, and any payers following Medicare coverage criteria, will not reimburse for **both** inCourage Airway Clearance Therapy and a cough assist device. RespirTech will coordinate the appeals process in cases where Medicare and other payers following Medicare criteria deny coverage for utilization of both therapies.

Private Payer Coverage

Private payers often follow Medicare's coverage policies and may also require prior authorization as a condition of coverage. Some may require specific documentation or may not cover all of the diagnoses in Medicare's coverage guidelines. Most will also require that alternative, standard airway clearance therapies have been tried and failed prior to approving the inCourage Airway Clearance Therapy for coverage.

Medicaid Coverage

State and local government agencies operate Medicaid and other programs for low-income and disabled individuals and their families. While these programs tend to track Medicare's policies on coverage, they may not utilize the same coverage guidelines. Thus, coverage and documentation requirements for the inCourage Airway Clearance Therapy by government-run programs at the state and local level can vary considerably and will require specific benefit determination.

What is Considered Medical Documentation

It is important to note all coverage criteria outlined on this form **must** be contained in the patient's medical record in order to maintain compliance with Medicare and other insurance programs. A prescription is not considered a part of the medical record. Medical information intended to demonstrate compliance with coverage criteria may be included on the prescription but must be corroborated by information contained in the medical record.



Questions?

Contact RespirTech Customer Care

Toll Free: 800.793.1261

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