

**Mechanical In-Exsufflation Devices**

Date of origin: October 2025

Review dates: NA

**DEFINITION**

This policy outlines billing and payment requirements associated with Mechanical In-Exsufflation Devices.

**Mechanical in-exsufflation (MIE) devices:** Devices used for non-invasive airway clearance by simulating a cough. These devices work by slowly inflating the lungs with positive pressure during inhalation and simulating a cough with rapidly applied negative pressure during exhalation.

**Insufflation (Inhalation):** The MIE device slowly delivers positive air pressure to the lungs, which simulates a deep breath.

**Exsufflation (Exhalation):** The device then rapidly reverses the airflow, applying negative pressure to the airways.

**For Medicare**

For indications that do not meet criteria of NCD, local LCD or specific medical policy a Pre-Service Organization Determination (PSOD) will need to be completed. Click [here](#) for additional details on PSOD.

**POLICY SPECIFIC INFORMATION****Reimbursement rates**

Find reimbursement rates for the codes listed on this page in our standard fee schedules for your contract. [Go to the fee schedules](#) (login required).

## Coding specifics

HCPCS code A7020 (INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY) is for replacement only and cannot be billed at the time of initial issue.

### CPT/HCPCS Codes

Code	Description
A7020	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE

### ICD-10-CM Codes that Support Medical Necessity

Code	Description
B91	Sequelae of poliomyelitis
E74.02	Pompe disease
E74.05	Lysosome-associated membrane protein 2 [LAMP2] deficiency
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.A	Relapsing-remitting multiple sclerosis
G35.B0	Primary progressive multiple sclerosis, unspecified
G35.B1	Active primary progressive multiple sclerosis
G35.B2	Non-active primary progressive multiple sclerosis
G35.C0	Secondary progressive multiple sclerosis, unspecified
G35.C1	Active secondary progressive multiple sclerosis
G35.C2	Non-active secondary progressive multiple sclerosis
G35.D	Multiple sclerosis, unspecified
G70.00	Myasthenia gravis without (acute) exacerbation
G70.01	Myasthenia gravis with (acute) exacerbation
G71.00	Muscular dystrophy, unspecified
G71.01	Duchenne or Becker muscular dystrophy

G71.02	Facioscapulohumeral muscular dystrophy
G71.031	Autosomal dominant limb girdle muscular dystrophy
G71.032	Autosomal recessive limb girdle muscular dystrophy due to calpain-3 dysfunction
G71.033	Limb girdle muscular dystrophy due to dysferlin dysfunction
G71.0340	Limb girdle muscular dystrophy due to sarcoglycan dysfunction, unspecified
G71.0341	Limb girdle muscular dystrophy due to alpha sarcoglycan dysfunction
G71.0342	Limb girdle muscular dystrophy due to beta sarcoglycan dysfunction
G71.0349	Limb girdle muscular dystrophy due to other sarcoglycan dysfunction
G71.035	Limb girdle muscular dystrophy due to anoctamin-5 dysfunction
G71.036	Limb girdle muscular dystrophy due to fukutin related protein dysfunction
G71.038	Other limb girdle muscular dystrophy
G71.039	Limb girdle muscular dystrophy, unspecified
G71.09	Other specified muscular dystrophies
G71.11	Myotonic muscular dystrophy
G71.12	Myotonia congenita
G71.13	Myotonic chondrodystrophy
G71.14	Drug induced myotonia
G71.19	Other specified myotonic disorders
G71.20	Congenital myopathy, unspecified
G71.21	Nemaline myopathy
G71.220	X-linked myotubular myopathy
G71.228	Other centronuclear myopathy
G71.29	Other congenital myopathy
G71.3	Mitochondrial myopathy, not elsewhere classified
G71.8	Other primary disorders of muscles
G72.0	Drug-induced myopathy
G72.1	Alcoholic myopathy
G72.2	Myopathy due to other toxic agents
G72.41	Inclusion body myositis [IBM]
G72.49	Other inflammatory and immune myopathies, not elsewhere classified
G72.89	Other specified myopathies
G72.9	Myopathy, unspecified
G73.7	Myopathy in diseases classified elsewhere
G80.0	Spastic quadriplegic cerebral palsy
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
J98.6	Disorders of diaphragm

M33.02	Juvenile dermatomyositis with myopathy
M33.12	Other dermatomyositis with myopathy
M33.22	Polymyositis with myopathy
M33.92	Dermatopolymyositis, unspecified with myopathy
M34.82	Systemic sclerosis with myopathy
M35.03	Sjogren syndrome with myopathy

**Documentation requirements**

Complete and thorough documentation to substantiate the procedure performed is the responsibility of the Provider. In addition, the Provider should consult any specific documentation requirements that are necessary of any applicable defined guidelines.

- Reimbursement may be made for replacement of A7020 (INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY) only if the member owns or is purchasing the mechanical in-exsufflation device.
- The diagnosis code that justifies the need for these items must be included on the claim and supported by documentation.

In To support payment for DMEPOS items, suppliers are required to meet the following requirements:

- SWO
- Medical Record Information (including continued need/use if applicable)
- Correct Coding
- Proof of Delivery

**Modifiers**

Priority Health follows standard billing and coding guidelines which include CMS NCCI. Modifiers should be applied when applicable based on this guidance and only when supported by documentation.

Incorrect application of modifiers will result in denials. The modifier list below may not be an all-inclusive list. Please see our provider manual page for modifier use [here](#).

**HCPCS MODIFIERS:**

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

## **Place of Service**

Coverage will be considered for services furnished in the appropriate setting to the patient's medical needs and condition. Authorization may be required. Click [here](#) for additional information.

## **REFERENCES**

[Mechanical In-sufflation Devices- Policy Article A52510](#)

[Mechanical In-exsufflation Devices L33795](#)

## **DISCLAIMER**

CMS and/or MDHHS guidelines apply unless otherwise specified in this policy or provider manual. Where such guidance is absent, this policy applies. Priority Health's billing policies outline our guidelines to assist providers in accurate claim submissions and define reimbursement or coding requirements if the service is covered by a Priority Health member's benefit plan. The determination of visits, procedures, DME, supplies and other services or items for coverage under a member's benefit plan or authorization isn't being determined for reimbursement. Authorization requirements and medical necessity requirements appropriate to procedure, diagnosis and frequency are still required. We use Current Procedural Terminology (CPT), Centers for Medicare and Medicaid Services (CMS), Michigan Department of Health and Human Services (MDHHS) and other defined medical coding guidelines for coding accuracy.

An authorization isn't a guarantee of payment when proper billing and coding requirements or adherence to our policies aren't followed. Proper billing and submission guidelines must be followed. We require industry standard, compliant codes defined by CPT, HCPCS and revenue codes for all claim submissions. CPT, HCPCS, revenue codes, etc., can be reported only when the service has been performed and fully documented in the medical record to the highest level of specificity. Failure to document for services rendered or items supplied will result in a denial. To validate billing and coding accuracy, payment integrity pre- or post-claim reviews may be performed to prevent fraud, waste and abuse. Unless otherwise detailed in the policy, our billing policies apply to both participating and non-participating providers and facilities.

If guidelines detailed in government program regulations, defined in policies and contractual requirements aren't followed, Priority Health may:

- Reject or deny the claim
- Recover or recoup claim payment

An authorization on file for an item or services doesn't supersede coding, billing or reimbursement requirements.

These policies may be superseded by mandates defined in provider contracts or state, federal or CMS contracts or requirements. We make every effort to update our policies in a timely manner to align to these requirements or contracts. If there's a delay in implementation of a policy or requirement defined by state or federal law, as well as contract language, we reserve the right to recoup and/or recover claim

payments to the effective dates per our policy. We reserve the right to update policies when necessary. Our most current policy will be made available [in our Provider Manual](#).

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## CHANGE / REVIEW HISTORY

Date	Revisions made
October 2025	Policy created