



DOME HOME CARE

Dependable Oxygen & Medical Equipment

Cough Assist Order Checklist

For mechanical insufflation-exsufflation (MI-E) devices such as the Philips CoughAssist T70. Please provide the following documentation:

- + Patient demographic information
- + Face-to-face chart notes documenting neuromuscular disease (e.g., ALS, muscular dystrophy, SMA, post-polio) or condition resulting in ineffective cough
- + Peak Cough Flow (PCF) measurement < 270 L/min, when measurable, or documented inability to clear secretions
- + Trial or contraindication of less-costly airway clearance methods (manual cough assist, suctioning)
- + Cough Assist Standard Written Order (SWO) required elements:
 - + Patient name
 - + Order date
 - + Device, pressure settings (insufflation / exsufflation), and frequency of use
 - + Concurrently ordered circuits and patient interface
 - + Treating practitioner name or NPI & signature
 - + SWO date must be on or prior to delivery date and on file prior to billing

Disclaimer: Although every reasonable effort is made to present current and accurate information, Dome Home Care makes no guarantees of any kind and cannot be held liable for any outdated or incorrect information.

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