

# MO HealthNet Pre-certification Criteria



Medical Procedure Class:	<b>Cough Stimulator Device – E0482RREP</b>
Implementation Date:	<b>September 25, 2008</b>

**New Criteria**

**Revision of Existing Criteria**

## Executive Summary

<b>Purpose:</b>	To allow a consistent and streamlined authorization process for a cough stimulator device.	
<b>Why was this Issue Selected:</b>	Senate Bill 577 passed by the 94 <sup>th</sup> General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.	
<b>Procedures subject to Pre-Certification</b>	E0482RREP: Cough Stimulating Device Alternating Positive And Negative Airway Pressure, rental	
<b>Setting &amp; Population:</b>	All MO HealthNet fee-for-service participants under age 21.	
<b>Data Sources:</b>	<input checked="" type="checkbox"/> <b>Medicare LCD</b>	<input checked="" type="checkbox"/> <b>MHN Policy</b>

## Setting & Population

All MO HealthNet fee-for-service participants under age 21.

## Approval Criteria

Cough stimulator devices (E0482) are covered for patients who meet all of the following criteria:

1. Patient is under age 21.
2. Patient has neuromuscular disease (diagnosis 138, 335.0-335.9, 340, 344.00-344.09, 359.0, 359.1).
3. Patient's condition causes a significant impairment of chest wall and/or diaphragmatic movement, such that it results in an inability to clear retained secretions.

## Approval Diagnoses (Appendix A)

Condition	Submitted ICD-9 Diagnoses	Date Range	Client Approval (Initials)
Neuromuscular Disease	138, 335.0 – 335.9, 340, 344.00 – 344.09, 359.0, 359.1	Past 24 months	

## Denial Criteria

The approval criteria are not met.

## Quantity Limitation

1 unit = 1 month rental

## Approval Period

Physician specified length of need up to 12 months.

## Appendix A : Possible Step 1 and Step 2 Questions

**\*\*The following questions may be encountered as part of the approval and denial criteria. Depending on the patient's history and the way previous questions may be answered, not every question may be asked for every patient and may not be encountered in the exact order below.**

1. Does the condition cause a significant impairment of chest wall and/or diaphragmatic movement, such that it results in an inability to clear retained secretions?
2. What is the duration of need in months? \_\_\_\_\_

