



MO HealthNet PA Criteria

Medical Procedure Class:	Cough Stimulator Device – E0482EPRR
Implementation Date:	October 24, 2017
Prepared for:	MO HealthNet
Prepared by:	Conduent Business Services, LLC

New Criteria

Revision of Existing Criteria

Executive Summary

Purpose:	To allow a more consistent and streamlined process for authorization of a cough stimulator device.	
Why was this Issue Selected:	Senate Bill 577 passed by the 94 th 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.	
Procedures subject to Pre-Certification	E0482EPRR: Cough Stimulating Device Alternating Positive And Negative Airway Pressure, rental	
Setting & Population:	All MO HealthNet fee-for-service participants under age 21.	
Data Sources:	<input checked="" type="checkbox"/> Medicare LCD	<input checked="" type="checkbox"/> MHN Policy

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 the following criteria:

1. Patient is under age 21.
2. Patient has neuromuscular disease
3. Claim history is free of the purchase of a cough stimulating device (E0482) or chest wall oscillation air pulse generator system (E0483) in the past 5 years.
4. 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		Past 24 months
ICD-10 Diagnosis	Description	
B91	Sequelae of poliomyelitis	
G14	Postpolio syndrome	
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]	
G12.9	Spinal muscular atrophy, unspecified	
G12.1	Other inherited spinal muscular atrophy	
G12.8	Other spinal muscular atrophies and related syndromes	
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	
G12.20	Motor neuron disease, unspecified	
G35	Multiple sclerosis	
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	
G71.2	Congenital myopathies	
G71.00	Muscular dystrophy, unspecified	
G71.01	Duchenne or Becker muscular dystrophy	
G71.02	Facioscapulohumeral muscular dystrophy	
G71.09	Other specified muscular dystrophies	

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 (Considered purchased after 12 months of rental)

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?_____