

Secretary of State
NOTICE OF PROPOSED RULEMAKING
A Statement of Need and Fiscal Impact accompanies this form.

Oregon Health Authority (Authority), Division of Medical Assistance Programs (Division)	410	
Agency and Division	Administrative Rules Chapter Number	
Sandy Cafourek	500 Summer St. NE, Salem, OR 97301	503-945-6430
Rules Coordinator	Address	Telephone

RULE CAPTION

Remove ICD-9 Diagnosis Codes
Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

RULEMAKING ACTION

Secure approval of new rule numbers (Adopted or Renumbered rules) with the Administrative Rules Unit prior to filing

ADOPT:

AMEND: 410-122-0211

REPEAL:

RENUMBER:

AMEND & RENUMBER:

Stat. Auth.: ORS 413.042 & 414.065

Other Auth.:

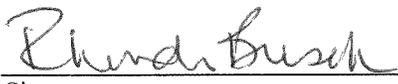
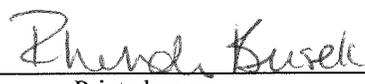
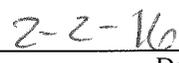
Stats. Implemented: ORS 414.065

RULE SUMMARY

The Division needs to remove the ICD-9 diagnosis codes from this rule. ICD-9 is the International Classification of Diseases that is used by providers to input diagnosis codes on claims. Effective October 1, 2015 the coding changed to ICD-10.

The agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business.

March 17, 2016, by 5 p.m. Send comments to: dmap.rules@state.or.us
Last Day for Public Comment (Last day to submit written comments to the Rules Coordinator)

		
Signature	Printed name	Date

Note: Notices must be submitted by the 15th day of the month to be published in the next month's *Oregon Bulletin*. A Rulemaking Hearing may be requested in writing by 10 or more people, or by an association with 10 or more members, within 21 days following notice publication or 28 days from the date notice was sent to people on the agency's interested party mailing list, whichever is later. In such cases a Hearing Notice must be published in the *Oregon Bulletin* at least 14 days before the hearing.

STATEMENT OF NEED AND FISCAL IMPACT

A Notice of Proposed Rulemaking Hearing or a Notice of Proposed Rulemaking accompanies this form.

Oregon Health Authority (Authority), Division of Medical Assistance Programs (Division)

410

Agency and Division

Administrative Rules Chapter Number

Remove ICD-9 Diagnosis Codes

Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of: The amendment of OAR 410-122-0211

Statutory Authority: ORS 413.042 & 414.065

Other Authority:

Stats. Implemented: ORS 414.065

Need for the Rule(s): The Division needs to remove the ICD-9 diagnosis codes from this rule. ICD-9 is the International Classification of Diseases that is used by providers to input diagnosis codes on claims. Effective October 1, 2015 the coding changed to ICD-10.

Documents Relied Upon, and where they are available: None

Fiscal and Economic Impact: None

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)): Amending these rules will have no fiscal impact on the Authority, other state agencies, units of local government, the public, or businesses, including small businesses.

2. Cost of compliance effect on small business (ORS 183.336):

a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule:

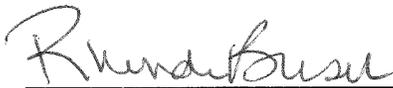
N/A

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services: N/A

c. Equipment, supplies, labor and increased administration required for compliance: N/A

How were small businesses involved in the development of this rule? Small businesses were not involved because the changes to these rules are being made due to a transition from ICD-9 to ICD-10 by CMS and the American Medical Association

Administrative Rule Advisory Committee consulted?: No. If not, why?: Amending rules based on CMS action.



Signature



Printed Name

7-2-16

Date

410-122-0211

Cough Stimulating Device

(1) Indications and Limitations of Coverage and Medical Appropriateness: The Division of Medical Assistance Programs (Division) may cover a cough stimulating device, alternating positive and negative airway pressure for a client who meets the following criteria:

(a) The client has been diagnosed with a neuromuscular disease as identified by one of the following diagnosis codes:

(A) ~~138~~—Late effects of acute poliomyelitis;

(B) ~~277.00—277.09~~—Cystic fibrosis;

(C) ~~335.0—335.9~~—Werdnig-Hoffmann disease—anterior horn cell disease unspecified;

(D) ~~340—344.09~~—Multiple sclerosis — quadriplegia and quadriparesis;

(E) ~~358.00—359.9~~—Myoneural disorders;

(F) ~~519.4~~—Disorders of diaphragm;

(G) ~~805.00—806.39~~—Fracture of vertebral column, cervical, or dorsal (thoracic);

(H) ~~907.2~~—Late effect of spinal cord injury;

(I) ~~907.3~~—Late effect of injury to a nerve root(or roots), spinal plexus or(plexuses) and other nerves of trunk;

(J) ~~952.00—952.19~~—Spinal cord injury without evidence of spinal bone injury, cervical or dorsal, (thoracic); and

(b) Standard treatment such as chest physiotherapy (e.g., chest percussion and postural drainage, etc.) has been tried and documentation supports why these modalities were not successful in adequately mobilizing retained secretions; or

(c) Standard treatment such as chest physiotherapy (e.g., chest percussion and postural drainage, etc.) is contraindicated and documentation supports why these modalities were ruled out; and

(d) The condition is causing a significant impairment of chest wall or diaphragmatic movement, such that it results in an inability to clear retained secretions.

(2) Procedure Code:

(a) E0482 (cough stimulating device, alternating positive and negative airway pressure)
—prior authorization required;

(b) The Division will purchase or rent on a monthly basis (limited to the lowest cost alternative);

(c) E0482 is considered purchased after no more than ~~10~~ten months of rent;

(d) E0482 may be covered for a client residing in a nursing facility;

(e) The fee includes all equipment, supplies, services, routine maintenance, and necessary training for the effective use of the device.

(3) Documentation Requirements: Submit specific documentation from the treating practitioner ~~which~~that supports coverage criteria in this rule are met and may include, but is not limited to, evidence of any of the following:

(a) Poor, ineffective cough;

(b) Compromised respiratory muscles from muscular dystrophies or scoliosis;

(c) Diaphragmatic paralysis;

(d) Frequent hospitalizations or emergency department/urgent care visits due to pneumonias.

Stat. Auth.: ORS 413.042 & 414.065

Stats. Implemented: ORS 414.065