

**Authorization Page**  
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**PERMANENT ADMINISTRATIVE RULES**

Oregon Health Authority, Division of Medical Assistance  
Programs

410

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Agency and Division

Administrative Rules Chapter Number

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Adopted on

04/01/2016

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Effective date

**RULE CAPTION**

Remove ICD-9 Diagnosis Codes

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Not more than 15 words

**RULEMAKING ACTION**

**ADOPT:**

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**AMEND:** 410-122-0211

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**REPEAL:**

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**RENUMBER:**

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**AMEND & RENUMBER:**

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**Stat. Auth.:** ORS 413.042 & 414.065

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**Other Auth.:**

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**Stats. Implemented:** ORS 414.065

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**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.

*Karen Wheeler*

Authorized Signer

*Karen Wheeler*

Printed Name

*3/18/16*

Date

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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) Late effects of acute poliomyelitis;

(B) Cystic fibrosis;

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

(D) Multiple sclerosis — quadriplegia and quadriparesis;

(E) Myoneural disorders;

(F) Disorders of diaphragm;

(G) Fracture of vertebral column, cervical, or dorsal (thoracic);

(H) Late effect of spinal cord injury;

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

(J) 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 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 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