



**Missouri Care**

*'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona*

**Staywell of Florida**

*Children's Medical Services Health Plan (CMS Health Plan)*

*WellCare (Alabama, Arizona, Arkansas, California, Connecticut, Florida, Georgia, Illinois, Indiana, Louisiana, Maine, Michigan, Mississippi, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, South Carolina, Tennessee, Texas, Washington)*

**WellCare Heritage Health**

**WellCare Prescription Insurance**

**WellCare TexanPlus (Medicare – Dallas & Houston markets)**

**Room, Board, and  
Anesthesia for Vendor  
Approved Services**

**Policy Number: HS-329**

**Original Effective Date: 2/21/2018**

**Revised Date(s): 2/7/2019, 9/5/2019**

**APPLICATION STATEMENT**

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

**DISCLAIMER**

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. All links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change prior to the annual review date. Lines of business (LOB) are subject to change without notice; current LOBs can be found at [www.wellcare.com](http://www.wellcare.com). All guidelines can be found at this site as well but selecting the Provider tab, then "Tools" and "Clinical Guidelines".

**BACKGROUND**

Medicaid and Medicare beneficiaries may have a combination of developmental, neurological and medical conditions necessitating the need for certain dental services to be provided in an operating room as an outpatient hospital service. These beneficiaries are not assigned a Special Program Code to identify those having developmental disabilities or traumatic brain injuries. Operating room charges for surgically-conducted dental procedures are not typically covered by hospital reimbursement jeopardizing the ability of these beneficiaries to receive needed dental treatment.

## POSITION STATEMENT

### Applicable To:

- Medicaid – Florida, Georgia, Illinois, Missouri, Nebraska (dental and vision), New Jersey, New York, South Carolina (vision only)
- Medicare – Arkansas, Connecticut, Florida, Georgia, Hawaii, Illinois, Louisiana, Mississippi, Missouri, New Jersey, New York, Nebraska, South Carolina, Tennessee, Texas
- Children's Medical Services Health Plan (CHIP)

NOTE: The following markets do not have a delegated vendor for the noted services: Hawaii (Medicaid-Community Care Services– Dental and Vision), and South Carolina (Medicaid – Dental).

### Coverage

Room, board, and anesthesia for vendor approved services **is considered medically necessary** when **ALL** of the following apply:

1. Member is having procedure in an ambulatory surgery center or outpatient hospital; **AND**
2. Member has documentation to support room, board and anesthesia request including clinical presentation that prevents the member from receiving dental or vision treatment in an office or clinic setting and/or reason(s) why other levels of sedation are not an option; **AND**
3. Procedure has been approved by a WellCare delegated vendor.

## CODING

**Hospital Reimbursement Requirements.** The hospital must report Revenue Code OP 360 or OP 512 on the hospital claim for operating room charges related to the dental visit. The outpatient hospital claim for the operating room visit must report an ICD-10-CM diagnosis code(s) listed on the attachment of this Newsletter identifying the medical exception diagnosis associated with the need for the dental visit to an operating room for claims **with service dates on or after October 1, 2015.**

**Error Code 1310, “Missing/Inv Dental Clinic Rev Code”** shall deny outpatient hospital claims for dental visits to an operating room that report an inappropriate Revenue Code and/or ICD-9 or ICD-10 diagnosis code based on the service date.

### ICD-10 CM Diagnosis Codes

The ICD-10-CM diagnosis codes listed below meet the medical exception requirement for an operating room visit by a dentist to provide dental services. The medical exception diagnosis codes must be reported on outpatient hospital claims with service dates on or after October 1, 2015.

<b>E75 – E756</b>	Disorders of Sphingolipid Metabolism and Other Lipid Storage Disorders
<b>F03 – F0391</b>	Unspecified Dementia
<b>F06 – F068</b>	Other Mental Disorders Due to Known Physiological Condition
<b>F07 – F079</b>	Personality and Behavioral Disorders Due to Known Physiological Condition
<b>F09</b>	Unspecified Mental Disorder Due to Known Physiological Condition
<b>F48 – F489</b>	Nonpsychotic Mental Disorders
<b>F53</b>	Puerperal Psychosis
<b>F60 – F609</b>	Specific Personality Disorders
<b>F70</b>	Mild Intellectual Disabilities (IQ 50-55 to ~70))
<b>F71</b>	Moderate Intellectual Disabilities (IQ 35-40 to 50-55)
<b>F72</b>	Severe Intellectual Disabilities (IQ 20-25 to 35-40)
<b>F73</b>	Profound Intellectual Disabilities (IQ level below 20-25)
<b>F78</b>	Other Intellectual Disabilities
<b>F79</b>	Unspecified Intellectual Disabilities

<b>F84 – F849</b>	Pervasive Developmental Disorders
<b>F88</b>	Other Disorders of Psychological Development
<b>F89</b>	Unspecified Disorder of Psychological Development
<b>F90 - F909</b>	Attention-Deficit Hyperactivity Disorder
<b>F91 - F919</b>	Conduct Disorders
<b>G10</b>	Huntington's Disease
<b>G25 – G259</b>	Other Extrapyraxidal and Movement Disorders
<b>G31 – G319</b>	Other Degenerative Diseases of Nervous System, Not Otherwise Classified
<b>G40 – G40.919</b>	Epilepsy and Recurrent Seizures
<b>G71 – G719</b>	Primary Disorders of Muscles
<b>G72 – G729</b>	Other and Unspecified Myopathies
<b>G73 – G737</b>	Disorders of Myoneural Junction and Muscle in Diseases Classified Elsewhere
<b>G80 – G809</b>	Cerebral Palsy
<b>G93 – G939</b>	Other Disorders of Brain
<b>P04 – P049</b>	Newborn (Suspected to be) Affected by Noxious Substances Transmitted via Placenta or Breast Milk (Does Not Include P042 (Maternal Use of Tobacco))
<b>Q86- Q86.8</b>	Congenital Malformation Syndromes Due to Known Exogenous Causes, Not Elsewhere Classified 5
<b>Q90 – Q99</b>	Down Syndrome
<b>R56 – R569</b>	Convulsions, Not Otherwise Classified
<b>S06 – S069X9</b>	Intracranial Injury
<b>F819</b>	Developmental Disorder of Scholastic Skills, Unspecified
<b>I6783</b>	Posterior Reversible Encephalopathy Syndrome (PRES)
<b>P154</b>	Birth Injury to Face (Facial Congestion Due to Birth Injury)
<b>P158</b>	Other Specified Birth Injuries
<b>P159</b>	Birth Injury, Unspecified

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

### **MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS**

<b>Date</b>	<b>Action</b>
9/5/2019	<ul style="list-style-type: none"> <li>• Approved by MPC. Added vision.</li> </ul>
2/7/2019	<ul style="list-style-type: none"> <li>• Approved by MPC. No changes.</li> </ul>
2/21/2018	<ul style="list-style-type: none"> <li>• Approved by MPC. New.</li> </ul>