Hypoallergenic Bedding (Florida Medicaid only)

Policy Number: HS-223

Original Effective Date: 9/13/2013


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 any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then “Tools” and “Clinical Guidelines”.

BACKGROUND

Medical literature suggests that the burden of asthma is most severe among populations with lower socio-economic status, those living in low-income neighborhoods, and certain racial/ethnic minority groups. In analyzing Staywell enrollee diagnosis data, approximately 8.3 percent of TANF enrollees have an asthma diagnosis. To complement Staywell’s asthma program and its efforts to improve asthma outcomes and reduce clinical disparities among those with asthma, Staywell will expand the required medical benefits by offering enrollees an allowance for hypoallergennic bedding which will consist of bed linens, cushions, mattresses protectors, and pillow coverings. Enrollees will be identified through established utilization management criteria associated with asthma triggers. By
effectively managing asthma triggers, Staywell can prevent asthma-related emergency department visits, hospital admissions, missed days of school and work, and many other societal costs.

**POSITION STATEMENT**

**Applicable To:**
- Medicaid – Florida

To obtain hypoallergenic bedding, members contacting Customer Service will be transferred to Disease Management. A Disease Management nurse will complete a screening with the member to determine if they qualify for the bedding. Once approved, the nurse will place the member’s order using the WellCare Toolbox – the member can expect to receive their order within 7-10 business days.

Hypoallergenic bedding is a covered benefit when the following criteria are met:
- Member must be a participant of the Case or Disease Management program; AND,
- Must complete a comprehensive assessment and care plan; AND,
- Member must have a diagnosis of Asthma with the qualifying trigger of dust mites; AND,
- Must complete an Asthma Action Plan.

In addition, the member must have:
- A medical diagnosis of asthma or multiple environmental allergy; AND,
- No individuals in their home who smoke tobacco; AND,
- No pets in their home; AND,
- No other known airborne allergens in the home.

Hypoallergenic Bedding annual allowances are limited to a maximum of $100.00 and 1 set of the member’s choice.

<table>
<thead>
<tr>
<th>$100 Allowance</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Twin Set</td>
<td>$32.00</td>
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<tr>
<td>Full Set</td>
<td>$46.60</td>
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<tr>
<td>Queen Set</td>
<td>$54.90</td>
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<tr>
<td>King Set</td>
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**CODING**

**Covered CPT® Codes** – No applicable codes.

**HCPCS® Codes** – No applicable codes.

**ICD-10-PCS Codes** - No applicable codes.

**Covered ICD-10-CM Diagnosis Codes**

- J45.20 Mild intermittent asthma, uncomplicated
- J45.21 Mild intermittent asthma, with (acute) exacerbation
- J45.22 Mild intermittent asthma, with status asthmaticus
- J45.30 Mild persistent asthma, uncomplicated
- J45.31 Mild persistent asthma, with (acute) exacerbation
- J45.32 Mild persistent asthma, with status asthmaticus
- J45.40 Moderate persistent asthma, uncomplicated
- J45.41 Moderate persistent asthma, with (acute) exacerbation
- J45.42 Moderate persistent asthma, with status asthmaticus
- J45.50 Severe persistent asthma, uncomplicated
- J45.51 Severe persistent asthma, with (acute) exacerbation
- J45.52 Severe persistent asthma, with status asthmaticus
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J45.901 Unspecified asthma, with (acute) exacerbation
J45.902 Unspecified asthma, with status asthmaticus
J45.909 Unspecified asthma, uncomplicated
J45.990 Exercise induced bronchospasm
J45.991 Cough variant asthma
J45.998 Other asthma

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

Date Action
5/3/2018 Approved by MPC. No changes.
6/1/2017 Approved by MPC. Updated ICD-10 codes.
9/13/2013 Approved by MPC. No changes.
Approved by MPC. New.