HYPOALLERGENIC BEDDING
HS-223

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 is intended to supplement certain standard WellCare benefit plans. 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 Clinical Coverage Guideline. When a conflict exists between the two documents, the Member’s Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. 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. Note: Lines of business (LOBs) are subject to change without notice; current LOBs can be found at www.wellcare.com – select 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 hypoallergenic 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 Code**
- 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
HYPOALLERGENIC BEDDING
HS-223

J45.50  Severe persistent asthma, uncomplicated
J45.51  Severe persistent asthma, with (acute) exacerbation
J45.52  Severe persistent asthma, with status asthmaticus
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

<table>
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<th>Date</th>
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<td>6/1/2017</td>
<td>• Approved by MPC. Updated ICD-10 codes.</td>
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<tr>
<td>9/13/2013</td>
<td>• Approved by MPC. New.</td>
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