



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

# NEWSLETTER

---

Volume 22 No. 18

November 2012

---

**TO:** NJ Acute Care Hospitals and Dental Providers

**SUBJECT:** Outpatient Hospital Reimbursement for Dental Services Provided to NJ Medicaid/NJ FamilyCare Fee-for-Service Clients with chronic medical conditions and/or developmental disabilities resulting in special healthcare needs.

**EFFECTIVE:** Immediately

**PURPOSE:** To inform New Jersey acute care hospitals and dental providers of the revised fee-for-service reimbursement method for outpatient dental services provided in an operating room to clients with developmental disabilities and/or debilitating medical conditions.

**BACKGROUND:** NJ Medicaid/FamilyCare clients may have a combination of developmental, neurological and medical conditions that would necessitate their dental services be provided in the operating room but do not have special program codes that identify them as being individuals with developmental disabilities or having traumatic brain injuries. Related operating room costs are not recognized for reimbursement under the hospital's acute care number, and as a result, these clients are in jeopardy of not being able to receive needed dental treatment.

**ACTION:** Effective immediately a medical exemption process will allow processing of the acute care hospital claims for services when prior authorization was given for the dental visit to the operating room. The approval for dental procedure code D9420 (hospital call for the operating room visit to the dentist) will be based on the client meeting the medical exception criteria by having one or more of the diagnoses identified by an ICD diagnosis code found on the ICD Codes for Medical Exception and documentation of the patient's medical condition and dental treatment needs.

## Dentists

For prior authorization the **dental procedure code D9999** must be used to request the visit to operating room for dental treatment:

The prior authorization request by the dentist for the operating room visit must include:

- Documentation on letterhead from the client's treating physician(s) that lists each specific medical condition and the diagnosis codes;
- Documentation on the dentist's or clinic's letterhead detailing how the clinical presentation prevents the client from receiving dental treatment in an office or clinic setting and to include why other levels of sedation are not an option;
- The planned or expected treatment (e.g. oral exam, cleaning, restorative, extractions) and a summary of the client's most recent dental history (treatment provided within the last 12 months);
- For **prior authorization of previously denied dental visits** to an operating room, the above mentioned documentation can be attached to the previously returned forms or to the Provider Notification Letter (FD-360) and resubmitted with a request to reconsider.

For reimbursement of dental services and operating room visit there are no changes.  
The completed claim with prior authorization number is submitted for payment.

If you have questions concerning this process, please contact the Bureau of Dental Services for assistance at 609-588-7136.

## Hospitals

For hospital reimbursement of operating room services associated with dental treatment

- The hospital claim for the operating room visit must have the ICD-9 CM Code(s) identifying the medical diagnosis associated with the need to receive dental services in the operating room;
- The ICD-9 CM code(s) noted must be found in the Divisions Medical Exception list in order to meet the medical exception criteria.

For questions concerning this process, please contact the Hospital Reimbursement Unit for assistance at 1-609- 588-2668. For claim status inquiry or questions concerning this Newsletter contact Molina Medicaid Solutions (formerly Unisys) Provider Services at 800-776-6334.

## ICD-9-CM CODES FOR MEDICAL EXCEPTION

The ICD-9 diagnosis codes listed below meet the medical exception requirement for operating room visit to receive dental services. The ICD diagnosis codes will be reviewed annually with updates for inclusion at the discretion of the Division of Medical Assistance and Health Services.

- 290.2 Senile Dementia with delusional or depressive features
- 293.8 Other specific transient mental disorders due to conditions classified elsewhere
- 293.9 Unspecified transient mental disorder in conditions classified elsewhere
- 299 Pervasive developmental disorders (*all sub codes*)
- 301.3 Explosive personality Disorder
- 308.0 Extreme situational anxiety (*through 7 years of age with multiple carious teeth*)
- 310 Specific nonpsychotic mental disorders due to brain damage (*all sub codes*)
- 312.9 Unspecified disturbance of conduct
- 314 Hyperkinetic syndrome of childhood (*all sub codes*)
- 315.5 Mixed developmental disorder
- 315.8 Other specific delays in development
- 315.9 Unspecified delays in development
- 317 Mild mental retardation
- 318 Other unspecified mental retardation (*all sub codes*)
- 319 Unspecified mental retardation
- 331.8 Other cerebral degeneration (*all sub codes*)
- 330 Cerebral degenerations usually manifest in childhood (*all sub codes*)
- 333.4 Huntington chorea
- 333.5 Other choreas
- 343 Infantile cerebral palsy (*all sub codes*)
- 345 Epilepsy and recurrent seizures (*all sub codes*)
- 348.3 Encephalopathy, not elsewhere classified (*all sub codes*)
- 359 Muscular dystrophies and other myopathies (*all sub codes*)
- 758 Chromosomal anomalies (*all sub codes*)
- 759.83 Fragile X Syndrome
- 760.7 Noxious influences affecting fetus or newborn via placenta or breast milk  
(*sub codes 760.71 through 760.75*)
- 767.9 Birth trauma, unspecified
- 780.3 Seizure Disorder) Convulsions excludes epileptic and newborn
- 850-854 Intracranial injury, excluding those with skull fracture

**RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE**