



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

NEWSLETTER

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**THIS NEWSLETTER ANNOUNCES NEW ICD-10 BILLING INFORMATION
PLEASE DISREGARD THE NOVEMBER 2012 VERSION OF THIS NEWSLETTER,
VOLUME 22, NO. 18, FOR CLAIMS WITH SERVICE DATES ON OR AFTER OCTOBER
1, 2015**

TO: NJ Acute Care Hospitals and Dental Providers

SUBJECT: **Outpatient Hospital Reimbursement for Dental Services Provided to NJ FamilyCare Fee-For-Service (FFS) Beneficiaries with Chronic Medical Conditions and/or Developmental Disabilities Resulting in Special Healthcare Needs**

EFFECTIVE: Claims with service dates on or after October 1, 2015

PURPOSE: To re-iterate to New Jersey acute care hospitals and dental providers the fee-for-service (FFS) reimbursement policy that establishes a medical exception requirement for outpatient dental services provided in an operating room to beneficiaries with developmental disabilities and/or chronic medical conditions and **to identify the ICD-10-CM diagnosis codes that meet the medical exception requirement.**

BACKGROUND: NJ FamilyCare 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.

The Medicaid Newsletter Volume 22, No. 18 identified certain ICD-9-CM diagnosis codes that meet the medical exception requirement for beneficiaries with chronic medical conditions and/or developmental disabilities to receive dental treatment in an operating room.

In addition, New Jersey legislation was adopted (N.J.S.A. § 17:48-6u) requiring that hospital service contracts entered into by a medical benefit plan approved by the State of New Jersey provide benefits to any covered persons who are severely disabled; a child age five or under for expenses incurred for general anesthesia and hospitalization for dental services; a covered medical condition requiring hospitalization; or, general anesthesia for dental services rendered by a dentist regardless of where the dental services are provided.

These services are already covered by the NJ FamilyCare Program in both FFS and managed care. However, this legislation provides opportunities for dentists to request payments from private insurance plans for dental services provided to disabled patients or children ages five and under in an operating room ensuring that NJ FamilyCare remains the payer of last resort. The legislation does permit private insurers to require prior authorization.

The purpose of this Newsletter is to announce the ICD-10-CM diagnosis codes that meet the medical exception requirement for claims with service dates on or after October 1, 2015. ICD-10-CM is for use in all U.S. health care settings. ICD-10-CM diagnosis coding uses 3 to 7 digits instead of 3 to 5 digits used with ICD-9-CM. The formats for both code sets are similar. ICD-10-PCS is used in U.S. inpatient hospital settings only. ICD-10-PCS uses 7 alphanumeric digits instead of the 3-4 numeric digits used under ICD-9-CM procedure code set. Coding under ICD-10-PCS is much more specific and substantially different from ICD-9-CM procedure coding.

ACTION: A medical exception process allows the processing of a claim for dental treatment provided in an operating room and the outpatient hospital charges related to the dental visit. Approval of the dental visit requires that a diagnosis meet certain medical exception criteria including, but not limited to, one or more ICD-10-CM diagnosis codes for claims **with service dates on or after October 1, 2015**. The ICD-9-CM diagnosis codes reported in the Medicaid Newsletter Volume 22, No. 18 shall continue to be considered as medical exception criteria for claims **with service dates prior to October 1, 2015**.

Dental Prior Authorization Procedures:

- Report **CDT procedure code D9999** to request prior authorization on the MC-10 form;
- Report the beneficiary's medical condition and related diagnosis codes on office letterhead;
- Report on office letterhead how the clinical presentation of the beneficiary prevents the beneficiary from receiving dental treatment in an office or clinic setting, including reason(s) why other levels of sedation are not an option; and,
- Report the planned or expected treatment (e.g. oral examination, cleaning, restorative dental treatment, extractions) to be provided during the hospital visit and a summary of the beneficiary's most recent dental history, including dental treatment provided in the last twelve (12) calendar months.

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**.

The ICD-9-CM diagnosis codes reported in the Medicaid Newsletter Volume 22, No. 18 shall continue to be considered as medical exception criteria for claims **with service dates prior to October 1, 2015**.

Error Code 1310, “Missing/Inv Dental Clinic Rev Cde” 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.

If you have any questions concerning this Newsletter, please contact Molina Medicaid Solutions Provider Services at 1-800-776-6334.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE

ICD-10-CM DIAGNOSIS CODES FOR MEDICAL EXCEPTION REQUIREMENT

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.

All claims with dates of service of October 1, 2015 or later must be submitted with a valid ICD-10 code. A valid ICD-10-CM diagnosis code is composed of 3, 4, 5, 6 or 7 characters. Codes with three characters are included in ICD-10-CM as the heading of a category of codes that may be further subdivided by the use of fourth, fifth, sixth or seventh characters to provide greater specificity. A three-character code is to be used only if it is not further subdivided.

E75 – E756 Disorders of Sphingolipid Metabolism and Other Lipid Storage Disorders
F03 – F0391 Unspecified Dementia
F06 – F068 Other Mental Disorders Due to Known Physiological Condition
F07 – F079 Personality and Behavioral Disorders Due to Known Physiological Condition
F09 Unspecified Mental Disorder Due to Known Physiological Condition
F48 – F489 Nonpsychotic Mental Disorders
F53 Puerperal Psychosis
F60 – F609 Specific Personality Disorders
F70 Mild Intellectual Disabilities (IQ 50-55 to ~70)
F71 Moderate Intellectual Disabilities (IQ 35-40 to 50-55)
F72 Severe Intellectual Disabilities (IQ 20-25 to 35-40)
F73 Profound Intellectual Disabilities (IQ level below 20-25)
F78 Other Intellectual Disabilities
F79 Unspecified Intellectual Disabilities
F84 – F849 Pervasive Developmental Disorders
F88 Other Disorders of Psychological Development
F89 Unspecified Disorder of Psychological Development
F90 - F909 Attention-Deficit Hyperactivity Disorder
F91 - F919 Conduct Disorders
G10 Huntington's Disease
G25 – G259 Other Extrapyrarnidal and Movement Disorders
G31 – G319 Other Degenerative Diseases of Nervous System, Not Otherwise Classified
G40 – G409 Epilepsy and Recurrent Seizures
G71 – G719 Primary Disorders of Muscles
G72 – G729 Other and Unspecified Myopathies
G73 – G737 Disorders of Myoneural Junction and Muscle in Diseases Classified Elsewhere
G80 – G809 Cerebral Palsy
G93 – G939 Other Disorders of Brain
P04 – P049 Newborn (Suspected to be) Affected by Noxious Substances Transmitted via Placenta or Breast Milk (Does Not Include P042 (Maternal Use of Tobacco))
Q86 Congenital Malformation Syndromes Due to Known Exogenous Causes, Not Elsewhere Classified

Q90 – Q99 Down Syndrome
R56 – R569 Convulsions, Not Otherwise Classified
S06 – S069X9 Intracranial Injury
F819 Developmental Disorder of Scholastic Skills, Unspecified
I6783 Posterior Reversible Encephalopathy Syndrome (PRES)
P154 Birth Injury to Face (Facial Congestion Due to Birth Injury)
P158 Other Specified Birth Injuries
P159 Birth Injury, Unspecified