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15-31 Clarification of October Interim MIB Article 14-139 - Physician Services Update

Effective October 1, 2014, Critical Congenital Heart Disease (CCHD) screening for all newborns is covered. Urban facilities receive additional payment added to the delivery DRG. Rural hospitals must bill CPT code 94761 to receive payment.

Additional Medicaid Information

Salt Lake City Area: (801) 538-6155

Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona, Nevada: 1-800-662-9651

Other States: (801) 538-6155

Request a Medicaid Publication

Send a Publication Request form:

By Fax: (801) 536-0476

By Mail: Division of Medicaid and Health Financing
PO Box 143106, Salt Lake City, UT 84114

Unless otherwise noted, all changes take effect on April 1, 2015

15-32 Physician Manual Updates

Tobacco Cessation Counseling

Providers with personnel trained to provide in-office tobacco cessation counseling may bill code S9453, smoking cessation classes per session, as “incident to” in addition to the E&M. This code is used on the date the patient initially decides to quit smoking and on follow-up counseling visits.

For the E&M and S9453 to pay, medical record documentation must include all of the following:

The provider/trained personnel will:

- Advise tobacco users to quit and inform users of the health benefits of tobacco cessation.
- Provide positive, practical behavioral coaching as part of a quit plan:
 - The STAR acronym may be used as a guide:
 - **S**et a quit date
 - **T**ell family, friends, and co-workers (importance of support systems)
 - **A**nticipate challenges (withdrawals and triggers)
 - **R**emove tobacco products from environment
 Also, advise the user to consider oral alternatives for the habit of smoking and suggest keeping a log of progress.
- Discuss options for tailored pharmacotherapy treatments:
 - FDA-approved tobacco cessation medications, which includes nicotine replacement therapy (patch, gum, lozenge, inhaler, nasal spray), and bupropion and varenicline.
- Inform the patient of additional resources available between office visits:
 - Utah Tobacco Quit Line (1-800-QUIT-NOW) provides free and confidential phone-based counseling to Utah callers. Eligible callers may receive nicotine replacement therapy (patch or gum) at no cost.
 - Way To Quit website (www.waytoquit.org) provides information about free quitting resources, including a text-to-quit program and online coaching.
- Arrange for a follow-up visit starting the first week after the patient’s quit date. Follow-up counseling visits may be paid under S9453, but an E&M service will not be paid in addition. Follow-up visits must be documented and address the progress and counseling that was completed at that session. There is a limit of four counseling visits per year with manual review.

Health care providers can receive free training and materials from local health departments. For more information, call 1-877-220-3466, or email waytoquit@utah.gov.

B-Bundled Status

B-bundled status codes are Medicare codes considered part of the procedure and not paid separately under Medicare to the physician (e.g. spinal bone graft, spine fixation device, conscious sedation). Utah Medicaid follows B-bundled status code editing, with the exception of evaluation and management after-hours service codes 99050, 99051, and 99058. Medicaid will continue to pay these codes.

Unless otherwise noted, all changes take effect on April 1, 2015

15-33 Code Coverage Changes

For specific coverage information, refer to the Utah Medicaid Coverage and Reimbursement Look-up Tool available at <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>.

Code Change

G0154 Service of skilled nurse in home setting

This code reimburses according to the definition of 15-minute units with a limit of four units per day.

Codes Open

- 33361 Transcatheter aortic valve replacement TAVR/TAVI with prosthetic valve, percutaneous femoral artery approach
- 33362 . . . open femoral artery approach
- 33363 . . . open axillary artery approach
- 33364 . . . open iliac artery approach
- 33365 . . . transaortic approach (e.g. median sterotomy)
- 33366 . . . transapical exposure (e.g. left thoracotomy)
- 33367 . . . cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (e.g. femoral vessels) add-on code
- 33368 . . . cardiopulmonary bypass support with open peripheral arterial and venous cannulation (e.g. femoral, iliac, axillary vessels) add-on code
- 33369 . . . cardiopulmonary bypass support with central arterial and venous cannulation (e.g. aorta, right atrium, pulmonary artery) add-on code
- 34803 . . . using modular bifurcated prosthesis (2 docking limb)
- 34805 . . . using aorto-uniliac or aorto-unifemoral
- 34806 Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration (add-on code)
- 34808 Endovascular placement of iliac artery occlusion device (add-on code)
- 34833 Open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis by abdominal or retroperitoneal incision, unilateral
- 34834 Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral
- 34900 Endovascular repair of iliac artery (e.g. aneurysm, pseudoaneurysm, A-V malformation, trauma) using ilio-iliac tube endoprosthesis
- 37215 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection
- 37217 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation

Codes Open on Manual Review

- S9453 Smoking cessation classes, non-physician provider, per session
- 99239 Hospital discharge day management services, more than 30 minutes

Unless otherwise noted, all changes take effect on April 1, 2015

Code Open with Prior Authorization

81295 MSH2 homolog for non-polyposis type colon cancer, hereditary Lynch syndrome, full sequence analysis

Codes Open Without Prior Authorization

Effective April 1, 2015, the following services are covered without prior authorization, for EPSDT-eligible members:

21079 Impression and custom prep, interim obturator prosth

21080 Definitive obturator prosthesis

Codes with Prior Authorization Requirement Removed

39541 Repair diaphragmatic hernia, chronic

40806 Frenulectomy

40819 Frenulectomy

D7960 Frenulectomy

63650 Trial spinal cord stimulator insertion

Note: The prior authorization requirement is still in place for permanent placement of spinal cord stimulatory procedures.

S9455 Diabetes self-management training

Note: Services must still be provided through a Utah Medicaid approved diabetic self-management training program.

15-34 Nurse Practitioner Services

The following codes are open to nurse practitioners to bill independently:

11981 Insertion, non-biodegradable drug delivery implant

11982 Removal, non-biodegradable drug delivery implant

11983 Removal w/reinsert, non-biodegradable drug delivery implant

58100 Endometrial/endocervical sampling, w/o cerv dilation

57454 Colposcopy; w/biopsy, cervix and/or endocervic curet

90471 Immun admin 1st component not po or nasal

90649 VFC hpv vacc 4-valent, 6, 11, 16, 18 IM 3-dose schedule

90688 VFC flu vacc IM 3+ years, 4-valent split

Unless otherwise noted, all changes take effect on April 1, 2015

15-35 Hospice Provider Manual Updated

Effective April 1, 2015, the following sections of the *Utah Medicaid Hospice Provider Manual* have been updated:

- Access Requirements
- Prior Authorization

Providers can access the revised provider manual at <https://medicaid.utah.gov>. For questions, contact Trecia Carpenter at (801) 538-6861, or treciap@utah.gov.

15-36 Personal Care Manual Updated

Effective April 1, 2015, the *Utah Medicaid Personal Care Provider Manual* has been updated. There have been significant changes, including formatting and policy changes. The manual now includes policy information for traditional personal care services, as well as information on the personal care services that are provided as part of the Employment-related Personal Assistance Services (EPAS) Program.

Providers can access the revised provider manual at <https://medicaid.utah.gov>.

15-37 Rehabilitative Mental Health and Substance Use Disorder Services Provider Manual Updates

Effective January 1, 2015, HCPCS procedure code M0064 was discontinued. This procedure code had been used for the mental health and substance use disorder nurse medication management service.

For dates of service on or after January 1, 2015, HCPCS procedure code T1001, nursing assessment/evaluation, will replace code M0064 for this service.

Chapter 2-9, Nurse Medication Management, and Chapter 4, Procedure Codes and Modifiers, in the provider manual have been updated to reflect this change.

Providers can access the revised provider manual at <https://medicaid.utah.gov>.

Unless otherwise noted, all changes take effect on April 1, 2015

15-38 Pharmacy Prior Authorization Criteria Update

The Utah Medicaid Drug Utilization Review (DUR) Board recently discussed treatments for rheumatoid, psoriatic, and juvenile idiopathic arthritis, ankylosing spondylitis, plaque psoriasis, ulcerative colitis, and Crohn's disease. The board recommended updated Prior Authorization (PA) criteria for the agents in this class.

The DUR Board has discussed new hepatitis treatments and made recommendations on clinical PA criteria for this class. PA criteria for Viekira Pak (ombitasvir/paritaprevir/ritonavir/dasabuvir) was established consistent with FDA guidelines and professional organization recommendations for dosage.

PA criteria, consistent with FDA guidelines, was placed upon allergy immunotherapy agents Ragwitek (short ragweed pollen allergen extract) and Grastek (Timothy grass pollen allergen extract).

Effective dates for updated and new PA criteria for each of the products in the classes listed above are on the PA forms available on the Utah Medicaid Pharmacy website at:

<https://medicaid.utah.gov/pharmacy/prior-authorization>

15-39 Purple Book

The *Utah Medicaid Pharmacy Provider Manual* has been updated with information about the *Purple Book*. The update states:

Biosimilar interchange may only be made with products listed in the *Purple Book*, published by the U.S. Department of Health and Human Services.

15-40 5010 EDI Transactions

Utah Medicaid has implemented a new system which will allow providers to receive 999 and TA1 responses for all EDI transactions. TA1 acknowledgements are only returned if requested on an ISA14. Please refer to the Companion Guide for more details:

<https://health.utah.gov/hipaa/guides.htm>

During the next several months, providers may encounter rejections on 999 responses as Utah Medicaid implements HIPAA required validation.

The 999 response will contain an 'accept' or 'reject' message on the line-level detail of the claim file. This message will provide information detailing the reason for the acceptance or rejection of the transaction.

Unless otherwise noted, all changes take effect on April 1, 2015

Prior to contacting Utah Medicaid, Bureau of Medicaid Operations, please review the 999 responses for details regarding the rejected transaction. If you still have questions after reviewing the 999 transactions, please contact:

Utah Medicaid EDI: (801) 538-6155, option 3, option 5

Toll-free: 1-800-662-9651, option 3, option 5

When calling Utah Medicaid EDI, please have the following information ready to expedite your call: 1) Trading Partner ID, 2) Interchange Control Number, and 3) Date of Submission.

15-41 ICD-10 Deadline October 1, 2015

The deadline for implementation of ICD-10 (International Classification of Diseases, 10th Edition) is October 1, 2015; system transition to ICD-10 by October 1, 2015 is mandatory for all payers, providers, and other organizations covered by the Health Insurance Portability and Accountability Act (HIPAA). Utah Medicaid and the Medicaid Management Information System (MMIS) is on target to process claims for the October 1, 2015 deadline.

If a claim is submitted to the MMIS system with dates of service on or after October 1, 2015 with ICD-9 coding, the claim will be rejected. Any claims with ICD-10 coding received prior to October 1, 2015 will also be rejected.

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF) is seeking providers willing to participate in testing the system prior to the go-live date. Testing is scheduled to begin in June and continue through early September. If you are interested in being involved with system testing or have questions about ICD-10, please email:

utahmedicaidicd10@utah.gov

Updated information and resources, including fact sheets and trainings, can be found on the Centers for Medicare and Medicaid Services (CMS) website at the following address: <http://www.cms.gov/Medicare/Coding/ICD10/>. Please bookmark the site and visit it often for updates. In addition, we will continue to share updated information through future Medicaid Information Bulletin (MIB) articles and the 2015 Statewide Provider Training.