

Web address: <http://health.utah.gov/medicaid>

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World Wide Web: <http://health.utah.gov/medicaid>

### Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

### Requesting a Medicaid publication?

Send a Publication Request Form.

- by FAX: 1-801-536-0476
- by mail to: Division Of Health Care Financing  
Box 143106, Salt Lake City UT 84114-3106

**08- 72 Paper Claims Processing**

Medicaid’s data entry contractor is in full production processing CMS-1500 and Dental claim forms . The back-log of CMS-1500 and Dental claims have been processed. Institutional claims are required to be billed in a HIPAA compliant electronic format. Programming for paper Institutional claims is in the final test phase.

To have paper claims processed quickly and efficiently, providers are encouraged to send in type-written or computer-generated claims, correctly aligned on original claim forms. These claims can be scanned by optical readers and processed quickly.

**Problems that cause significant claims delays:**

Claim Problem	Solution
Handwritten claims which cannot be read by the optical scanner requires manual keying.  Handwritten claims that are not legible for manual entry.	Submit a type-written or computer-generated claim.
Claim information not aligned with claim form lines.  Information typed between lines, resulting in a box line over-scoring part of the information, is difficult to read and is not able to be scanned by the optical reader.	Realign printer to print inside the lines.
Missing or invalid provider enumerator information NPI number, Tax ID, etc.. Missing information may cause claim rejection.	Complete all required boxes on claim.
Dollar signs (\$) shown with dollar amount. Various printers and fonts cause this character to be read as a '5'.	Do not show the dollar sign.
Closed Medicaid Provider status.	Contact Medicaid Provider Enrollment at 1-800-662-9651 toll-free or 1-801-538-6155.
Claims with attachments not on a full sheet of paper. Small strips of paper cannot be scanned with the claim.	Submit attachments on a standard size 8 ½" X 11" sheet. If necessary, tape the attachment to the paper.
Invalid characters such as dashes in numeric fields.	List numeric information only.
Missing referring physician information such as enumerators.	If a physician’s name is listed, license or NPI information is required.
Typed or computer generated claims with information crossed out and new information hand written in. These claims will not be keyed with the written information.	If a change needs to be made, print a new claim form.
Written messages or notes on claims. Once received, all paper claims are batched and sent to an outside contractor to image and key.	Do not write on claims.

For providers not able to submit type-written or computer-generated claims, Medicaid and it’s providers participate in the statewide electronic gateway available through the Utah Health Information Network (UHIN). Membership fees for UHIN include provider software and instructions/customer support for electronic billing. Enrollment information is available at [www.UHIN.com](http://www.UHIN.com) or (801) 466-7705 Ext 200, for further information on available services.

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**08 - 73 Retroactive Authorizations**

Please note the following changes in the Retroactive Authorization policy as outlined in the Utah Medicaid Provider Manual, General Information, Chapter 9-7.

Effective October 1, 2008, Medicaid will no longer issue a prior authorization for services to clients who have applied for eligibility, but are not yet eligible. When a client becomes eligible for Medicaid after receiving services which would have required prior authorization, a retroactive authorization may be requested. The provider should explain the circumstance on the Request for Prior Authorization form and submit documentation supporting the medical necessity for the service. The medical record documentation must comply with Medicaid coverage authorization requirements for coverage of the service retroactively.

All requests for retroactive authorizations should be faxed to (801) 237-0770 or (801) 237-0771.

There will be no change in the retroactive authorization requests for medical emergency services.

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**08 - 74 270/271 Eligibility Request and Response**

Effective November 1, 2008, Medicaid will implement a robust Electronic Eligibility Request/Response (270/271) transaction. In addition to what is being returned in our current 271, the robust version will report client enrollment status, client termination date if client eligibility ended, plan and provider specific co-pay amounts, service limitations for providers, and accumulators for co-payment, out of pocket, family liability, and some services.

The 271 is returned within two hours of receiving the 270, and is available 7 days a week. With the change in business hours to Monday through Thursday, the 270/271 is a viable option for providers to receive client eligibility outside of regular business hours.

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**08 - 75 Audiology Codes**

**Medicaid policy regarding cochlear implants resides as a new section 2-4 and appropriate procedure codes have been added.**

**2-4 Cochlear Implants**

Cochlear implants are available only for Early Periodic Screening, Diagnosis and Treatment (EPSDT) also known in Utah as Child Health Evaluation and Care (CHEC) (age 20 and younger).

Prior Authorization is necessary for all services described. Documentation must support each of the listed criteria.

Medicaid recipients must meet all of the following criteria:

1. Diagnosis of bilateral profound (85-90 dB hearing loss) sensorineural hearing impairment. The patient can be pre-lingually or post-lingually deafened.
2. Demonstrated they cannot benefit from hearing amplification through a trial period of at least 3-6 months unless cochlear ossification is noted or anticipated.
3. Freedom from middle ear infection, an accessible cochlear lumen that is structurally suited to implantation, and free of lesions in the auditory nerve and acoustic areas of the central nervous system.
4. No evidence of central auditory dysfunction or lack of a cochlear nerve.
5. No contraindications to surgery.

6. Must have sufficient cognitive and physical capabilities to use the device.
7. The device must be FDA approved and used in accordance with the FDA-approved labeling.
8. Must demonstrate the inability to improve on age appropriate closed-set word identification tasks with intense amplification and auditory training. (Applicable if more than 3 years old.)
9. Must be accepted as a recipient in the University of Utah Cochlear Implant Program or other Medicaid approved cochlear implant program and agree to complete 24 months of aural rehabilitation as prescribed after the device is turned on.

#### Codes Added/ Prior Authorization Required/ CHEC only

69930	Cochlear device implantation with or without mastoidectomy
L8614	Cochlear devices/system
L8619	Cochlear implant external speech processor replacement
92630	Aural rehabilitation, prelingual hearing loss
92633	Aural rehabilitation, postlingual hearing loss
92507	Treatment of speech, language, voice communication, and or auditory processing disorder ( includes aural rehabilitation), individual

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#### 08 - 76 CHEC Dental Services

The Utah Child Health Evaluation and Care (CHEC) program (also known as the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program) has adopted the American Academy of Pediatric Dentistry's recommendations for preventive pediatric oral health care as the new dental periodicity schedule for the (CHEC) program. The schedule is referenced in the Appendices on page 11 of the current CHEC manual. It has been revised to reflect the latest recommendations for dental services for the target population (age 20 and younger) of children.

The CHEC manual is available on the Internet at <http://www.health.utah.gov/medicaid/tree/index.html>. In the updated manual, the page which states, "Page Updated October 2008" in the upper right corner has been revised.

A vertical line in the margin is next to the text that has been changed. If you do not have Internet access or have questions, contact Jill Wrathall at (801) 538-6673 or [jwrathal@utah.gov](mailto:jwrathal@utah.gov)

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#### 08 - 77 DHS Contracted Mental Health Providers

Changes have been made to the Utah Medicaid Provider Manual for Diagnostic and Rehabilitative Mental Health Services by DHS Contractors. Chapter 2-8, Psychiatric Health Facility Services, Chapter 2-9, Comprehensive Community Support Services, and Chapter 2-10, Comprehensive Community Support Services have been revised to clarify these services and documentation requirements.

The manuals are available on the Internet at <http://www.health.utah.gov/medicaid/tree/index.html>

In the updated manuals, pages which state "Page updated October 2008" in the upper right corner have been revised. A vertical line in the margin is next to the text that has been changed.

If you do not have Internet access or have questions contact Merrila Erickson at 801-538-6501 or [merickson@utah.gov](mailto:merickson@utah.gov).

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**08 - 78 Rescind July 2008 Article 08-54  
Outpatient and Inpatient Revenue Codes**

Article 08-54 has been rescinded from the July 2008 Medicaid Information Bulletin.

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**08 - 79 Outpatient Hospital Revenue Codes**

Effective October 1, 2008, HCPCS/CPT codes are required for revenue codes 251, 252, 257, 258, 259, 413, 634, 635, 740 and 901. Reimbursement will remain unchanged. Medicaid editing, including prior authorization requirements, will apply.

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**08 - 80 Medical-Surgical Code List (CPT) Update**

Heart Assist Devices were listed as non-covered in the October 2006 Bulletin. These codes were inadvertently left off of the Medical-Surgical Code List (CPT). The list has been corrected to show the following codes are not a benefit.

33960 Prolonged extracorporeal circulation for cardiopulmonary insufficiency, initial 24 hours  
33961 . . . each additional 24 hours  
33975 Insertion of ventricular assist device; extracorporeal , single ventricle  
33976 . . . extracorpeal, biventricular  
33977 Removal of ventricular assist device; extracorporeal, single ventricle  
33978 . . . extracorporeal, biventricular  
33979 Insertion of ventricular assist device, implantable, intracorporeal, single ventricle  
33980 Removal of ventricular assist device, implantable intracorporeal, single ventricle

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**08 - 81 Nursing Home Billing**

Effective October 1, 2008, Utah Medicaid will implement system capability for nursing home providers to submit claims more frequently than once a month. Billing weekly or bi-weekly is encouraged; however, the frequency of claim submission will be at the discretion of each facility. With the ability to submit claims more frequently, September 2008, will be the last 80% interim payment.

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**08 - 82 Private Duty Nursing**

The following additions and corrections were added to the Home Health Care Manual, Section 4-8.

Coverage and Limitations: (Section 4-8, page 21)

- a) The PDN grid may be used only when the provider does not think the care needs are accurately reflected in the Skilled Needs Form. The forms will be compared for consistency.
- b) After informing the recipient's family or similar representatives who live with the recipient and in coordination and consultation with the physician, the private duty nurse shall attempt to wean the patient from a device or service and identify new problems. An active weaning process is to be followed after the patient is initially

discharged from the hospital. . . . Once the care givers have been given sufficient training to meet the patient’s needs and the service requires four hours or less of skilled nursing, private duty nursing service ends. Home health services may be accessed for the child requiring up to four hours of home health skilled nursing service.

- d) The banking, saving, or accumulation of unused prior authorized hours to be used later for the convenience of the family. The home health agency may adjust or group hours to meet staffing requirements.

Prior Authorizations (Section 5, page 23)

Prior authorizations for private duty nursing must include the updated skilled needs form and updated plan of care to indicate the weaning steps in process and current care needs.

The Skilled Nursing Needs Form is the primary form for determining private duty hours. When the Skilled Nursing Checklist does not seem to convey the amount of care the client requires, the agency may submit the Private Duty Nursing Acuity Grid for comparison (see page 40).

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**08 - 83 Brachytherapy**

Brachytherapy using multiple injections at the same site on a date of service is considered investigational and unproven. Brachytherapy as a multiple injection service is not covered by Medicaid. The Correct Coding Initiative is followed by Medicaid, for example, codes 77781, 77782, 77783 are incidental to code 77784. Codes in the range 77781 through 77784 are only reimbursed once on a date of service.

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**08 - 84 Laboratory Code Billing**

Laboratory codes requiring manual review are listed in the attachment section of the physician provider manual and are found in the Medical and Surgical Procedure List (CPT). Each of the laboratory codes are published in the Medical and Surgical CPT list when they are not covered, require prior authorization or require manual review. With each code requiring manual review a statement “Prior approval not required. Attach documentation,” will be seen.

As a reminder, when multiple molecular diagnostic codes are ordered, documentation must be submitted prior to ordering the testing by the requesting physician who has the differential diagnostic reason which will support the number and nature of the tests requested.

When documentation is requested for a laboratory test, at a minimum, a copy of the laboratory test and a supportive diagnosis must be submitted for review.

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**08 - 85 Medical Surgical Criteria**

**Criteria #10: Sterilization/Other Genito-urinary Procedures**

1. Consent documentation requirements
  - a. Client must be 21 years of age at time consent is signed
  - b. Client must be mentally competent to sign consent and meet all state and federal sterilization requirements.
  - c. Signed sterilization consent must be witnessed by a physician or a nurse
2. Medical Record requirements for a sterilization procedure (ALL that apply)
  - a. HCG Human Chorionic Gonadotropin pregnancy test
  - b. If the procedure includes a hysterectomy there should be:

- i. Laboratory results of a recent pap smear,
  - ii. Patients with dysfunctional uterine bleeding must have a TSH (thyroid stimulating hormone) test submitted.
  - c. Contact the Utilization Review nurse to ensure the necessary tests have been completed prior to submitting the case for committee review. **Note: Laboratory tests may be waived when a particular case qualifies as an emergency.**
3. Coverage reimbursement requirements
- a. For a client who is pregnant, the consent must be signed at least 30 days before the expected delivery date. This is true even in the case of the emergency exception explained in paragraph 2 of Form 499-A (Medicaid Sterilization Consent Form) under the heading PHYSICIAN'S STATEMENT
  - b. Client must not be in an institution (for example, Utah State Hospital) or correctional facility (for example, Utah State Prison).
  - c. Procedure must be performed no sooner than 30 days after the client signs the consent and no longer than 180 days, unless it meets the requirements in paragraph 2 of Form 499-A (Medicaid Sterilization Consent Form) under the heading PHYSICIAN'S STATEMENT. **NOTE: If the procedure is performed for medical reasons, other than voluntary sterilization, the usual 30 day waiting period for sterilization may be waived.**

### Criteria #11 Laparoscopic Surgical Gynecological Procedures

- 1. Procedure Not Covered (if choose a, b, or c, then stop procedure not covered)
  - a. Procedure done for infertility
  - b. Patient is pregnant
  - c. Corpus luteum or functional cyst **NOTE: Corpus luteum cyst is a normal physiologic finding. Functional cysts do not become greater in size than 7 cm and resolve spontaneously after one or two menstrual cycles**
- 2. Documentation Requirements for Coverage (All)
  - a. Signed informed sterilization consent **Note: See Criteria 10 for consent information.**
  - b. Psychiatric status (one)
    - i. The patient has a psychiatric diagnosis or is taking psychiatric medications. A psychiatric statement must be submitted detailing the indication for the medication(s) and certifying the client is capable of making an informed decision.
    - ii. Not applicable. There is nothing in the record to indicate the use of psychiatric medications or a history of psychiatric disorder which would affect the clients ability to make an informed decision.
  - c. Requires ultrasound as first test for diagnosis
- 3. Indication must meet requirements of one section below (a-g):
  - a. Suspected adnexal/pelvic mass by physical examination/KUB (i required):
    - i. Ultrasounds:
      - (1) Transvaginal ultrasound as required as first test.
      - (2) Abdominal ultrasound is recommended as an adjunctive test because the transvaginal ultrasound may not provide an accurate image of masses that are pelvic and abdominal.
    - ii. CT imaging: Documentation should support that based on clinical examination, ultrasound images, or serum markers (Ca-125) there is a need to evaluate for suspected abdominal metastasis. **Note: Non enhanced helical CT in a prospective study of patients with nonspecific abdominal pain was most accurate for predicting the need for urgent intervention. The role of CT is in determining whether there is abdominal metastasis. General screening with Ca-125 is not ACOG supported. MRI and PET scanning are not supported for this purpose by ACOG.**
    - iii. MRI imaging: MRI may be considered in place of CT imaging only in pregnant women to evaluate for suspected abdominal metastasis when the mass size is greater than 5 cm with complex morphology on transvaginal ultrasound. **Note: Because adnexal masses have low risk for malignancy and acute complications, expectant management of adnexal masses is recommended in pregnancy by ACOG. Fifty-one to seventy percent of adnexal masses will resolve during pregnancy.**
  - b. Acute abdominal/pelvic pain unknown etiology (All)
    - i. Lower abdominal tenderness
    - ii. Pelvic exam nondiagnostic for etiology of pain
    - iii. CBC Normal
    - iv. HCG pregnancy test negative (State of Utah Department of Health policy)
    - v. UA normal **Note: A urinalysis should be completed to rule out urinary tract infection as a source of pain. A culture is unnecessary unless the UA diagnoses an infection.**
    - vi. Fecal occult blood test negative **Note: Used to rule out bowel dysfunction as a source of**

- vii. pain.
- viii. Gonorrhea/Chlamydia nucleic acid amplified probe technique - negative Note: Both organisms can be tested under code 87801 using cervical swab or urine sample. This test has a high level of sensitivity and specificity. Chlamydia culture can be difficult to grow and may miss underlying infection.
- c. US nondiagnostic for etiology for pain
- Chronic abdominal/pelvic pain, unknown etiology (All) Note: Chronic pelvic pain lasts for more than six months and does not improve with treatment.
  - i. History and pelvic exam nondiagnostic for etiology of pain. Note: The OB/GYN must have ruled out genitourinary, functional bowel disorders or musculoskeletal disorders or referred the patient for specialist consultation to rule out non gynecological sources of abdominal pelvic pain
  - ii. CBC Normal
  - iii. HCG pregnancy test negative
  - iv. UA normal
  - v. Fecal occult blood test negative
  - vi. Gonorrhea/Chlamydia nucleic acid amplified probe technique - negative Note: Code 87801 with cervical swab or urine sample testing accomplishes testing for both organisms.
  - vii. Continued pain after one:
    - (1) NSAIDs tried > 4 weeks
    - (2) OPCs tried > 8weeks
- d. Suspected ectopic pregnancy, findings (All)
  - i. Abdominal/pelvic pain or abnormal vaginal bleeding
  - ii. Abnormal vaginal bleeding (not always present moved into i.)
  - iii. Tender adnexal mass by physical examination
  - iv. Abnormal increase or decrease in HCG level
  - v. Positive HCG pregnancy test
  - vi. Ultrasound indicates ectopic or suspected ectopic pregnancy
- e. Pelvic Inflammatory Disease - PID (either i or ii )
  - i. Suspected ovarian tubo-ovarian abscess (all)
    - (1) Sudden severe pain
    - (2) Temperature >100.4
    - (3) Direct or referred rebound pain
    - (4) HCG pregnancy test negative
  - ii. PID must meet requirements in each section
    - (1) Acute pelvic PID pain (all)
      - (a) Lower abdominal pain
      - (b) cervical motion tenderness
      - (c) adnexal tenderness
    - (2) Findings (one)
      - (a) Temp >100.4 F
      - (b) WBC > 12,000 cu.mm
      - (c) ESR > 15mm/hr
      - (d) Purulent material by culdocentesis
      - (e) Gonorrhea/Chlamydia DNA amplified probe test positive
      - (f) >5 WBCs per oil immersion field by Gram stain of cervical smear
    - (3) Continued symptoms after > 24 hours on antibiotics (two)
      - (a) Continued or worsening abdominal pain
      - (b) Continued or worsening abdominal tenderness
      - (c) Increased temperature
      - (d) Increased WBC
    - (4) HCG pregnancy test negative
- f. Suspected ovarian cyst rupture (all)
  - i. Abdominal tenderness/rebound
  - ii. HCG pregnancy test negative
  - iii. Suspected intraabdominal bleeding (one)
    - (1) tachycardia/hypotension
    - (2) increasing intraperitoneal fluid
    - (3) Hct decrease > 6% within 4 hours
  - iv. Cyst must meet one in "(1)" and one in "(2)" of the following:
    - (1) Cyst or benign ovarian tumor type (one)
      - (a) serous cystadenoma
      - (b) mucous cystadenoma
    - (2) Benign, malignant, or dermoid cyst characteristics (one)
      - (a) Cyst greater than 7 cm demonstrated by US for more than one menstrual cycle on birth control pills. Note: Seventy percent of cysts are functional. A simply cyst up to 10 cm on ultrasound associated with a normal Ca-125 is almost always benign and can be safely followed. (ACOG )

- (b) Solid ovarian tumor demonstrated by US
- (c) Complex ovarian cyst demonstrated by US
- g. Fallopian tube patency assessment post tubal surgery using ring or clamp included in procedure code 58615. Note: Laparoscopic surgery to check for patency related to repair of prior tubal ligation surgery is not covered.

**Criteria #12 Myomectomy**

1. Contraindications for Procedure (if choose one, then stop procedure not covered)
  - a. Procedure done for infertility
  - b. Patient is pregnant
  - c. Uterus size greater than 16 weeks NOTE: laparoscopic approach not done when larger fibroid.
2. Coverage findings requires (ALL)
  - a. Negative HCG pregnancy test
  - b. US diagnosed intramural subserosal fibroid
  - c. Uterus size less than 16 weeks and (One):
    - i. Uterine size doubled by US in 1 yr
    - ii. Ureteral compression by US/IVP
  - d. Informed consent – possible sterilization
  - e. Myomectomy is indicated when the conditions in item i or ii are met:
    - i. Acute torsion of a pedunculated myoma (ALL)
      - (1) Abrupt onset of lower abdominal pain
      - (2) Nausea and vomiting
      - (3) Low grade fever >100o
    - ii. Leiomyomata not treatable by medical management, in item (1) or (2) of the following:
      - (1) Chronic pelvic pain or severe dysmenorrhea unresponsive to all conservative therapies with ALL of the following being present:
        - (a) No other etiology identified
        - (b) Persistence longer than 6 months
        - (c) Not responsive to analgesics and anti-inflammatory agents
        - (d) Impairment of patient's ability to carry out daily functions
      - (2) Urinary symptoms (i.e. frequent urination) that are ALL of the following:
        - (a) Found on evaluation to be due to mass pressure effect
        - (b) UA negative
        - (c) Etiology unknown

**Criteria #13 Surgical Hysteroscopy**

Indications (must meet one set)

1. Lysis of endometrial synechiae for clinical symptoms of menstrual disturbance. NOTE: Procedure is not covered for infertility
2. Resection of submucous fibroids in premenopausal women (Both)
  - a. Documentation requirements (ALL)
    - i. Signed informed sterilization consent for medically necessary procedure
    - ii. Signed operative consent
    - iii. Diagnosed by ultrasound
  - b. Findings (one)
    - i. Spontaneous abortion by History (Both)
      - (1) > 2 episodes
      - (2) History and physical normal except for fibroids
    - ii. Abnormal bleeding > three cycles (all)
      - (1) Normal vagina and cervix by physical examination
      - (2) Normal pap smear in the last year
      - (3) TSH normal
      - (4) Negative HCG pregnancy test
      - (5) Menorrhagia Note: heavy and prolonged bleeding between periods (one)
        - (a) Interferes with ADLs
        - (b) Hct <27 unresponsive to iron treatment for >12 weeks
3. Endometrial ablation for dysfunctional uterine bleeding in premenopausal women (ALL):
  - a. Documentation requirements (ALL)
    - i. Signed informed sterilization consent for medically necessary procedure
    - ii. Signed operative consent
    - iii. Statement related to psychiatric status. Applies to indication (one)
      - (1) If the patient has a psychiatric diagnosis or is taking psychiatric medications. A psychiatric statement must be submitted detailing the indication for the medication(s) and certifying the client is capable of making an informed decision.
      - (2) Not applicable for this case. There is nothing in the record to indicate the use of

psychiatric medications or a history of psychiatric disorder which would affect the client's ability to make an informed decision.

- b. Findings (ALL)
    - i. Heavy menstrual or inter menstrual bleeding greater than 3 cycles. Describe the number of pads or tampons used and time period.
    - ii. Normal vaginal and cervical physical examination in the last year
    - iii. TSH normal within the last year
    - iv. Normal pap smear within last two months of prior authorization request
    - v. Negative HCG pregnancy test
    - vi. Patient no longer desires child bearing
    - vii. Continued bleeding after treatment (one)
      - (1) Age less than 35 (ALL)
        - (a) Progestin/OCP x 3 consecutive cycles NOTE: OCP may be waived for medical reasons
        - (b) Findings (one)
          - (i) Hct <27 unresponsive to iron Rx >12 weeks
          - (ii) Interferes with ADLs
        - (c) Endometrial biopsy required
          - (i) Endometrial thickness by transvaginal is 5 mm or more
          - (ii) Patient is taking tamoxifen
          - (iii) Neither condition applies; therefore, endometrial biopsy not required.
      - (2) Age > 35 (ALL)
        - (a) Endometrium normal within last year
          - (i) by endometrial biopsy
          - (ii) hysteroscopy with D&C
        - (b) Progestin/OCP x 3 consecutive cycles unless waived by medical necessity.
        - (c) Findings (one)
          - (i) Hct <27 unresponsive to iron Rx >12 weeks
          - (ii) Interferes with ADL
4. Uterine septum division (All)
  - a. Uterine septum by ultrasound. Note: Hysteroqram is not covered in Medicaid, but if an HSG has been done it will be accepted for review instead of an ultrasound.
  - b. There is no bicornuate uterus by laparoscopy, ultrasound, or MRI. Note: An ultrasound is the accepted diagnostic test, but if prior MRI or laparoscopy has already identified bicornuate uterus, repeated diagnostic testing should not be done .
  - c. History of pregnancy complications such as preterm delivery, late abortion, or recurrent pregnancy loss. NOTE: Correction for infertility is not a covered service such as prior to in vitro fertilization and embryo transfer.
  - d. Negative HCG pregnancy test

**Criteria #14 Abdominal Hysterectomy**

Requires 1 and 2

- 1. Documentation requirements related to a sterilization procedure (all)
  - a. Signed operative consent
  - b. Signed informed sterilization consent for medically necessary procedure
  - c. Statement related to psychiatric status (one)
    - i. If the patient has a psychiatric diagnosis or is taking psychiatric medications. A psychiatric statement must be submitted detailing the indication for the medication(s) and certifying the client is capable of making an informed decision.
    - ii. Not applicable. There is nothing in the record to indicate the use of psychiatric medications or a history of psychiatric disorder which would affect the clients ability to make an informed decision.
- 2. Indications (one) Detailed coverage requirements are those found in Interqual; however, a laboratory test for pregnancy is a requirement.
  - 100 Endocervical adenocarcinoma in situ by biopsy
  - 200 CIN III
  - 300 Adenomatous endometrial hyperplasia with cellular atypia by biopsy/D&C
  - 400 Fibroids in premenopausal women
  - 500 Fibroids in postmenopausal women
  - 600 Dysfunctional uterine bleeding in post menopausal women
  - 700 Post menopausal bleeding
  - 800 Endometrial cancer by pathology

900	Suspected ovarian cancer
1000	Suspected tubal cancer
1100	Tubo-ovarian abscess
1200	Postpartum uterine bleeding < 24 hours postpartum
1300	Chronic PID
1400	Endometriosis

### Criteria #15 Vaginal Hysterectomy

Requires 1 and 2

1. Documentation requirements related to a sterilization procedure (all)
  - a. Signed operative consent
  - b. Signed informed sterilization consent for medically necessary procedure
  - c. Statement related to psychiatric status (one)
    - i. If the patient has a psychiatric diagnosis or is taking psychiatric medications. A psychiatric statement must be submitted detailing the indication for the medication(s) and certifying the client is capable of making an informed decision.
    - ii. Not applicable. There is nothing in the record to indicate the use of psychiatric medications or a history of psychiatric disorder which would affect the client's ability to make an informed decision.
2. Indications (one) Detailed coverage requirements are those found in Interqual; however, a laboratory test for pregnancy is a requirement.
  - 100 Endocervical adenocarcinoma in situ by biopsy
  - 200 CIN III
  - 300 Adenomatous endometrial hyperplasia with cellular atypia by biopsy/D&C
  - 400 Fibroids in premenopausal women
  - 500 Fibroids in postmenopausal women
  - 600 Dysfunctional uterine bleeding in premenopausal women
  - 700 Post menopausal bleeding
  - 800 Uterine prolapse second degree or greater
  - 900 Endometriosis

### Criteria #16 Emergency Procedures

Procedures normally requiring prior authorization and a consent may be authorized after the fact when emergency conditions are supported by the following in submitted documentation: (ALL)

1. Consents (Both)
  - a. Completed authorization request for emergent care retro authorization
  - b. Consent form (i.e. abortion, ectopic pregnancy, sterilization)
2. Medical record documentation supporting the emergent nature of the condition the requiring procedure (ALL)
  - a. History and Physical
  - b. Operative Report
  - c. Studies supporting the need for the procedure (requires the Pathology report i. at a minimum) (check all that apply)
    - i. Pathology Report
    - ii. Laboratory (i.e. CBC with diff, culture)
    - iii. Imaging studies
  - d. Discharge Summary
3. Documentation must meet surgical coverage requirements.

### Criteria #17 Abortion

Approval of a therapeutic abortion must meet all of the requirements for either condition (Choose one –1 or 2)

1. Life of the mother Note: Under law there are only two medically threatening conditions in which an abortion may be considered to save the life of the mother. 1) The life of the mother would be endangered from a physical disorder, physical injury or physical illness. 2) The abortion is required to prevent permanent, irreparable, and grave damage to a major bodily function of the pregnant woman and a caesarian or other medical procedure to save the life of the child is not a viable option. (ALL)
  - a. Signed abortion consent (ALL) Refer to the attachment Informed Consent to Therapeutic Abortion.
    - i. Name and address of the Medicaid client
    - ii. Name and address of obstetrician/gynecologist
    - iii. Name and address of another physician specialist

- b. Two letters must indicate the life of the mother would be endangered from a physical disorder, physical injury, or physical illness, including how the life-endangering physical condition will place the woman in danger of death or irreparable grave permanent damage from the pregnancy unless an abortion is performed. (BOTH)
    - i. Medical judgment of the OB/GYN as to why the mother's life is at risk if pregnancy is carried to term.
    - ii. Medical judgment of another physician specialist (i.e. internist, oncologist, cardiologist, OB/GYN) as to why the mother's life is at risk if pregnancy is carried to term.
  - c. Psychiatric status (one)
    - i. The patient has a psychiatric diagnosis or is taking psychiatric medications. A psychiatric statement must be submitted detailing the indication for the medication(s) and certifying the client is capable of making an informed decision.
    - ii. Not applicable. There is nothing in the record to indicate the use of psychiatric medications or a history of psychiatric disorder which would affect the clients ability to make an informed decision
  - d. At a minimum, a committee of two Medicaid physician consultants, the nurse reviewer, and one other nurse must provide their review and approval for the procedure to be authorized.
2. Rape or Incest (ALL)
- a. Pregnancy must be less than 20 weeks gestation
  - b. Signed abortion consent
    - i. Name of Medicaid client
    - ii. Name and address of the physician (i.e. OB/GYN) providing the procedure
  - c. Legal reporting requirements (one)
    - i. Supportive documentation from law enforcement has been provided
    - ii. The treating the physician has provided a written certification statement that indicates that in his professional opinion the patient was unable to comply with legal reporting requirements for physical, psychological reasons or fear of retaliation.
  - d.. At a minimum, a committee of two Medicaid physician consultants, the nurse reviewer, and one other nurse must review and provide their approval for the procedure to be authorized.

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**08 - 86 Medical Supplies Policy**

Medicaid provides the following corrections to the Medical Supplies Manual on pages 29(F.4), 31 (5.b), and 33 (4):

Corrected cost amount to \$25.00 in relationship to parts, accessories and attachments. If cost is more than \$25.00, item must be identified in writing and identified by proper HCPCS code.

Also component parts costing less than \$25.00 and the related labor costs are covered by operating margins.

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**08 - 87 Oral Maxillofacial Surgeon Services**

**Benefit correction to Medicaid policy for Traditional Medicaid recipients:**

Non-pregnant adults age 21 and older with Traditional Medicaid coverage receive the oral surgery services described in SECTION 2, Oral Maxillofacial Surgeon Services, and SECTION 3, Dental Services.

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**08 - 88 Vision**

**Procedure Codes are in numeric order and outdated codes have been removed from the Vision Manual.**

Procedure code 92330 (prescription, fitting, supply of ocular prosthesis) removed from the Vision manual. Code was previously discontinued from the CPT codes and was not removed from the manual at that time.

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**08 - 89 Preferred Drug Update List**

The Medicaid Preferred Drug List continues to expand on a monthly basis. The P&T Committee has recently considered short acting beta agonists, long acting beta agonists, and long acting beta agonists / corticosteroid combination inhalers, and leukotriene receptor antagonists for asthma. The following classes of drugs are now on the Medicaid Preferred Drug List:

- Statins
- Proton Pump Inhibitors
- Diabetic Testing Strips and Supplies
- Oral Antidiabetics
- Long-Acting Opioid Narcotics
- Antihypertensives: ARBs, ACEs, Calcium Channel Blockers, Beta-Blockers, Aldosterone Antagonists
- Asthma Inhalers and Leukotriene Receptor Antagonists

Please refer to <http://health.utah.gov/medicaid/pharmacy> for more detailed information.

*All preferred drugs and diabetic supplies are NDC specific. Please refer to the Medicaid Pharmacy Website for a list of NDCs.*

**Reminder: When overriding the PDL, prescribers must *hand write* "Dispense As Written - Medically Necessary" on the prescription and document medical necessity in the patient's chart.**

P&T Committee Schedule Changes:

Due to the Cannon Health Building closure on Fridays, the P&T Committee will need to change meeting dates and times. The new meeting dates and times will be at 7:00 A.M. on the third Thursday of each month. The P&T Committee will resume meeting at the new time, beginning in September 2008. The schedule for upcoming drug class reviews has been updated as follows:

Sep 2008: Insulins - Rapid Acting  
Sep 2008: Non-Benzodiazepine Sedative Hypnotics  
Oct 2008: Insulins - Mixtures and Long-Acting  
Nov 2008: Multiple Sclerosis Agents  
Nov 2008: Niacin/Statin Combos  
Dec 2008: Urinary Antispasmodics  
Jan 2009: Migraine Agents & Combos  
Feb 2009: Skeletal Muscle Relaxants & Combos  
Mar 2009: Alzheimer's Cholinomimetics

Continue to watch the P&T Committee website at <http://health.utah.gov/medicaid/pharmacy/ptcommittee/directory.php> for important updates regarding the P&T Committee schedule.

You may also contact Duane Parke, R. Ph., MPA, directly at (801) 538-6841 with any questions regarding the P&T Committee schedule.

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**08 - 90 MAC Policy**

Historically, Utah has enjoyed a state MAC (state maximum allowable charge) price as well as a Federal MAC price. Medicaid is actively updating the state MAC list. Among other methodologies, Medicaid will compare the posted MAC prices from eight other states including five western states. New MAC prices will be posted to the point-of-sale program as they are determined.

Pharmacy providers may contact Medicaid if they find MAC prices are set below acquisition costs after discounts are factored in. Invoices for the last three purchases of the drug in question must be FAXed to Medicaid when any grievance is initiated.

New MAC prices may include but not be limited to the following agents:

AMLODIPINE BESYLATE  
AMOX TR-POTASSIUM  
CLAVULANATE  
AMOXICILLIN  
AZITHROMYCIN  
BUDEPRION XL  
BUPROPION HCL SR  
CLONAZEPAM  
CLOZAPINE  
DESMOPRESSIN ACETATE  
GABAPENTIN  
LORAZEPAM  
METFORMIN HCL  
MINOCYCLINE HCL  
MORPHINE SULFATE  
NITROFURANTOIN MACROCRYSTAL  
ONDANSETRON HCL  
OXCARBAZEPINE  
PAROXETINE HCL  
POLYETHYLENE GLYCOL  
PROMETHAZINE HCL  
RANITIDINE HCL  
RIBAVIRIN  
SIMVASTATIN  
TIZANIDINE HCL  
TRAMADOL HCL  
ZONISAMIDE

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## 08 - 91 Tamper Resistant Prescription Prescription Pad (TRPP) Update Requirements

On April 1, 2008, Utah Medicaid began to phase in Federal TRPP (Tamper Resistant Prescription Pad) requirements. As of October 1, 2008, all handwritten and/or paper-based computer generated (by electronic medical records or ePrescribing applications) prescriptions for fee-for-service Medicaid patients, must be fully compliant with federal guidance for prescription tamper resistance. While the first phase of TRPP guidance required prescribers to use at least one feature from one of the three categories of tamper resistance, this second phase requires that these handwritten or computer printed Medicaid prescriptions contain at least one industry recognized feature from each of the three categories of tamper resistance. Prescriptions for Medicaid patients that are telephoned, faxed, or electronically transmitted by ePrescribing applications are exempt from these tamper resistance requirements.

As the October 1 implementation date approaches, we want to provide you with the information you need to ensure Medicaid patients will be able to receive their needed medications and ensure that the transition to these new prescription requirements is as smooth as possible for recipients, pharmacists, physicians, and other prescribers. We hope this guidance will help you comply with the requirements.

While these requirements are federally mandated, individual states are responsible for issuing guidance which may be more (but not less) proscriptive than the guidance below. Utah Medicaid requires prescriptions to comply with the federal requirements only. Recently, The Centers for Medicare and Medicaid Services (CMS) in conjunction with the National Council for Prescription Drug Programs (NCPDP) has issued guidance for tamper resistance in anticipation of the October 1 implementation date.

The table on the following page includes some best practice guidelines for tamper resistant printed prescriptions. Please note, this table only lists best practices, not exclusive options. Other features not listed may satisfy TRPP requirements. The full text of the NCPDP letter to Medicaid providers, which includes a list of all acceptable tamper resistant features and pictures of compliant prescription blanks, is available on the Utah Medicaid Pharmacy Services Website at <http://health.utah.gov/medicaid/pharmacy>. It is likely that the company that supplies your prescription pads/paper, and/or Electronic Medical Records (EMRs) / ePrescribing software is aware of these additional requirements and will be able to work with you to ensure your Medicaid prescriptions comply with TRPP requirements.

**Please Note:** Prior guidance for printed prescriptions generated from EMRs or ePrescribing applications stated that special copy resistant paper would likely be required for printed prescriptions to be in compliance as of October 1, 2008. CMS has clarified this statement, and is now stating that while special paper may be used to achieve copy resistance it is not necessary. EMR or ePrescribing generated prescriptions may be printed on plain paper, and be fully compliant with all three categories of tamper resistance – provided they contain at least one feature from each of the three categories listed below.

**Review of CMS Requirements for October 1, 2008**

By October 1, 2008, a handwritten or computer generated and printed prescription must contain at least one feature in **all three** categories. No feature may be used twice:

- 1) One or more industry recognized features designed to prevent unauthorized copying of a completed or blank prescription.
- 2) One or more industry recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber.
- 3) One or more industry recognized features designed to prevent the use of counterfeit prescriptions.

The following best practices are strongly suggested for adoption to meet the tamper-resistant requirements:

**Best Practices for Tamper Resistant Printed Prescriptions\***

	Feature	Description
<b>Category 1</b> Copy Resistance	A) Void/Illegal/Copy Pantograph with or without Reverse Rx B) Micro print signature line for prescriptions generated by an EMR if they cannot produce. Void/Illegal/Copy Pantograph with or without Reverse Rx	<p><i>The word "Void" "Illegal" or "Copy" appears when the prescription is photocopied.</i></p> <p><i>Very small font is legible (readable) when viewed at 5x magnification or greater, and illegible when copied.</i></p>
<b>Category 2:</b> Erasure / Modification Resistance	<p>A) An Erasure revealing background (resists erasures and alterations) for written prescriptions or printed on "toner-lock" paper for laser printed prescriptions, and on plain bond paper for inkjet printed prescriptions.</p> <p>B) Quantity check off boxes, refill indicator (circle number of refills or "NR"), or border characteristics (dispense and refill # bordered by asterisks and optionally spelled out) for prescriptions generated by an EMR</p>	<p><i>Background that consists of a solid color or consistent pattern that has been printed onto the paper. This will inhibit a forger from physically erasing written or printed information on a prescription form.</i></p> <p><i>Toner-lock paper is special printer paper that establishes a strong bond between laser-printed text and paper, making erasure obvious. Note- this is NOT necessary for inkjet printers - as the ink from inkjet printers is absorbed into normal "bond paper.</i></p> <p><i>In addition to the written quantity on the prescription, quantities are indicated in ranges.</i></p> <p><i>Quantities and refill # are surrounded by special characters such as an asterisks to prevent modification, e.g. QTY **50**.</i></p>
<b>Category 3:</b> Counterfeit Resistance	A) Security features and descriptions listed on the prescription	<p><i>A Complete list of the security features on the prescription paper aids pharmacists in identification of features and determine compliance</i></p>

\* The List of best practices is not exclusive of other options that may satisfy TRPP requirements.



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**08 - 92 Pharmacy Coverage Highlights**

The following New Prior Authorizations will be effective on October 1, 2008:

- Quaaliquin
- Tassigna

Please visit <http://health.utah.gov/Medicaid/pharmacy> for detailed PA information.

The following Prior Authorization requirements have changed during the last calendar quarter:

- Invega no longer requires a prior authorization.
- Vyvanse and Daytrana are now available without a prior authorization for ages 6-18. Clients 19 years of age and older are still required to meet prior authorization criteria for adult ADHD stimulants.
- Drug class prior authorizations for pulmonary antihypertensives and anti-TNF immunomodulators have been revised for uniformity and ease of access.

Please visit <http://health.utah.gov/Medicaid/pharmacy> for detailed PA information.

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**08 - 93 \$4 Low-cost Generic Programs**

\$4.00 prescriptions offered by pharmacies with low-cost generic programs are being considered as usual and customary by Utah Medicaid. Pharmacies offering these discounts must transmit the \$4.00 as the U&C. Medicaid will recoup reimbursement amounts above the \$4.00 upon audit.

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