

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 801-538-6155.
- 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

09 - 28 Provider Agreement Notice

The Utah Department of Health, Division of Health Care Financing, would like to notify providers of its intent to continue the use of the Utah Medicaid Provider Agreement dated 03/01/02 as the current and standard agreement for all Medicaid providers. The Division will maintain your organization's current signed provider agreement on file. We are not changing your provider agreement.

The Division is sending notification to conform to Section III, paragraph 2, of the current Medicaid Provider Agreement. The current agreement is available online at <http://health.utah.gov/medicaid>. An agreement can also be obtained by contacting Provider Enrollment (see below phone number).

As a resource to help providers comply with Section II, page 5, paragraph 12, Criminal Disclosure, the Federal Department of Health and Human Services provides the List of Excluded Individuals/Entities (LEIE) website at <http://exclusions.oig.hhs.gov/>.

If you have questions, comments, or concerns, contact Provider Enrollment at toll-free 1-800-662-9651, options 3 then 4, or locally at (801) 538-6155, options 3 then 4.

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09 - 29 New Ownership Disclosure Form

Centers for Medicare and Medicaid Services (CMS) regulations require that the Division of Health Care Financing collect ownership data for all enrolled providers. A new Ownership Disclosure Form has been created and is available on the Medicaid website at <http://health.utah.gov/medicaid>.

The Division asks that all providers complete the form and return it by July 1, 2009. If the provider does not own 5 percent or more, please indicate "does not own 5% or more" on the form. The form may be sent to Provider Enrollment via fax or mail. The fax number is (801) 536-0471 and mailing address is:

Medicaid Operations
Attn: Provider Enrollment
PO Box 143106
Salt Lake City, Utah 84114-3106.

If you have questions, contact Provider Enrollment at toll-free 1-800-662-9651, options 3 then 4, or locally at (801) 538-6155, options 3 then 4.

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09 - 30 Update Regarding Upcoming Federal Regulations

On January 16, 2009, rule 45 CFR Part 162 Health Insurance Reform; modifications to HIPAA, was released. This rule adopts the Versions 5010 and D.0 for electronic transactions, with an expected implementation by January 2012. The rule also adopts the modification to data code sets including the implementation of ICD-10 by October 2013. The final rules are available at the following websites:

Transactions: X12 and NCPDP
<http://edocket.access.gpo.gov/2009/pdf/E9-740.pdf>
Code Sets: ICD-10-CM and ICD-10-PCS
<http://edocket.access.gpo.gov/2009/pdf/E9-743.pdf>

Implementation of the final rule will impact all electronic transactions. It is vital that providers begin to look at the impact these rules may have on their individual practices. Providers should become involved with UHIN (Utah Health Information Network) in reviewing the standards associated to these transactions and coordinate with vendors/programmers to ensure they are working towards these implementation dates.

Watch for future MIB updates regarding implementation of these federal regulations.

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09 - 31 Upcoming Provider Audits

Important Message for All Providers

The Deficit Reduction Act of 2005 (DRA) created the Medicaid Integrity Program (MIP) and directed the Centers for Medicare and Medicaid Services (CMS) to enter into contracts to review Medicaid provider actions, audit claims, identify overpayments, and educate providers and others on Medicaid program integrity issues.

Audit Medicaid Integrity Contractors (Audit MICs) are entities with which CMS has contracted to perform these audits. The goal of the provider audits is to identify overpayments and to decrease the payment of inappropriate Medicaid claims. At the direction of CMS, the Audit MICs will audit Medicaid providers throughout the country, performing field and desk audits.

Utah's audit is scheduled to begin soon. The Audit MICs will contact providers selected for audit by letter to schedule an entrance conference. This notification letter will identify a primary point of contact at the Audit MICs to answer questions regarding the audit process. For additional information, please contact the Bureau of Program Integrity at (801) 538-6123, or review the CMS Fact Sheet at the following web address:

<http://www.cms.hhs.gov/FraudAbuseforProfs/Downloads/mipproviderauditfactsheet.pdf> .

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09 - 32 Physician Manual Update

Obstetrical billing clarification, Physician Manual, Group practice (F.3)

(a) one physician covering for another completes the delivery.

(1) In certain instances, multiple physicians may bill for unbundled services that, if done by one physician, would be paid under a global delivery code. For instance, one physician could bill for the delivery, while another bills for the prenatal and postpartum care visits. In compliance with stated policy, the sum of the unbundled services paid to the two physicians may not exceed reimbursement for the global delivery.

(2) In a group practice the OB services should not be unbundled.

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09 - 33 Codes Requiring Prior Authorization

To prevent cosmetic procedures being completed through the following codes, prior authorization is now required for:

- 19303 Mastectomy, simple complete
 Prior Approval: Written ICD9-CM: 174.8, 174.9, 198.81, 217, 238.9
 Note: Documentation must indicate a neoplasm at the surgical site or BRCA1/BRCA2 positive testing.
- 19304 Mastectomy, subcutaneous
 Prior Approval: Written ICD9-CM: 173.5, 198.2
 Note: Documentation must indicate a neoplasm at the surgical site or BRCA1/BRCA2 positive testing.

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09 - 34 State MAC Update

Historically, Utah has used a state MAC (state maximum allowable cost) price as well as a Federal MAC price. Due to recent budget cuts, Medicaid has aggressively expanded the state MAC list. New MAC prices will be added to the point-of-sale program as they are determined. A current list of state MAC prices will be posted on the Medicaid Pharmacy Services website at <http://health.utah.gov/medicaid/pharmacy>.

Pharmacy providers may contact Medicaid if they find MAC prices are set below acquisition costs after discounts are factored in. Invoices for the most recent purchase of the drug in question must be faxed to Medicaid at (801) 538-6099 when any grievance is initiated.

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09 - 35 NDC Billing

Claims containing physician administered drugs are still being submitted without the required National Drug Code (NDC). Medicaid requires the NDC for all HCPCS codes beginning with "J" and some "A, Q, K and S" codes (Code list is available at <http://health.utah.gov/medicaid/pdfs/NDC>).

Medicaid currently edits if the NDC submitted is valid. The NDC must be entered with 11 digits in a 5-4-2 digit format. The first five digits of the NDC are the manufacturer's labeler code, the middle four digits are the product code, and the last two digits are the package size. If you are given an NDC that is less than 11 digits, add the missing digits as follows:

- For a 4-4-2 digit number, add a 0 to the beginning.
- For a 5-3-2 digit number, add a 0 as the sixth digit.
- For a 5-4-1 digit number, add a 0 as the tenth digit.

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09 - 36 Pharmacy Coverage Highlights

Effective immediately, the Prior Authorization criteria for Symlin®, Nexavar®, and Sutent® have been expanded to reflect new FDA indications. Please check the Medicaid Pharmacy Services PA website at <http://health.utah.gov/medicaid/pharmacy/priorauthorization/allentries.php> for further information.

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09 - 37 PDL Update

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, 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, Calcium Channel Blockers, Beta-Blockers, Aldosterone Antagonists
- Asthma Inhalers and Leukotriene Receptor Antagonists
- Insulins
- Multiple Sclerosis Agents
- Niacin/Statin Combinations
- Urinary Anti-Spasmodics
- Fibric Acid Derivatives
- Skeletal Muscle Relaxants and Combinations
- Triptans and Triptan Combinations
- Alzheimer Cholinomimetics

Please refer to <http://health.utah.gov/medicaid/pharmacy> for more detailed information. *All preferred drugs and diabetic supplies are NDC specific. Refer to the Medicaid Pharmacy website for a list of NDC's.*

Reminder: When overriding the PDL, prescribers must hand write "Medically necessary - dispense as written" on the prescription **AND** document medical necessity in the patient's chart.

The P&T Committee meets on the third Thursday of every month. The schedule for upcoming drug class reviews is as follows:

- ▶ April 2009: Nasal Corticosteroids
- ▶ May 2009: Osteoporosis Agents & Combinations
- ▶ June 2009: Antiparkinson Agents (COMT Inhibitors, MAO Inhibitors, Dopamine Receptor Agonists)

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 or dparke@utah.gov with any questions regarding the P&T Committee schedule.

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09 - 38 Inpatient/Outpatient Hospital Claims

Effective October 1, 2009, Medicaid will no longer accept paper claims for inpatient/outpatient services billed by a Utah hospital. Paper claims submitted to Medicaid and Crossovers will be returned for electronic submission after this date. Please contact your programmers/vendors to ensure your computer system will allow submission of a coordination of benefit claim to Medicaid electronically. Claims with a zero payment or claim level denial from the primary payer(s) will need to be submitted electronically and the explanation of benefits submitted to the Office of Recovery Services for review. The ORS fax number is (801) 536-8513.

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09 - 39 Emergency Department Reimbursement Clarification

Only the principle diagnosis submitted on the claim will be used to determine the reimbursement for emergency department services. If the principle diagnosis is on the *Utah Medicaid Table of Authorized Emergency Diagnosis*, the claim will be reimbursed at the "emergency" designation rate.

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09 - 40 CLIA Table Updated

The CLIA Certification for Laboratory Services Table has been updated for April 1, 2009.

Under the Certificate of Waiver, the code 87905 QW has been added.

Under the Codes Excluded from CLIA Requirements, the codes 88720, 88740, and 88741 have been added.

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09 - 41 OT/PT Services

As a clarification to the November 2008 MIB, the following statement will be added to the manual: OT/PT services will be reimbursed when the covered service is delivered at site of service 22.

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09 - 42 Medical Supplies List**Code Removed**

E0194RR - Air fluidized bed

This action was taken because the code is not open and should not be listed in the Medical Supplies List.

Code Comments & Limits Modified

E0181RR - Pressure pad, alternating with pump, heavy duty

Comments & Limitations:

Rental is per day.

Mattress or overlay may be approved for 30 days. With documented significant improvement 30 additional days may be approved for a total of 60 days.

With documented improvement a step-down transfer from E0193 only to E0277 may be approved for 30 days. With documented aggressive nursing and proof of improvement, a 30-day extension of E0277 may be approved.

The maximum treatment is 120 days.

Note: Codes E0182RR, E0193RR, and E0277RR have the same "Comments & Limits" as code E0181RR.

Discontinued HCPCS Code

S8190 - Electronic Spirometer (or Microspirometer)

Previously, this was a closed code for Medicaid. Effective 4/1/09 this code will be discontinued.

Revised HCPCS Code

E1340 - Repair or non-routine service for DME requiring the skill of a technician, labor component, per 15 minutes

Effective 4/1/09 this code will be closed.

Added HCPCS Codes

K0739 - Repair or non-routine service for DME other than oxygen requiring the skill of a technician, labor component, per 15 minutes.

K0740 - Repair or non-routine service for DME oxygen equipment requiring the skill of a technician, labor component, per 15 minutes.

Effective 4/1/09 these codes will be opened.

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