

April 2010

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

## TABLE OF CONTENTS

10 - 33	Prior Authorization For All Categories of Medicaid Services . . . . .	2
10 - 34	Paper Remittance Statements . . . . .	2
10 - 35	Utah Medicaid Newsletter . . . . .	2
10 - 36	Changes to Healthy U Medicaid Contract . . . . .	2, 3
10 - 37	Baby Your Baby Fax Number . . . . .	3
10 - 38	Provider EDI Billing Information . . . . .	3
10 - 39	Ownership Disclosure Form Reminder . . . . .	3
10 - 40	CHEC Services Policy Updates . . . . .	4
10 - 41	CPT Code Updates . . . . .	4, 5
10 - 42	Private Room Diagnosis List . . . . .	5
10 - 43	Abortion, Sterilization, and Hysterectomy Forms and Instructions . . . . .	5
10 - 44	Provider Manual Updates . . . . .	6
10 - 45	Pharmacy Coverage Highlights . . . . .	6, 7
10 - 46	Pharmacy Prior Authorization Process . . . . .	7
10 - 47	Preferred Drug List Update . . . . .	7
10 - 48	P&T Committee Schedule . . . . .	7

## BULLETINS BY TYPE OF SERVICE

All Providers . . . . .	10-33 through 10-39
Certified Nurse Midwife . . . . .	10-41
CHEC Services . . . . .	10-40
Hospital . . . . .	10-36, 10-42, 10-43
Laboratory . . . . .	10-41
Nurse Practitioner . . . . .	10-41
Pharmacy . . . . .	10-45 through 10-48
Physician Services . . . . .	10-41 through 10-48
Vision Services . . . . .	10-44

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 MHF  
Box 143106, Salt Lake City UT 84114-3106

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### 10 - 33 Prior Authorization For All Categories of Medicaid Services

Effective April 1, 2010, prior authorization requests must be sent with complete documentation or the request will be returned with a letter indicating what is missing. Current resources and increased volume make these changes necessary. As such, staff will no longer be able to follow-up on missing documentation, nor will they hold incomplete requests. The date in which a complete request, with all necessary supporting documentation, is received will be the date posted for the prior authorization request. Before sending a prior authorization request, please review the appropriate policy manual regarding what must be received in order to make a determination on the request.

Please note the new PO Box below:

Utah Medicaid  
Attn: Prior Authorization Unit  
PO Box 143111  
Salt Lake City, UT 84114-3111

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### 10 - 34 Paper Remittance Statements

If you are a provider that receives both a paper remittance statement and an electronic remittance and have an HT number, Medicaid will be discontinuing your paper remittance statement. Providers receiving an electronic remittance should save the downloaded file and share it with respective colleagues. Medicaid's archive of electronic remittances does not go beyond 60 days.

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### 10 - 35 Utah Medicaid Newsletter

Utah Medicaid providers are encouraged to join an e-mail list server to receive notices of program changes, announcements of MIBs, and other information. To subscribe to the Utah Medicaid Newsletter, send an e-mail to [medicaidops@utah.gov](mailto:medicaidops@utah.gov). You will receive confirmation of your subscription. You may unsubscribe at any time.

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### 10 - 36 Changes to Healthy U Medicaid Contract

Effective February 1, 2010, Medicaid's contract with Healthy U changed to exclude inpatient hospital, LTAC, and short-term skilled nursing facility (SNF) stays. All other services including inpatient physician charges, outpatient and emergency room services will continue to be covered by Healthy U. Therefore, providers of these services must continue to adhere to Healthy U's authorization and utilization management policies. Healthy U members may receive inpatient services from any facility that accepts Utah Medicaid. The hospital will submit inpatient hospital facility claims directly to and receive payments from the State Medicaid program. Healthy U is responsible for only the physician portion of inpatient hospital stays.

The contract change moves Healthy U from a managed care plan responsible for the provision of all medical services (except those services retained by the State) to an ambulatory model. When a Healthy U member is admitted for an inpatient hospital stay, the member remains with Healthy U. However, the claim for the inpatient facility charges should be submitted to Medicaid fee-for-service.

If a Healthy U member is admitted for an inpatient stay after being treated in the emergency department, Medicaid fee-for-service is responsible for both the inpatient hospital facility charges and the emergency department facility charges. Healthy U is responsible for the emergency room physician charges.

Although Healthy U will no longer pay the inpatient facility claims, Healthy U still requires notification from facilities regarding admissions for the delivery of babies born to Healthy U mothers. This will ensure the baby is enrolled in Medicaid as quickly as possible and allow Healthy U the opportunity to coordinate care for the mother and baby.

Additional questions and answers regarding this contract change can be found on Healthy U's website at [www.uhealthplan.utah.edu](http://www.uhealthplan.utah.edu). You may also contact Healthy U at (801) 587-6480, option 1 (or 1-888-271-5870, option 1) with questions.

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### 10 - 37 Baby Your Baby Fax Number

The Baby Your Baby fax number has changed. If you need to send Medicaid a copy of the Baby Your Baby card, the number is (801) 237-0742.

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### 10 - 38 Provider EDI Billing Information

For Medicaid providers who use the Regence Blue Cross Blue Shield of Utah ProClaim software, please be aware that Regence has made the decision to decommission the ProClaim software.

#### **ProClaimWin software to be discontinued:**

Effective immediately, no new ProClaimWin installations, training or upgrades will be offered. Effective March 1, 2010, technical and business support will no longer be available for electronic transactions submitted via ProClaimWin.

#### **How to submit claims electronically if you cannot use ProClaimWin:**

Medicaid partners with the Utah Health Information Network (UHIN) to reduce health care costs in Utah through the use of electronic data interchange. UHIN offers several tools that can help with this transition:

UHINT is an application developed by UHIN that accepts keyboard entry as well as file transfer. For large claims volume, a direct connection through UHIN is encouraged.

#### **For questions:**

Regence EDI Support Center: (801) 333-2900 or 1(888) 344-5583

Regence Provider Services: (801) 333-2600 or 1(800) 621-2155, Option 6 then Option 2

The Utah Medicaid Provider Manual, Section I, Chapter 11-9 Billing Instructions, has been updated to clarify billing procedures, remove reference to ProClaim, and add a new chapter 11-15 describing electronic data interchange (EDI).

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### 10 - 39 Ownership Disclosure Form Reminder

Centers for Medicare and Medicaid Services (CMS) regulations require that the Division of Medicaid and Health Financing collect ownership data for all enrolled providers. An 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, 2010. 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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## 10 - 40 CHEC Services Policy Updates

### 1. Reporting Referral Services for CHEC Services

Medicaid must track the number of children referred for follow-up services. If you discover a problem(s) or condition(s) which require follow-up, provide an appropriate referral to the speciality provider.

The Utah Medicaid Provider Manual, Section I, has been amended to include the requirements for a CHEC referral. Also, the CHEC Provider Manual Section 2 has been amended to include a new chapter, 1-4 Referrals, describing the referral process.

### 2. Modifier Change to Report Referrals

Modifier CF is not available to track referrals for the CHEC program. Effective immediately, the modifier TS (Follow-up services) is reported to track referrals.

Medicaid must track the number of children referred for follow-up services. If you discover a problem(s) or condition(s) which require follow-up, enter 'TS' (TS stands for follow-up services) in the modifier field after the CPT code.

The CHEC Provider Manual Section 2, Chapter 4-2, has been updated.

### 3. Modifier to Report Pediatric Fluoride Varnish and Receive Enhanced Reimbursement

The CHEC program reimburses an enhanced payment for the application of fluoride varnish during a well child exam in children ages 0-4. Submit a claim with the procedure code for the CHEC screening and the EP modifier for the enhanced reimbursement.

Example:	Date of Service	Procedure Code	Modifier	Charges
	09/09/09	99381	EP	100.00

If you have questions, contact Russ Labrum, CHEC Program Manager, at (801) 538-6206 or [rlabrum@utah.gov](mailto:rlabrum@utah.gov).

The CHEC Provider Manual Section 2, Chapter 4-2, has been updated.

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## 10 - 41 CPT Code Updates

### Codes Added to Assistant Surgeons List:

23073 27045 27059 28039 28041

### Covered Codes:

92025 Computerized corneal topography, unilateral or bilateral, with interpretation and report

### Non-Covered Codes:

62287 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, single or multiple levels, lumbar  
 62292 Injection procedure for chemonucleolysis, including diskography, intervertebral disk, single or multiple levels, lumbar  
 87481 Candida species, amplified probe technique  
 87482 Candida species, quantification  
 87511 Gardenella vaginalis, amplified probe technique  
 87512 Gardenella vaginalis, quantification

Consultation codes 99241-99245 are no longer covered for optometrists.

Codes Requiring Manual Review (see Physician Manuals for manual review coverage guidelines):

- 17000 Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g., actinic keratoses); first lesion  
 17003 . . . second through 14 lesions, each (list separately in addition to code for first lesion)  
 17004 Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g., actinic keratoses); 15 or more lesions  
 17106 Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); less than 10 sq cm  
 17107 Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); 10 to 50 sq cm  
 17108 Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); over 50 sq cm

Codes Requiring Prior Authorization:

- 21175 Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)  
 Note: Will show as restricted code when PA requested and greater than one year of age with discussion in the Physician Manual.  
 95812 Treatment of incomplete abortion, completed surgically, any trimester  
 95820 Treatment of missed abortion, completed surgically, 1<sup>st</sup> trimester  
 95821 Treatment of missed abortion, completed surgically, 2<sup>nd</sup> trimester

Code Removed from Prior Authorization:

- 55650 Vasectomy, any approach

Codes Updated:

Prior Authorization requirements for codes 99460-99463 have been updated in the Certified Nurse Midwife Provider Manual and the Certified Family Nurse Practitioner/Pediatric Nurse Practitioner Provider Manual.

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**10 - 42 Private Room Diagnosis List**

The Physician Manual and Hospital Manual have been updated to specific codes where possible. The following codes have been added to the list:

Resistant Organisms:

- 041.3 Klebsiella pneumonia  
 041.4 Escherichia coli  
 041.85 Other gram negative (acinetobacter baumannii, Klebsiella oxytoca)  
 079.82 SARS-associated coronavirus  
 488.0-488.1 Avian or H1N1 Influenza

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**10 - 43 Abortion, Sterilization, and Hysterectomy Forms and Instructions**

Effective April 1, 2010, Medicaid has released updated abortion, sterilization, and hysterectomy forms and instructions. Medicaid requests that you use the appropriate new form for all procedures requiring the signing of a form(s) on or after April 1, 2010. To download and print the forms and instructions, visit the Utah Medicaid website at: <http://health.utah.gov/medicaid/provhtml/forms.htm>.

## Please note:

- If sterilization is the primary reason for the procedure (e.g., tubal ligation (open or closed), vasectomy, micro-insertion occlusive device), then the Sterilization Consent Form is required. Procedures not primarily performed for the purpose of sterilization will no longer require a Sterilization Consent Form.
- The Abortion Acknowledgment and Certification Form is required for all abortions.
- The Hysterectomy Acknowledgment Form is required for all hysterectomies.

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## 10 - 44 Provider Manual Updates

The following provider manuals and attachments have been updated for April 1, 2010. Please review the manuals' table of contents for specific sections that have been modified. The manuals can be found online at [www.health.utah.gov/medicaid/manuals/directory.php](http://www.health.utah.gov/medicaid/manuals/directory.php)

- **Laboratory** (Urinalysis, Helicobacter Pylori, Vaginitis testing)
- **Vision** (Corneal Topography, Biometry, Contact Lenses, Prior authorization language)
- **Physician Manual** (Maternity Care Unbundling, Mifepristone (Mifeprex or RU-486), Vaginitis testing, Bradytherapy Codes, Neonatal Care, Pregnancy Ultrasound and Biophysical Fetal Profile, Trigger Point Injections, Block Injections, Benign Skin Lesions, Cardiac Catheter Ablation, Fiberoptic Endoscopic Evaluation of Swallowing FEES, Craniectomy, Prior Authorization, Sterilization Consent Form, Abortion Acknowledgment and Certification Form and Instructions, Hysterectomy Acknowledgment Form and Instructions)
- **Criteria for Medical and Surgical Procedures** (Abortion and Sterilization procedures)
- **Section I** (ID cards, CHEC referral)
- **General Attachments**
  - Phone Menu Options
  - Access Now
  - CMS-1500 Instructions
  - ID Cards
- **Pharmacy** (Drug Criteria and Limits)
- **Hospital** (Abortion and Sterilization procedures)
- **Occupational Therapy** (Prior authorization language)
- **Physical Therapy** (Prior authorization language)
- **PT/OT in Rehab Centers** (Prior authorization language)
- **Speech** (Prior authorization language)
- **Audiology** (Prior authorization language)
- **Podiatry** (Prior authorization language)
- **Medical Transportation** (Citation of Rule correction)
- **Certified Nurse Midwife** (Newborn assessment)
- **Nurse Practitioner** (Newborn assessment)
- **Dental** (Prior authorization language, D5931 Obturator Prosthesis added)
- **Oral Maxillofacial Surgery** (Prior authorization language)
- **Medical Supplies** (Prior authorization language)
- **Medical Supplies List** (Prior authorization language, A7030/A7031/A7034/A7035 descriptor changes)

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## 10 - 45 Pharmacy Coverage Highlights

Effective January 14, 2010, the Medicaid Drug Utilization Review Board amended the prior authorization criteria for Suboxone and Subutex. The criteria now read as follows:

- Minimum age requirement: 16 years old, and
- Documented diagnosis of opioid dependence, and
- Evidence supplied of plans for on-going treatment monitoring that includes drug urine screening, or DOPL reports, or random pill counts.
- Chart documented plans for participation in a step-based recovery program, and
- Prescribing physician must provide their X-DEA number.
- Subutex covered under same criteria only during pregnancy.
- Initial prior authorization is approved for 8 weeks.
- Up to one additional 16-week reauthorization allowed per calendar year if evidence is supplied of negative urine screening results for concomitant use of long or short-acting opioids.

Effective April 14, 2010, Embeda will be on prior authorization. Clients receiving Embeda will be subject to the following criteria and limitations:

- Documented history of drug abuse.
- Documented history of chronic pain.
- No concomitant use of alcohol.
- Pain management contract.

Effective April 14, 2010, Sabril will be on prior authorization. Clients receiving Sabril will be subject to the following criteria and limitations:

- Documented failure of other therapy.
- Uncontrolled complex partial seizures.
- Documented enrollment of both prescriber and patient in the SHARE program.
- The initial prior authorization will be approved for 6 months to assess safety and efficacy in the individual patient. Subsequent prior authorizations will be given in one-year increments.

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## 10 - 46 Pharmacy Prior Authorization Process

All Medicaid prior authorization requests for pharmacy must be initiated by sending the most current PA criteria sheet from the Medicaid Pharmacy Services website at <http://health.utah.gov/medicaid/pharmacy>. The criteria sheet must be completely and legibly filled out and must be accompanied by all requested information. Incomplete and illegible requests will be returned to the prescriber without being processed by Medicaid.

If a prescriber feels that a Medicaid client needs a prior authorization for a drug outside of approved criteria, the prescriber may petition the DUR board. This is the first step of the appeal process for all pharmacy prior authorizations. DUR meetings are held on the second Thursday of every month in the Cannon Health Building. Petitions to the DUR board must be received one week prior to the monthly meeting. Requests for petitions may be faxed to the prior authorization team at (801) 536-0477.

When a petition is denied at the DUR board level, prescribers receive written notification of a denial along with a hearing request form. If a prescriber wishes to appeal the DUR board denial, he or she may follow the instructions on the hearing request form to request a fair hearing.

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## 10 - 47 Preferred Drug List Update

The Medicaid Preferred Drug List (PDL) continues to expand on a monthly basis. The Medicaid P&T Committee has recently considered newer antihistamines, fluoroquinolones, and antiplatelet agents. For more information, or to download a list of current NDC's on the Medicaid PDL, visit the Medicaid Pharmacy Services website at <http://health.utah.gov/medicaid/pharmacy>.

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## 10 - 48 P&T Committee Schedule

The P&T Committee meets on the third Thursday of the month in the Cannon Health Building at 7:00 A.M. The schedule of upcoming drug classes for review is as follows:

- April 2010 - Oral NSAIDS
- May 2010 - Nicotine Replacement Therapy (Oral and Transdermal)
- June 2010 - Prostiglandin Eye Drops

For more information and important updates regarding the P&T Committee schedule, visit the Medicaid Pharmacy Services website at <http://health.utah.gov/medicaid/pharmacy>, or e-mail Duane Parke at [dparke@utah.gov](mailto:dparke@utah.gov).

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