

January 2010

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.

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- by FAX: 1-801-536-0476
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Box 143106, Salt Lake City UT 84114-3106

10 - 01 H1N1 Influenza Vaccination Protocol

The administration fee covers the H1N1 vaccination counseling and administration services. An E&M service should only be billed when there are documented E&M services in addition to those included in the administration fee.

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10 - 02 Medicaid ID Card

Utah Medicaid providers and clients will notice the new Utah Department of Health logo on the Medicaid identification card this month. Please note that this is a graphic design change only and the information on the card will reflect eligibility information as usual.

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10 - 03 2010 Coding Updates

The ICD-9-CM diagnosis codes have been updated in the Inpatient and ER Diagnosis Lists for Medicaid and can be found at www.health.utah.gov/medicaid.

ICD-9-CM

Covered Codes for ER Diagnosis:

27788 Tumor lysis syndrome
 37206 Acute chemical conjunctivitis
 45384 Acute venous embolism axillary veins
 45385 Acute venous embolism/thrombosis subclavian veins
 45386 Acute venous embolism/thrombosis internal jugular veins
 56987 Vomiting fecal matter
 67024 Puerperal sepsis, postpartum condition or complication
 67034 Puerperal sepsis, thrombophlebitis postpartum complication
 67082 Other major puerperal infection delivered without mention comp
 67084 Other major puerperal infection with postpartum complication
 76872 Moderate hypoxic-ischemic encephalopathy
 76873 Severe hypoxic-ischemic encephalopathy
 8322 Nursemaid's elbow
 96901 Poisoning by monoamine oxidase inhibitors
 96902 Poisoning by selective serotonin and norepinephrine reuptake inhibitors
 96903 Poisoning by selective serotonin reuptake inhibitors
 96904 Poisoning by tetracyclic antidepressants
 96905 Poisoning by tricyclic antidepressants
 96909 Poisoning by other antidepressants
 96972 Poisoning by amphetamines
 96973 Poisoning by methylphenidate
 96979 Poisoning by other psychostimulants

Covered Codes for Inpatient Diagnosis:

45384 Acute embolism thrombosis axillary veins
 45385 Acute embolism thrombosis subclavian veins
 45386 Acute embolism thrombosis internal jugular veins
 67024 Puerperal sepsis, postpartum condition or complication
 67034 Puerperal sepsis, thrombophlebitis postpartum complication
 67084 Other major puerperal infection with postpartum complication
 96901 Poisoning by monoamine oxidase inhibitors
 96902 Poisoning by selective serotonin and norepinephrine reuptake inhibitors
 96903 Poisoning by selective serotonin reuptake inhibitors
 96904 Poisoning by tetracyclic antidepressants
 96905 Poisoning by tricyclic antidepressants
 96909 Poisoning by other antidepressants

96972 Poisoning by amphetamines
 96973 Poisoning by methylphenidate
 96979 Poisoning by other psychostimulants

CPT CodesPrior Authorization No Longer Required:

61885 Replacement of the vagal nerve stimulator generator

Pediatric Intensivist Providers to be Added to the Following Codes:

99468 Initial neonatal critical care, per day, E&M, age 28 days or less
 99469 Subsequent neonatal critical care, per day, E&M, age 28 days or less
 99471 Initial pediatric critical care, per day, E&M, age 29 days to 24 months
 99472 Subsequent pediatric critical care, per day, E&M, age 29 days to 24 months

Non-Covered Codes:

C9250 Human plasma fibrin sealant; Artiss
 C9360 Dermal substitute native bovine collagen; Surgimend
 C9361 Collagen nerve wrap matrix, Neuromed
 C9362 Collagen nerve wrap matrix; Neuromed
 C9363 Integra mesh; extensive deep burns
 C9364 Porcine implant
 Q4116 Alloderm skin substitute; breast augmentation
 S3713 Kras mutagen analysis testing
 S3865 Comprehensive gene sequence analysis for hypertrophic cardiomyopathy
 S3866 Genetic analysis for specific gene mutation for hypertrophic cardiomyopathy
 S3870 Comparative genomic hybridization microarray testing for developmental delay, autism specific

January 2010 HCPCS - CPT CodesCovered:

14301 Adjacent tissue transfer or rearrangement, any area, defect 30.1 sq cm to 60.0 cm
 14302 Adjacent tissue transfer or rearrangement, any area, each additional 30.0 sq cm or part thereof
 21011 Excision, tumor, soft tissue of face or scalp, subcutaneous; < 2cm
 21012 Excision, tumor, soft tissue of face or scalp, subcutaneous; ≥ 2cm
 21013 Excision, tumor, soft tissue of face or scalp, subfascial (i.e. subgaleal, intramuscular); < 2 cm
 21014 Excision, tumor, soft tissue of face or scalp, subfascial (i.e. subgaleal, intramuscular); ≥ 2 cm
 21016 Radical resection of tumor (i.e. malignant neoplasm), soft tissue of face or scalp, ≥ 2 cm
 21552 Excision tumor, soft tissue of neck or anterior thorax, subcutaneous; ≥ 3 cm
 21554 Excision tumor, soft tissue of neck or anterior thorax, subcutaneous; ≥ 5 cm
 21558 Radical resection of tumor (i.e. malignant neoplasm), soft tissue of neck or anterior thorax, ≥ 5 cm
 21931 Excision, tumor, soft tissue of back or flank, subcutaneous; ≥ 3 cm
 21932 Excision, tumor, soft tissue of back or flank, subfascial (i.e. intramuscular); < 5 cm
 21933 Excision, tumor, soft tissue of back or flank, subfascial (i.e. intramuscular); ≥ 5 cm
 21936 Radical resection of tumor (i.e. malignant neoplasm), soft tissue of back or flank; ≥ 5 cm
 22901 Excision, tumor, soft tissue of abdominal wall, subfascial (i.e. intramuscular); ≥ 5 cm
 22902 Excision, tumor, soft tissue of abdominal wall, subcutaneous, < 3 cm
 22903 Excision, tumor, soft tissue of abdominal wall, subcutaneous, ≥ 3 cm
 22904 Radical resection of tumor (i.e. malignant neoplasm), soft tissue of abdominal wall, < 5 cm
 22905 Radical resection of tumor (i.e. malignant neoplasm), soft tissue of abdominal wall, ≥ 5 cm
 23071 Biopsy, soft tissue of shoulder area; ≥ 3 cm
 23073 Excision tumor, soft tissue of shoulder area, subfascial (intramuscular); ≥ 5 cm
 23078 Radical resection of tumor (i.e. malignant neoplasm), soft tissue of shoulder area; ≥ 5 cm
 24071 Biopsy, soft tissue of upper arm or elbow area; ≥ 3 cm
 24073 Biopsy, soft tissue of upper arm or elbow area; ≥ 5 cm
 24079 Radical resection of tumor (i.e. malignant neoplasm), soft tissue of upper arm or elbow area; ≥ 5 cm
 25071 Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; ≥ 3 cm
 25073 Excision, tumor, soft tissue of forearm and/or wrist area, subfascial; ≥ 3 cm
 25078 Radical resection of tumor (i.e. malignant neoplasm), soft tissue of forearm and/or wrist area; ≥ 3 cm
 26111 Arthrotomy with biopsy; ≥ 1.5 cm
 26113 Excision tumor, soft tissue, or vascular malformation, hand or finger, subfascial (i.e. intramuscular); ≥ 1.5 cm
 26118 Radical resection of tumor (i.e. malignant neoplasm), soft tissue of hand or finger; ≥ 3 cm
 27043 Biopsy, soft tissue of pelvis and hip area; ≥ 3 cm

- 27045 Biopsy, soft tissue of pelvis and hip area; ≥ 5 cm
- 27059 Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (i.e. gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia with debridement of non-viable muscle, unilateral ≥ 5 cm
- 27337 Arthrotomy, with synovectomy, knee; ≥ 3 cm
- 27339 Arthrotomy, with synovectomy, knee; ≥ 5 cm
- 27364 Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (i.e. osteomyelitis or bone abscess) ≥ 5 cm
- 27616 Radical resection of tumor (i.e. malignant neoplasm), soft tissue of leg or ankle area; ≥ 5 cm
- 27632 Excision of lesion of tendon sheath or capsule (i.e. cyst or ganglion), leg and/or ankle area, ≥ 3 cm
- 27634 Excision of lesion of tendon sheath or capsule (i.e. cyst or ganglion), leg and/or ankle area, ≥ 5 cm
- 28039 Excision tumor, soft tissue of foot or toe, subcutaneous ≥ 1.5 cm
- 28041 Excision tumor, soft tissue of foot or toe, subfascial (i.e. intramuscular); ≥ 1.5 cm
- 28047 Radical resection of tumor (i.e. malignant neoplasm), soft tissue of foot or toe; ≥ 3 cm
- 29581 Application of multi-layer venous wound compression system, below knee
- 31626 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with replacement of fiducial markers, single or multiple
- 31627 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted navigation
- 32552 Removal of indwelling tunneled pleural catheter with cuff
- 32553 Placement of interstitial device(s) for radiation therapy guidance (i.e. fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple
- 32561 Instillation(s), via chest tube/catheter, agent for fibrinolysis (i.e. fibrinolytic agent for break up of multiloculated effusion); initial day
- 32562 Instillation(s), via chest tube/catheter, agent for fibrinolysis (i.e. fibrinolytic agent for break up of multiloculated effusion); subsequent day
- 33782 Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (i.e. nikaidoh procedure); without coronary ostium reimplantation
- 33783 Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (i.e. nikaidoh procedure); without reimplantation of 1 or both coronary ostia
- 36147 Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection(s) of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)
- 36148 Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft fistula); additional access for therapeutic intervention
- 37761 Ligation of perforator vein(s), subfascial, open, including ultrasound guidance when performed, one leg
- 45171 Excision of rectal tumor, transanal approach, not including muscularis propria (i.e. partial thickness)
- 45172 Excision of rectal tumor, transanal approach, including muscularis propria (i.e. full thickness)
- 51727 Complex cystometrogram (i.e. calibrated electronic equipment); with urethral pressure profile studies (i.e. urethral closure pressure profile), any technique
- 51728 Complex cystometrogram (i.e. calibrated electronic equipment); with voiding pressure studies (i.e. bladder voiding pressure), any technique
- 51729 Complex cystometrogram (i.e. calibrated electronic equipment) with pressure voiding studies (i.e. bladder voiding pressure) and urethral pressure profile studies (i.e. urethral closure pressure profile), any technique
- 53855 Insertion of temporary prostatic urethral stent, including urethral measurement
- 63661 Removal of spinal neurostimulator electrode percutaneous array(s) including fluoroscopy, when performed
- 63662 Removal of spinal neurostimulator electrode plate/paddle(s) placed laminotomy or laminectomy, including fluoroscopy, when performed
- 63663 Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
- 63664 Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed

Note: Therapeutic injection coverage limited as outlined in Criteria #33B, Epidural and Block Injections, codes in the range 64490-64495 describe former codes 64470 and 64472.

- 64490 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
- 64491 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level
- 64492 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level
- 64493 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT); lumbar or sacral, single level
- 64494 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that

- joint) with image guidance (fluoroscopy or CT); lumbar or sacral, second level
- 64495 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT); lumbar or sacral, third or any additional level
- 75791 Angiography, arteriovenous shunt (i.e. dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the superior and inferior vena cava), radiological supervision and interpretation
- 78453 Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
- 78454 Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
- 84145 Procalcitonin (PCT)
- 86825 Human leukocyte antigen (HLA) crossmatch, nono-cytotoxic (i.e. using flow cytometry), first serum sample or dilution
- 86826 Human leukocyte antigen (HLA) crossmatch, nono-cytotoxic (i.e. using flow cytometry), each additional serum sample or dilution
- 87150 Culture typing; identification by nucleic acid (DNA or RNA) probe, amplified technique, per culture or isolate, each organism
- 88387 Macroscopic examination, dissection and preparation of tissue for non-microscopic analytical studies (i.e. nucleic acid-base molecular studies) each tissue preparation (i.e. single lymph node)
- 88388 Macroscopic examination, dissection and preparation of tissue for non-microscopic analytical studies (i.e. nucleic acid-base molecular studies) in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (i.e. single lymph node)
- 90470 H1N1 immunization administration (intramuscular, intranasal) including counseling when performed
- 90663 Influenza virus vaccine, pandemic formulation, H1N1
- 90670 Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
- 90644 Meningococcal conjugate vaccine, serogroups C & Y and hemophilus influenza B vaccine, tetanus toxoid conjugate (HIB-Mency-TT), 4-dose schedule, when administered to children 2-15 months of age, for intramuscular use
- 92540 Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test with recording
- 92550 Tympanometry and reflex threshold measurements
- 92570 Acoustic immittance testing, includes tympanometry (impedance testing)
- 94011 Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age
- 94012 Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age
- 94013 Measurement of lung volumes (i.e. functional residual capacity (FRC), forced vital capacity (FVC), and expiratory reserve volume (ERV) in an infant or child through 2 years of age
- 95905 Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report combines 95900, 95903, and 95904 into one test per limb not each separate nerve

Non-Covered Codes:

- 33981 Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump
- 33982 Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without coronary bypass
- 33983 Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with coronary bypass
- 43775 Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e. sleeve gastrectomy)
- 46707 Repair of anorectal fistula with plug (i.e. porcine small intestine submucosa)
- 49411 Placement of interstitial device(s) for radiation therapy guidance (i.e. fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple
- 57426 Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
- 74261 Computed Tomographic (CT) colonography, diagnostic, including imaging post processing; without contrast material
- 74262 Computed Tomographic (CT) colonography, diagnostic, including imaging post processing; with contrast material(s) including non-contrast images, if performed
- 74263 Computed Tomographic (CT) colonography, screening, including imaging post processing
- 75559 Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
- 75565 Cardiac magnetic resonance imaging for velocity flow mapping
- 75571 Computed tomography, heart, with contrast material, with quantitative evaluation of coronary calcium

- 75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing) assessment of cardiac function, and evaluation of venous structures, if performed
- 75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post processing) assessment LV cardiac function, RV structure and function, and evaluation of venous structures, if performed
- 75574 Computed tomography angiography, heart, coronary arteries, and bypass grafts (when present), with contrast material, including 3D image post processing, (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)
- 77338 Multi-leaf collimator (MCL) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan
- 78451 Myocardial perfusion imaging, tomographic (SPECT) including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
- 78452 Myocardial perfusion imaging, tomographic (SPECT) including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
- 83987 pH; exhaled breath condensate
- 84431 Thromboxane metabolite(s), including thromboxane if performed, urine
- 86305 Human epididymis protein 4 (HE4)
- 86352 Cellular function assay involving stimulation (i.e. mitogen or antigen) and detection of biomarker (i.e. ATP)
- 86780 Antibody; treponema pallidum
- 87153 Culture typing; identification by nucleic acid sequencing method, each isolate (i.e. sequencing of the 16S RRNA gene)
- 87493 Infectious agent detection by nucleic acid (DNA or RNA); clostridium difficile, toxin gene(s), amplified probe technique
- 88738 Hemoglobin (Hgb), quantitative, transcutaneous
- 89398 Unlisted reproductive medicine laboratory procedure
- 93750 Interrogation of ventricular assist device (VAD), in person with physician analysis of device parameters (i.e. drivelines, alarms, power surges), review of device function (i.e. flow and volume status, septum status, recovery) with programming, if performed, and report

Codes Requiring Prior Authorization:

- 43281 Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty when performed without implantation of mesh
Written PA ICD-9-CM: 551.3, 552.8, 553.3 Criteria #6
- 43282 Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty when performed with implantation of mesh
Written PA ICD-9-CM: 551.3, 552.8, 553.3 Criteria #6
- 58340 Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS)
Written PA ICD-9-CM: V25.49 Criteria #10B Limited to the evaluation and placement of occlusive device for sterilization
- 58565 Hysterosalpingography, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
Written PA ICD-9-CM: 66.29, V25.2, V25.49 Criteria #10B
- 74740 Hysterosalpingography, radiological supervision and interpretation
Written PA ICD-9-CM: V25.49 Criteria #10B Limited to the evaluation of placement of occlusive device for sterilization
- 75561 Cardiac magnetic resonance imaging for morphology and function without contrast followed by contrast materials and further sequencing
Written PA ICD-9-CM: 746.9 Criteria #40B

Codes Not Covered For Assistant Surgeon:

- | | | | | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 21011 | 21012 | 21013 | 21552 | 21554 | 21931 | 22902 | 22903 | 23071 | 24071 | 24073 | 25071 | 25073 |
| 26111 | 27043 | 29581 | 31626 | 31627 | 32552 | 32553 | 32561 | 32562 | 36147 | 36148 | 37761 | 46707 |
| 49411 | 51727 | 51728 | 51729 | 53855 | 57426 | 53840 | 63661 | 63662 | 63663 | 63664 | 64490 | 64491 |
| 64492 | 64493 | 64494 | 64495 | | | | | | | | | |

Post Op Days - Zero:

- 32552 32561 35262 49411 51727 51728 51729 58340

Post Op Days - 10:

21011 23071 24071 25071 25073 27043 28039 31626 31627 32553 36147 36148 63661
 63662 63663 63664 64490 64491 64492 64493 64494 64495

Post Op Days - 42:

14301 14302 21012 21013 21014 21016 21552 21554 21558 21931 21932 21933 21936
 22901 22902 22903 22904 22905 24073 24079 25078 26111 26113 26118 27045 27059
 27337 27339 27364 27616 27632 27634 28041 28047 29581 33782 33783 37761 43775
 46707 53855 58565

□

10 - 04 Physician Manual Clarification

Reimbursement for imaging studies for interpretation and report is limited to payment to the radiologist. When an ultrasound or x-ray is completed in the physician office and the physician group owns the machine, medically necessary studies may be considered for payment. These studies are limited to obstetrical ultrasound and orthopedic x-rays when completed by a provider who specializes in that area of medicine.

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10 - 05 Pain Management Clarification

Hospitalization for pain management is not a covered benefit. Intrathecal administration of morphine by pump is not a benefit.

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10 - 06 Criteria for Medical and Surgical Procedures Updated

The Hospital Manual and Physician Manual has been updated with the following content for January 2010:

Criteria #10B Hysteroscopic Tubal Sterilization: Micro-Insertion Occlusive Device

INDICATIONS (Choose one and see below)

100 No future childbearing desired.
 Indication not listed (provide clinical justification below).

-
- 100 No future childbearing desired (All)(2)
 - 110 Patient desires permanent sterilization by bilateral occlusion of the fallopian tubes (One) (3)
 - 111 Medicaid Sterilization Consent Form 499-A signed by patient, provider, and person obtaining consent and patient meets all state and federal sterilization requirements (Both)
 1. Patient is not institutionalized (e.g., Utah State Hospital) or incarcerated in a correctional facility (e.g. Utah State Prison).
 2. Procedure performed no sooner than 30 days after the patient signs the consent and no longer than 180 days after signing.
 - 120 All contraindications for placement of the occlusive device have been ruled out (All) (4)
 - 121 Patient has no other occlusive devices placed.
 - 122 No anomalies of fallopian tubes or uterus (including patients with apparent contralateral proximal tubal occlusion and patients with a suspected unicornuate uterus).
 - 123 Patient has not previously undergone a tubal ligation.
 - 124 No pregnancy or suspected pregnancy confirmed by negative HCG pregnancy test.
 - 125 No delivery or termination of pregnancy less than six (6) complete weeks before occlusive device placement.

- 126 No active upper or lower pelvic infection:
1. Unspecified inflammatory disease of female pelvic organs and tissues.
 2. Acute parametritis and pelvic cellulitis.
 3. Chronic parametritis and pelvic cellulitis.
- 127 Patient has no known allergy to contrast media or known hypersensitivity to nickel.
- 130 Documentation (Both)
- 131 Documentation of normal pap smear within the past 12 months.
- 132 Documentation that the patient has been educated, understands, and agrees to the following (Both)
1. An effective medical contraceptive must be in place one full menstrual cycle prior to initiation of the occlusive device procedure and is continued until occlusion is achieved.
 2. Hysterosalpingogram (HSG) is required three months (90 days) after placement to confirm occlusion of the fallopian tubes. If the imaging cannot confirm occlusion, then another HSG will be repeated 90 days later.
- Note: Two HSG's may be necessary for evaluation of complete occlusion. These require separate prior authorizations.

Notes:

- (1) The occlusive device was the first FDA-approved (2002) hysteroscopic approach to tubal sterilization. The primary advantages of this technique over other techniques of female sterilization are that the occlusive device is non-incisional and sterilization can be performed without general anesthesia.

Using a hysteroscopic approach, one occlusive device is placed in the proximal section of each fallopian tube lumen. The occlusive device expands upon release, acutely anchoring itself in the fallopian tube. The occlusive device subsequently elicits a benign tissue response. Tissue in-growth into the occlusive device anchors the device and occludes the fallopian tube, resulting in sterilization per Nichols et al (2006).

- (2) This procedure requires prior authorization by the Abortion/Sterilization and Hysterectomy Committee.
- (3) Utah Medicaid considers implantation of the occlusive device medically necessary for women who desire permanent birth control by bilateral occlusive of the fallopian tubes.
- (4) Any of the following ICD9-CM codes are contraindicated:
- Acute parametritis and pelvic cellulitis;
 - Chronic parametritis and pelvic cellulitis;
 - Unspecified inflammatory disease of female pelvic organs and tissues;
 - Pregnancy, childbirth, and the puerperium;
 - Other anomaly of fallopian tubes; and
 - Other anomalies of uterus.
- (5) This is checked at the end of the first 90 days for occlusion by hysterosalpingogram. Generally, the tubes are occluded by the end of 90 days, if not, 90 days later the tubes are then rechecked by imaging for occlusion with is six months or 180 days total.

Criteria #23 Negative Pressure Wound Therapy (NPWT) (1)(2)(3)(26)

EQUIPMENT/INDICATIONS (Choose one and see below)

- 100 NPWT initial application/prior authorization of device (E2402)
- 200 NPWT renewal/prior authorization of device (E2402)
- Indication not listed (provide clinical justification below)

100 NPWT initial application/prior authorization of device (E2402)

(Choose ONE wound type) (One) (1)(2)(3)

110 Stage III/IV pressure ulcer (All) (4)

- 111 Adequate nutrition for healing (One) (5)(6)

1. Albumin \geq 3.5 g/dL or Prealbumin \geq 15 mg/dL or both
 2. Albumin 2.0 to 3.4 g/dL and nutritional supplements (7)
 3. Transferrin 200 to 400 mg/dL
- 112 Documented diabetic management program for diabetic patients that includes targeted education in self-management and appropriate frequency for self-monitoring blood glucose levels (One (13) (14)
1. Applicable
 2. Not applicable
- 113 Documentation of laboratory values (One) (13) (14)
1. A1C \leq 7.5%
 2. Blood glucose values \leq 200 mg/dL at least twice daily
(Blood glucose > 200 mg/dL three or more times in one week requires secondary Medicaid medical review)
 3. Non diabetic
- 114 Contenance controlled/managed
- 115 Documentation in the medical record of moist wound environment treated for \geq three weeks without progression of wound healing (8)(9)(17)(27)
- 116 Report of wound assessment (All) (10)(11)
1. Type of wound
 2. Location of wound
 3. Size of wound (length, width, and depth)
 4. Exudate type and amount
 5. Odor of wound
 6. Evidence of healing (granulation tissue)
 7. Sinus tract or tunneling
 8. Peripheral tissue (color, edema, induration)
- 117 Assessment of the patient's compliance with treatment regimen to include: turning and/or positioning, if applicable, and the use of pressure reducing support surfaces as appropriate (12)
- 118 NPWT applied in one of the following (One)
1. During an inpatient stay
 2. During a skilled nursing facility, long term acute facility, or inpatient rehabilitation facility stay within two weeks of admission for wounds.
 3. During surgical repair, debridement, or wound closure
- 119 Debridement of necrotic tissue (One)
1. Applicable
 2. Not applicable
- 120 Diabetic ulcer (All)**
- 121 Adequate nutrition for healing (One) (5)(6)
1. Albumin \geq 3.5 g/dL or Prealbumin \geq 15 mg/dL or both
 2. Albumin 2.0 to 3.4 g/dL and nutritional supplements (7)
 3. Transferrin 200 to 400 mg/dL
- 122 Documented diabetic management program that includes targeted education in self-management and appropriate frequency for self-monitoring blood glucose levels (13)
- 123 Documentation of laboratory values (One) (13) (14)
1. A1C \leq 7.5%
 2. Blood glucose values \leq 200 mg/dL at least twice daily
(Blood glucose > 200 mg/dL three or more times in one week requires secondary Medicaid medical review)
- 124 Documentation in the medical record of moist wound environment treated for \geq three weeks without progression of wound healing (8)(9)(17)(27)
- 125 Non weight bearing/pressure reduction interventions \geq three weeks (12)
- 126 Report of wound assessment (All) (10)(11)
1. Type of wound
 2. Location of wound
 3. Size of wound (length, width, and depth)
 4. Exudate type and amount
 5. Odor of wound
 6. Evidence of healing (granulation tissue)
 7. Sinus tract or tunneling
 8. Peripheral tissue (color, edema, induration)
 9. Lower limb wounds with adequate oxygenation/perfusion

- A. Applicable (One)
 - 1. Ankle systolic pressure \geq 60 mm/Hg and toe systolic pressure \geq 40 mm/Hg
 - 2. Transcutaneous oximetry \geq 40 mm/Hg on room air
 - 3. Currently undergoing hyperbaric oxygen treatment
 - B. Not applicable
- 127 Documentation in the patient medical record of evaluation, standard wound care, and type(s) of dressing tried (8)(9)(17)(27)
- 128 NPWT applied in one of the following (One)
- 1. During an inpatient stay
 - 2. During a skilled nursing facility, long term acute facility, or inpatient rehabilitation facility stay within two weeks of admission for wounds.
 - 3. During surgical repair, debridement, or wound closure
- 129 Debridement of necrotic tissue (One)
- 1. Applicable
 - 2. Not applicable
- 130 Venous ulcer (All) (15)**
- 131 Adequate nutrition for healing (One) (5)(6)
- 1. Albumin \geq 3.5 g/dL or Prealbumin \geq 15 mg/dL or both
 - 2. Albumin 2.0 to 3.4 g/dL and nutritional supplements (7)
 - 3. Transferrin 200 to 400 mg/dL
- 132 Documentation of use of compression/garment dressings for \geq three weeks without progression of wound healing
- 133 Documentation in the medical record of moist wound environment treated for \geq three weeks without progression of wound healing (8)(9)(17)(27)
- 134 Report of wound assessment (All) (10)(11)
- 1. Type of wound
 - 2. Location of wound
 - 3. Size of wound (length, width, and depth)
 - 4. Exudate type and amount
 - 5. Odor of wound
 - 6. Evidence of healing (granulation tissue)
 - 7. Sinus tract or tunneling
 - 8. Peripheral tissue (color, edema, induration)
- 135 NPWT applied in one of the following (One)
- 1. During an inpatient stay
 - 2. During a skilled nursing facility, long term acute facility, or inpatient rehabilitation facility stay within two weeks of admission for wounds.
 - 3. During surgical repair, debridement, or wound closure
- 136 Debridement of necrotic tissue (One)
- 1. Applicable
 - 2. Not applicable
- 140 Arterial ulcer (All) (16)**
- 141 Adequate nutrition for healing (One) (5)(6)
- 1. Albumin \geq 3.5 g/dL or Prealbumin \geq 15 mg/dL or both
 - 2. Albumin 2.0 to 3.4 g/dL and nutritional supplements (7)
 - 3. Transferrin 200 to 400 mg/dL
- 142 Documentation in the medical record of moist wound environment treated for \geq three weeks without progression of wound healing (8)(9)(17)(27)
- 143 Report of wound assessment (All) (10)(11)
- 1. Type of wound
 - 2. Location of wound
 - 3. Size of wound (length, width, and depth)
 - 4. Exudate type and amount
 - 5. Odor of wound
 - 6. Evidence of healing (granulation tissue)
 - 7. Sinus tract or tunneling
 - 8. Peripheral tissue (color, edema, induration)
 - 9. Lower limb wounds with adequate oxygenation/perfusion
 - A. Applicable (One)
 - 1. Ankle systolic pressure \geq 60 mm/Hg and toe systolic pressure \geq 40 mm/Hg
 - 2. Transcutaneous oximetry \geq 40 mm/Hg on room air

- 3. Currently undergoing hyperbaric oxygen treatment
- B. Not applicable
- 144 Documentation in the patient medical record of evaluation, standard wound care, and type(s) of dressing tried (8)(9)(17)(27)
- 145 NPWT applied in one of the following (One)
 - 1. During an inpatient stay
 - 2. During a skilled nursing facility, long term acute facility, or inpatient rehabilitation facility stay within two weeks of admission for wounds.
 - 3. During surgical repair, debridement, or wound closure
- 146 Debridement of necrotic tissue (One)
 - 1. Applicable
 - 2. Not applicable
- 150 Chronic ulcer/wound (All) (17)**
- 151 Adequate nutrition for healing (One) (5)(6)
 - 1. Albumin \geq 3.5 g/dL
 - 2. Albumin 2.0 to 3.4 g/dL and nutritional supplements (7)
 - 3. Transferrin 200 to 400 mg/dL
- 152 Documented diabetic management program for diabetic patients that includes targeted education in self-management and appropriate frequency for self-monitoring blood glucose levels (One) (13)
 - 1. Applicable
 - 2. Not applicable
- 153 Documentation of laboratory values (One) (13)(14)
 - 1. A1C \leq 7.5%
 - 2. Blood glucose values \leq 200 mg/dL at least twice daily (Blood glucose $>$ 200 mg/dL three or more times in one week requires secondary Medicaid medical review)
 - 3. Non diabetic
- 154 Documentation in the medical record of moist wound environment treated for \geq three weeks without progression of wound healing (8)(9)(17)(27)
- 155 Ulcer/wound \geq 30 days (17)
- 156 Report of wound assessment (All) (10)(11)
 - 1. Type of wound
 - 2. Location of wound
 - 3. Size of wound (length, width, and depth)
 - 4. Exudate type and amount
 - 5. Odor of wound
 - 6. Evidence of healing (granulation tissue)
 - 7. Sinus tract or tunneling
 - 8. Peripheral tissue (color, edema, induration)
 - 9. Lower limb wounds with adequate oxygenation/perfusion
 - A. Applicable (One)
 - 1. Ankle systolic pressure \geq 60 mm/Hg and toe systolic pressure \geq 40 mm/Hg
 - 2. Transcutaneous oximetry \geq 40 mm/Hg on room air
 - 3. Currently undergoing hyperbaric oxygen treatment
 - B. Not applicable
- 157 Documentation in the patient medical record of evaluation and standard wound care, and type of dressing tried (8)(9)(17)(27)
- 158 Assessment of the patient's compliance with treatment regimen to include: Turning and/or positioning, if applicable, and the use of pressure reducing support surfaces as appropriate (One) (12)
 - 1. Applicable
 - 2. Not applicable
- 159 Debridement of necrotic tissue (One)
 - 1. Applicable
 - 2. Not applicable
- 160 Acute/traumatic wound (All) (18)(19)(20)(21)(22)(23)(24)**
- 161 Wounds that have no evidence of healing \geq one week
- 162 Report of wound assessment (All) (10)(11)
 - 1. Type of wound
 - 2. Location of wound

3. Size of wound (length, width, and depth)
 4. Exudate type and amount
 5. Odor of wound
 6. Evidence of healing (granulation tissue)
 7. Sinus tract or tunneling
 8. Peripheral tissue (color, edema, induration)
- 163 Documentation in the medical record of moist wound environment treated for \geq one week without progression of wound healing (8)(9)(17)(27)
- 164 Assessment of the patient's compliance with treatment regimen to include: Turning and/or positioning, if applicable, and the use of pressure reducing support surfaces as appropriate (One) (11) (12)
1. Applicable
 2. Not applicable
- 165 NPWT applied in one of the following (One)
1. During an inpatient stay
 2. During a skilled nursing facility, long term acute facility, or inpatient rehabilitation facility stay within two weeks of admission for wounds.
 3. During surgical repair, debridement, or wound closure
- 166 Debridement of necrotic tissue (One)
1. Applicable
 2. Not applicable
- 170 Post split thickness skin graft (Both) (25)**
- 171 Graft/flap over bony prominence/joint/uneven surface
- 172 NPWT applied in one of the following (One)
1. During an inpatient stay
 2. During a skilled nursing facility, long term acute facility, or inpatient rehabilitation facility stay within two weeks of admission for wounds.
 3. During surgical repair, debridement, or wound closure
- 173 Debridement of necrotic tissue (One)
1. Applicable
 2. Not applicable
- 200 NPWT renewal/prior authorization of device (E2402) (All) (26)**
- 210 Documented need for continued NPWT (27)
- 220 Report of weekly wound assessments submitted every 21 days with prior authorization request (All) (10)(11)
- 221 Type of wound
 - 222 Location of wound
 - 223 Size of wound (length, width, and depth)
 - 224 Exudate type and amount
 - 225 Odor of wound
 - 226 Evidence of healing (granulation tissue)
 - 227 Sinus tract or tunneling
 - 228 Peripheral tissue (color, edema, induration)
- 230 Documented diabetic management program for diabetic patients that includes targeted education in self-management and appropriate frequency for self-monitoring blood glucose levels (One) (13)
- 211 Applicable
 - 212 Not applicable
- 240 Documentation of laboratory values if initial A1C value $> 7.5\%$ (One) (13)(14)
- 241 Blood glucose values ≤ 200 mg/dL at least twice daily (Blood glucose > 200 mg/dL three or more times weekly requires secondary Medicaid medical review)
- 242 Not applicable
- 250 Adequate nutrition for healing (One) (5)(6)(7)
- 251 Albumin ≥ 3.5 g/dL or Prealbumin ≥ 15 mg/dL
 - 252 Albumin 2.0 to 3.4 g/dL and nutritional supplements
 - 253 Transferrin 200 to 400 mg/dL
- 260 Assessment of the patient's compliance with treatment regimen (Both)
- 261 Continence controlled/managed or not applicable
 - 262 Turning and/or repositioning and, if applicable, continued use or documented failure of pressure reducing support surfaces as appropriate (One) (12)
 1. Continued use

- 2. Documented failure by provider after \geq three weeks of appropriate pressure reducing position surfaces
 - 3. Not applicable
- 270 Debridement of necrotic tissue (One)
- 271 Applicable
- 272 Not applicable

NOTE: If the wound has failed to heal after **four months** of therapy (including any inpatient use), requests for further therapy require secondary Medicaid medical review. NPWT prior authorization must be reviewed every 21 days for ongoing use after initial application.

To review all the notes referenced in this criteria, please see the full updated criteria in the Criteria for Medical and Surgical Procedures, an attachment to the Physician and Anesthesiology and Hospital provider manuals.

Criteria #43 Sleep Study in Adult

- 2.b. When a polysomnography is based on a night time pulse oximetry study (an apnea link will not be considered in place of a pulse oximetry study), the results must meet **ONE** of the following:
 - i. The oxygen saturation must fall at least 4% or greater below the baseline level and the mean O level based on a full night’s sleep must be 90% or less with an oxygen saturation less than 85% a minimum of twenty times during the night time pulse oximetry study. NOTE: The baseline level is the level taken during waking hours before the sleep study is initiated. For example a chronic obstructive pulmonary disease (COPD) patient with a baseline of 86% is not eligible for a sleep study when the mean O2 during sleep study is 84%.
 - ii. If the patient’s baseline oxygen saturation level is 74 or greater, the patient may also be considered a suitable candidate for a sleep study if they have one episode of apnea where the O saturation is 70% or less.

□

10 - 07 After-Hours Coding

Medicaid covers after-hours add-on CPT codes 99050 and 99058 when added to the basic evaluation and management office visit for an established patient, codes 99211-99215. When the services are provided during regularly scheduled office hours in the evenings, weekends, or holidays, the provider may bill with the appropriate E&M code only.

The code 99050 describes after-hour service provided in the office at times other than regularly scheduled office hours when the office is closed. For example, if the provider leaves the home and returns to the office to see a client after the provider’s routine office hours or the provider stays past the routine scheduled office hours to allow the patient with an emergency condition to come into the office, code 99050 may be billed.

The code 99058 describes an office visit delivered on an emergency basis for an established patient which disrupts scheduled office services. For example, if the provider adjusts the time for scheduled patients during the day to see the patient with an emergent condition, code 99058 may be billed.

After-hours codes are not covered for emergency room service. The emergency room codes 99281-99285 include after-hours service reimbursement.

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10 - 08 Hospital Manual Clarification

The emergency designation is based on the principal diagnosis (ICD-9-CM code). The diagnosis primarily responsible for the patient’s outpatient service is the basis for Medicaid reimbursement of emergency department service and must appear as the principal diagnosis on the claim. Only the codes and diagnoses listed in the Hospital Manual attachment, Authorized Diagnoses for Emergency Department Reimbursement, will be reimbursed at the emergency department reimbursement rate.

□

10 - 09 Emergency Diagnoses Updated

The ICD-9-CM diagnosis codes have been updated in the provider manual attachments listed below, effective January 1, 2010. The attachments can be found in the Hospital Manual and Primary Care Network Manual located at www.health.utah.gov/medicaid.

- Authorized Diagnoses for Emergency Department Reimbursement
- Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses
- Utah Provider Manual for Primary Care Plan - Authorized Diagnoses for Emergency Department Reimbursement

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10 - 10 CLIA Waiver Codes

The following CLIA waiver laboratory codes have been added to the Physician Manual and Laboratory Manual:

80101 QW
 82044 QW
 82465 QW
 82570 QW
 83986 QW
 84703 QW
 86308 QW
 86318 QW
 87804 QW

□

10 - 11 Medical Supplies Policy

Capped Rentals

Prior authorization is required for six-month service and maintenance. A valid doctor's order, issued within the past 12 months, must be submitted with the prior authorization request. The "MS" modifier is used to indicate "maintenance and service."

Prior Authorization Requirements

If it is medically necessary to exceed the limits listed in the provider manual for a particular medical supply, including a medical supply for a waived client, a prior authorization must be obtained.

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10 - 12 Medical Supplies List Updates

Deleted Codes:

A6200 Composite dressing, pad size 16 sq. inches or less without adhesive border
 A6201 Composite dressing, pad size > 16 sq. inches but ≤ 48 sq. inches without adhesive border
 A6202 Composite dressing, pad size > 48 sq. inches without adhesive border
 A6242 Hydrogel dressing, wound cover < 16 sq. inches without adhesive border
 A6243 Hydrogel dressing, wound cover 16 sq. inches to 48 sq. inches without adhesive border
 L0210 Thoracic, rib belt, custom fitting
 L1800 Knee orthosis (KO), elastic with stays, prefabricated, including fitting and adjustment
 L3700 Elbow orthosis (EO), elastic with stays
 L3911 Wrist-hand-finger orthosis, elastic with stays

Non-Covered Codes:

- A4336 Incontinence supply, urethral insert, any type, each
- A4360 Disposable external urethral clamp or compression device, with pad and/or pouch
- A4456 Adhesive remover, wipes, any type, each
- A4466 Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each
- E0433 Portable liquid oxygen system, rental, home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge.
- E1036 Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs.
- L3891 Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each
- L5973 Endoskeletal ankle foot system, microprocessor controlled feature dorsiflexion and/or plantar flexion control, includes power source.

Covered Codes (See Policy Manual for PA requirements, criteria, limitations, etc.):

- L2861 Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each
- L8031 Breast prosthesis, silicone or equal, with integral adhesive
- L8032 Nipple prosthesis, reusable, any type, each

Codes with HCPCS Description Changes:

- E0441 *Stationary* oxygen contents, gaseous, ...
- E0442 *Stationary* oxygen contents, liquid, ...
- E0443 *Portable* oxygen contents, gaseous, ...
- L8030 Breast prosthesis, silicone or equal, *without integral adhesive*

Prior Authorization No Longer Required:

- A7025 High frequency chest wall oscillation system vest, replace, each
- L8507 Tracheo-esophageal voice prosthesis, patient insert, any
- L8509 Tracheo-esophageal voice prosthesis, MD insert, any

Code Changes:

- A4232 Syringe with needle, external insulin pump, sterile, 3cc
Updated allowed units from 7 to 10 per month
- B4153 Enteral formula; CAT III: hydrolized, 100 call = 1 unit
This code will be manually priced.
The provider must follow the previous guidelines to get prior authorization. In addition, the provider will need to furnish the prior authorization unit a copy of the manufacturer's invoice, including shipping, and net of all discounts.
- E0930LL Fracture frame, free standing
Criteria added. See criteria for E0920LL
- K0672 Remove soft interface, all components, rep only, each
This code was removed from the prosthetic section and added to the orthotic section of the list.

Decubitus Care Codes:

Specific products listed under criteria and instructions will be removed from the January 2010 Medical Supplies List. Refer to the Fee Schedule for reimbursement information.

Emergency Code Changes for the Medical Supplies List, effective January 1, 2010:Closed Code:

- A4231 Infusion set for external insulin pump, needle type

Changes to Open Code:

- A4230 Infusion set, external insulin pump, non-needle cannula; removing requirement that patient is allergic to the metal needle.

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10 - 13 Dental Codes Update

Added Codes:

- D8670 Periodic orthodontic treatment visit
- This code is only open to provider type 91
 - Provider must have prior authorization for code D8080
 - Prior authorization will be required for more than 36 units
- D4341 Periodontal scaling/root planing, 4 or > contig, quad
- See Dental Policy Manual for specific limitations and criteria

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10 - 14 Audiology Codes Update

Added Code:

L8690 Auditory osseointegrated device, incl int/ext comp

Closed Codes:

- L8627 Cochlear implant, external speech processor, component, replacement
 L8628 Cochlear implant, external controller component, replacement
 L8629 Transmitting coil and cable, integrated, for use with cochlear implant device, replacement
 L8692 Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment

Restricted Codes with HCPCS Description Changes:

- L8619 Cochlear implant, external speech processor *and controller, integrated system*, replacement
 L8680 Implantable neurostimulator electrode (*with any number of contact points*), each

Updated Codes (corrections made to criteria, comments and limitations):

- V5255 Hearing aid, digital, monaural, itc
 V5256 Hearing aid, digital, monaural, ite
 V5257 Hearing aid, digital, monaural, bte
 V5258 Hearing aid, digital, binaural, cic
 V5259 Hearing aid, digital, binaural, itc
 V5260 Hearing aid, digital, binaural, ite
 V5261 Hearing aid, digital, binaural, bte

Code Removed for Audiologist:

92507 Treat speech, language, voice, auditory; individual

Note: See Policy Manual for PA requirements, criteria, limitations, etc.

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10 - 15 Speech Therapy Code

Criteria Added:

92507 Treat speech, language, voice, auditory; individual

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10 - 16 Podiatry Code

Code Added:

28899 Unlisted procedure, foot or toes

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10 - 17 Preferred Drug List Update

The Medicaid Preferred Drug List (PDL) expands on a monthly basis. The Medicaid P&T Committee 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 Utah Medicaid Pharmacy Services Website at:

<http://health.utah.gov/medicaid/pharmacy> .

All contracts with manufacturers are based on a calendar year. When appropriate, contracts are renewed each year; however, that is not guaranteed. Any changes in preferred status are updated to the website. Please check the above website to stay current with these changes.

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10 - 18 P&T Committee Schedule

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

January 2010 - LMWH's (Dalteparin, Enoxaparin, Fondaparinux, Tinzaparin)
February 2010 - Inhaled bronchodilator agents including Ipratropium bromide and Tiotropium bromide

For more information and important updates regarding the P&T Committee schedule, visit the Utah Medicaid Pharmacy Services Website or e-mail Duane Parke at dparke@utah.gov .

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10 - 19 Pharmacy Coverage Highlights

During the last quarter, the DUR Board amended the prior authorization criteria for Avastin® as follows:

- Documented diagnosis of metastatic carcinoma of colon or rectum, or non-squamous, non-small cell lung cancer; OR
- Metastatic HER2 negative breast cancer with no prior chemotherapy; OR
- Glioblastoma with progressive disease following prior therapy; OR
- Metastatic renal cell carcinoma; OR
- Macular degeneration.

Effective January 4, 2010, Nucynta® will require prior authorization. Clients receiving prescriptions for Nucynta® will be subject to the following criteria and limitations:

- Documented failure or GI intolerance to conventional analgesics.
- No concomitant use of MAOI's.
- Therapy will be authorized for up to ten days of use per acute injury episode.

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10 - 20 DUR Board Activities

The DUR Board has recommended that Cancidas® be taken off prior authorization. The PA requirement was removed, effective October 8, 2009.

The DUR Board recommended that Savella® be covered at a maximum daily dose of 100mg. Requests to override the 100mg daily maximum to obtain doses of 200mg per day may be considered after a minimum two-month trial of the lower dose.

To prevent fraud and diversion, the DUR Board recommended that insulin prescriptions be limited to five vials or fifteen pens per month. Quantities in excess of this may be overridden if the prescriber furnishes proof of medical necessity of a higher dose.

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10 - 21 Home Health Manual Clarification

The general policy section of the Home Health Manual has been updated for January 2010 as follows:

When a skilled home health nurse is authorized to provide a service, such as the recertification visit or caring for a wound vac, other medically necessary services must be provided at the same time, including, but not limited to providing caregiver training, completing the visit nursing assessment to assess for condition changes, med box fill, and changing an IV dressing. Additional visits will not be authorized for services which could be provided during other visits.

Discharge from the home health agency and readmission is only appropriate when the patient has left the home for hospitalization or skilled nursing facility, and is returning to home health care services. There will be no carryover of hours. A new nursing assessment must be completed. The prior authorization nurse will determine whether additional nursing hours are needed during the recertification. Medicaid will not reimburse for an additional nursing assessment due to the patient's condition requiring a lower level of home nursing care.

Review for coverage of private duty nursing (PDN) will include, at a minimum, the skilled nursing assessment form, private duty nursing grid, and the last two weeks of nursing care notes. The forms will be compared for consistency and with the nursing care documentation. It is the provider's responsibility to submit nursing care documentation for review to determine the level of skilled nursing service the client requires at the time of the initial request.

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10 - 22 CHEC Services HCPCS 2009 Codes

Discontinued Codes Effective January 1, 2009

- 99431 History and examination of newborn infant
- 99432 Normal newborn care in other than hospital or birthing room setting

Replacement/Covered Codes Effective January 1, 2009

- 99460 Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant.
- 99461 Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center.
- 99463 Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same day.

Section 4 -2 "Instructions for Entering Procedures Code When Billing for a CHEC Exam, Table for Preventive Medicine Services, Other", has been updated with the new Penetrative Medicine Newborn Care Services - CPT codes.

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10 - 23 Targeted Case Management for Substance Abuse Providers

Changes have been made to the targeted case management section of the Utah Medicaid Provider Manual for Substance Abuse Treatment Services and Targeted Case Management for Substance Abuse to clarify the target group and covered services when providing targeted case management services. See Chapter 4 - 4, Chapter 5 - 1, and Chapter 5 - 3. Note that Chapter 5 - 1, Section D, has been deleted.

Also note that Chapter 8 has been updated.

The manual can be found on the Medicaid website at www.health.utah.gov/medicaid . If you do not have Internet access or have questions, contact Merrila Erickson at (801) 538-6501 or merickson@utah.gov .

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10 - 24 Medical Transportation Manual Correction

Chapter 5 - 2 will read as follows:

Lodging and Meal Per Diem Associated with Out-of-State Transportation (Beyond 120 miles of the Utah border) and Out-of-Area

The Department shall reimburse actual lodging and food costs or \$50.00 per night, whichever is less. Reimbursement for food costs shall be no more than \$25.00 of the \$50.00 overnight reimbursement rate.

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10 - 25 Dental and Oral Surgeon Services in Urban Counties

Utah Medicaid has an incentive to improve client access to dental services in urban counties (Weber, Davis, Salt Lake, and Utah counties). Dental providers (excluding UMAP/state-funded clinics) treating 100 or more clients per year are reimbursed at billed charges, or 120 percent of the established fee schedule, whichever is less. Also, dentists willing to sign an agreement to see 100 or more clients during the next year will be reimbursed at billed charges, or 120 percent of the established fee schedule, whichever is less.

Oral surgeons are also eligible for this same incentive if they agree to be on a referral list available to dentists and Medicaid staff. To receive the 20% increase, they must sign and return the Medicaid agreement letter on which they agree to accept Medicaid referrals.

The Medicaid agreement letter can be found in the Dental Provider Manual at www.health.utah.gov/medicaid . The signed agreement can be faxed to (801) 538-6805.

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