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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: (801) 538-6155

Requesting a Medicaid publication?

Send a Publication Request Form.

- By fax: (801) 536-0476
- By mail: Division of MHF
Box 143106, Salt Lake City UT 84114-3106

10 - 83 Claims Auditing Program

The Division of Medicaid and Health Financing is preparing to implement a prepayment cost-saving editing solution to enhance the current editing within the Medicaid Management Information System (MMIS). Similar solutions are already in use locally by some commercial third party payers.

Programming changes will be made to the Medicaid claims payment system to support the auditing program. The program incorporates correct coding principles, and industry accepted standards and guidelines to identify appropriate coding for provider billing and reimbursement. The projected date for program implementation is late December 2010.

With the addition of computer support, claim edits will be applied more consistently. Some individualized editing will be built in to more fully support existing Medicaid policy. The changes which result from implementation of the auditing program are expected to result in more appropriate payment for services. The new edits may affect claims and payment in the following areas:

- New and established visit coding
- Unbundling of services
- Laboratory testing
- Billing of incidental procedures
- Billing of mutually exclusive procedures
- Billing of duplicate procedures
- Conflicts of age and/or sex in relation to a specific procedure
- Billing for use of an assistant surgeon in cases where it is not appropriate
- National Correct Coding Initiative (NCCI)
- Medically Unlikely Edits (MUE's)

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10 - 84 Remittance Details

Please be aware that customer service agents will provide general claim status information. Remittance details will no longer be provided. The electronic 276 claim status transaction can be utilized for routine claim status. Please work with your vendor or contracted billing service to obtain your electronic remittance reports. Be sure to include your respective office staff in this transition from paper to electronic data.

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10 - 85 Criteria for Medical and Surgical Procedures

Utah Medicaid conducts medical necessity and appropriateness reviews utilizing McKesson's InterQual or Utah Department of Health criteria with priority given to department criteria. If either is silent, then Utah Medicaid's Utilization Review or Child Health Evaluation and Care (CHEC) committees will determine medical appropriateness of services. Medicaid's medical staff will review and identify the pertinent clinical, diagnostic, and related indicators in order to process a request for prior authorization, concurrent review, or retrospective review. Utah Medicaid will use McKesson's InterQual evidenced-based medicine decision tool unless specified otherwise in the Medicaid provider manuals (e.g. *Criteria for Medical and Surgical Procedures*, attachment to the *Physician and Anesthesiology provider manual*).

In the event there are no pediatric specific criteria, the default criteria for pediatrics are the adult or general criteria.

Certain procedure codes identify criteria used by Medicaid staff when reviewing a prior authorization request. Criteria are referenced by number. Use this list in conjunction with the *Criteria for Medical and Surgical Procedures* codes list and *Surgical Procedures* code list. Consent requirements for specific procedures (for example, sterilizations and abortions) are included with the criteria.

References:

- *Criteria for Medical and Surgical Procedures* codes list, *Utah Medicaid Provider Manual for Physician and Anesthesiology Services*
- *Surgical Procedures* code list, *Utah Medicaid Provider Manual for Hospital Services*

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10 - 86 Physician Manual Updates

Effective October 1, 2010, the section regarding radiology treatment services will read:

OO. Radiology

4. Radiation Therapy

- A treatment plan which is basically a mirror image will be reimbursed with one unit of payment (i.e. PA and AP of a specific site, right lateral and left lateral). Payment is limited to 3 units per one anatomical site.
- Design blocks which are mirror images (i.e. PA and AP, right lateral and left lateral) are reimbursed with one unit of payment. There must be significant differences in the block design to warrant additional payment. Payment is limited to 3 units per one anatomical site.

The following codes have been updated in the *Medical and Surgical Procedures "CPT Code List"*, an attachment to the Physician Manual:

- 42999 Unlisted procedure, pharynx, adenoids, or tonsils
Prior Approval: Not Required.....Criteria: Attach documentation to claim.
- 43999 Unlisted procedure, stomach
Prior Approval: Not Required.....Criteria: Attach documentation to claim.
- 52649 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding
Not a Benefit

□

10 - 87 Emergency Diagnoses Updated

The *Utah Medicaid Provider Manual for Hospital Services* and the *Utah Medicaid Provider Manual for the Primary Care Network* will be updated for October 1, 2010. The ICD-9-CM diagnoses codes have been updated in the following attachments:

1. *Authorized Diagnoses for Emergency Department Reimbursement*
2. *Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses*
3. *Utah Provider Manual for Primary Care Plan - Authorized Diagnoses for Emergency Department Reimbursement*

Note: Codes for coverage must be specific and acute.

The manuals are available online at www.health.utah.gov/medicaid.

Medicaid will also be reprocessing claims from January 1, 2010, that were erroneously paid using the emergency diagnoses list in effect prior to the January 1, 2010, published update. Claims will be reprocessed against the list in effect for services on or after January 1, 2010, and prior to this additional October 1, 2010, update.

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10 - 88 Assistant Surgeon CPT Codes

The *CPT Procedure Codes NOT Authorized for an Assistant Surgeon* list, will be updated as follows:

Discontinued code

19160

Codes not on the list, but programmed as non-covered for assistant surgeons

11005 11055 11056 11057 15401 15732 15734 15736 17003 17004 17111 19290
19291 20551 20664 26735 27043 27416 27496 27497 27892 27893 28264 28344

28531	28890	29819	29844	29848	29866	29867	29868	29880	29893	30110	30118
30801	30802	31623	31624	31626	31627	31643	32201	32552	33202	33203	33282
33968	35460	35470	35471	35472	35473	35474	35475	35476	35490	35492	35493
35494	35495	35540	36011	36012	36013	36014	36015	36216	36217	36218	36246
36247	36248	36475	36476	36478	36479	36481	36561	36591	36592	36595	36596
36823	37182	37183	37195	37200	37201	37202	37203	37204	37209	37215	37500
37700	37718	37722	37765	37766	37785	37790	38205	38790	38792	38794	41512
41530	41599	41800	42820	43201	43205	43231	43232	43236	43240	43242	43256
43761	44901	45335	45381	45386	45391	45392	46020	46505	46706	46707	46930
46947	47001	47011	47382	47511	47552	47554	47555	47556	48511	49041	49061
49411	49419	49422	49423	49424	49428	50021	50391	50592	51701	51702	51727
51728	51729	51798	52010	52282	52345	53240	53850	53852	53855	54231	55705
55870	57155	58110	58321	58322	58323	58346	58565	58823	59072	59612	59614
59871	59897	61150	61215	61624	61626	61720	61790	61791	61795	61886	62252
62263	62264	62281	62361	62362	62367	64416	64446	64448	64449	64517	64612
64613	64653	64821	64822	64823	65125	65130	65175	65757	65860	66710	66740
66825	66852	66920	66940	66983	66984	66985	66986	67028	67031	67120	67220
67312	67318	67320	67332	67334	67335	67343	67560	67808	67810	67820	67825
67830	67835	67840	67850	67875	67880	67882	67900	67912	67915	67922	67961
68020	68040	68100	68110	68115	68130	68135	68200	68320	68325	68326	68328
68330	68335	68340	68360	68362	68371	68399	68400	68420	68440	68500	68510
68525	68530	68540	68700	68705	68770	68816	68840	68850	69000	69005	69020
69100	69105	69110	69120	69140	69145	69150	69200	69205	69210	69220	69222
69300	69310	69399	69400	69401	69405	69420	69421	69424	69433	69436	69440
69450	69501	69502	69505	69511	69535	69540	69601	69602	69603	69604	69610
69620	69631	69632	69633	69635	69636	69637	69641	69642	69643	69644	69645
69646	69650	69660	69661	69662	69666	69667	69676	69700	69714	69715	69717
69718	69720	69801	69806	69905	69910	69930	69949	69979			

Effective October 1, 2010, the following codes will be added to the non-covered for assistant surgeon list

14302	15941	15951	19342	21299	21454	21499	22010	22999	24000	24220	24999
25105	25116	25120	25210	25240	25274	25280	25999	26030	26540	26841	27025
27027	27057	27307	27391	27616	27899	28660	28899	29581	31320	33236	33237
33238	33503	33967	35400	35682	35683	37565	37799	38999	40800	40842	40845
42999	43246	43420	43999	44135	44136	47505	47561	47701	51999	52346	52649
59515	59622	62165	62368	64787	64790	64999	65091	66999	67299	67999	68899
69799	69979										

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10 - 89 Home Health Manual Updated

The *Utah Medicaid Home Health Provider Manual* has been updated for October 1, 2010. Please note that table changes have occurred for the following codes:

T1003

Criteria section: Prefill oral meds. Added see limitations "s"
Deleted simple dressings statement
Minimal teaching . . . added simple dressings to the list

G0154

Criteria section: Prefill oral meds. Added see limitations "s"
Deleted simple dressings statement
Minimal teaching . . . added simple dressings to the list

Descriptor section: Dressing changes: Added the word "complex" to wound care may be ordered BID. To the criteria section with this descriptor, added See limitations "P" to the current section.

In Chapter 4-6; Rural Area Home Health Travel Enhancement, reimbursement specifics have been removed. Please review policy manual.

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10 - 90 Medical Supplies Requiring Manual Pricing

Manually priced medical supplies require submission of the line level description for the HCPCS code being billed. The description will be used for matching the prior authorization and manual price during claims adjudication. Some manually priced items may require the vendor to include an invoice with the claim as part of the pricing process. Please refer to the *Utah Medicaid Medical Supply Manual* for more information.

Providers should verify their telephone contact information is current with the Medicaid Provider Enrollment Department. If additional information is required and the Medicaid Claims Department is unable to reach your representative, the claim will be denied. If a voice message is left on the number listed as your contact, we will allow 7 calendar days for a return call to our customer service line at (801) 538-6155 or 1-800-662-9651. After 7 days, the claim will be denied. Providers may contact customer service after the denial to review the items necessary for completing the claim transaction.

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10 - 91 Miscellaneous Wheelchair Code K0108

The *Utah Medicaid Medical Supply Manual* lists code K0108 as a component or accessory of a wheelchair. This code requires a prior authorization request which includes a physician order, description of the component, and description of the medical condition which would require this addition to the wheelchair.

When billing Utah Medicaid for code K0108, the claim should reflect the same units and submitted charge as approved on the prior authorization. It may be necessary to request more than one authorization if services needed for repair/upgrade will not be billed at the same time and/or on the same claim.

Example: A customer presents his wheelchair for replacement of the Q Logic Controller, arm pads, and replacement of a shroud. The logic controller is available in the shop, the arm pads are in stock, but the shroud is a special order. When submitting the request for prior authorization, the vendor would list the logic controller and arm pads as one prior authorization request and the shroud as a separate authorization. This way the vendor can bill Medicaid for the logic controller and arm pads immediately using that prior authorization number. Once the replacement shroud is received, the vendor may bill Medicaid for that item using the prior authorization assigned for that repair/replacement part that is received at a later date.

Claims will be manually priced based on the approved amount reported on the prior authorization. If the units and submitted charge on the claim do not match the authorization, it will cause the claim to be denied.

Available codes were expanded in July 2010. Please refer to the *Utah Medicaid Medical Supply Manual* to review available open codes for repair and replacement parts.

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10 - 92 CPAP and Bi-PAP Policy Clarification

The following is a correction to the July 2010 MIB article 10-71:

10 - 71 CPAP and Bi-PAP Policy Update

Effective July 1, 2010, criteria for CPAP (code E0601LL) and Bi-PAP (codes E0470LL and E0471RR) will follow InterQual criteria as found in Appendix 1 and Appendix 2 at the end of the *Utah Medicaid Medical Supply Manual*.

Humidifiers (code E0562LL) will only be reimbursed in conjunction with Bi-PAP codes.

InterQual has compliance criteria that must be followed. Initial application prior authorizations will be given for three months. Ongoing prior authorization requests, for an additional nine months, will require submission of documentation showing the patient is meeting compliance criteria and showing symptom improvement.

Maintenance service will be prior authorized every six months upon receipt of documentation showing compliance. Adherence is met if the patient has used the device for at least four hours per night on 70 percent of the nights during the previous service period.

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10 - 93 Medical Supply Manual Updated

The *Utah Medicaid Medical Supply Provider Manual* and the *Medical Supplies List*, an attachment to the manual, has been updated for October 1, 2010.

Minor modification has been made to Chapter 2-9, item N. Please review *Medical Supply Manual* for policy.

Modifications have been made to open codes in the *Medical Supplies List* as follows:

1. Codes allowed as reimbursable for residents of long term care facilities have been corrected. This includes the following codes for prosthetic socks: L8400, L8410, L8420, L8430, L8435, L8470, L8480, L8485. Repair of prosthetic device, labor component L7520.
2. Code A6533, gradient compression stocking, PA removed. Limitations are unchanged.

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10 - 94 Attention: Psychologists

Effective October 1, 2010, the *Utah Medicaid Provider Manual for Psychology Services* has been updated to clarify when health plans are responsible for psychologist services.

See Chapter 1-2, A.1 and 2 of the manual.

In addition, in Chapter 2-5, in the 'Limits' section, a change has been made on the maximum number of clients allowed in psychotherapy groups. This clarification is effective back to July 1, 2010.

Providers may access the current and revised manual at <http://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 - 95 Attention: Department of Human Services (DHS) Mental Health Providers Serving Children in State Custody (Foster Care) and Subsidized Adoptive Children Exempted from the Prepaid Mental Health Plan for Outpatient Mental Health Care

The Medicaid provider manual entitled, *Rehabilitative Mental Health Services for Children Under Authority of the Division of Child and Family Services or Division of Juvenile Justice Services*, was updated effective July 1, 2010. Since that time, some corrections and clarifications have been made to the manual. Providers may access the current and revised manual at <http://health.utah.gov/medicaid>.

Corrections and clarifications include:

- In Chapter 1-1, clarification has been made regarding the Medicaid recipients to whom the provider manual applies.
- Chapter 1-4, B, #2. d, has been corrected to include licensed substance abuse counselors. This provider classification was inadvertently omitted in the July 1, 2010 publication of the manual.
- In Chapter 2-3, there are clarifications in the service definition and provider supervision requirements.
- In Chapter 2-7, in the 'Limits' section, a change has been made on the maximum number of clients allowed in psychotherapy groups. This clarification is effective back to July 1, 2010.
- In Chapter 2-8, provider qualifications have been clarified for licensed physicians and surgeons or osteopathic physicians to specify 'regardless of specialty.'
- In Chapter 2-9, in the 'Record' section, 'licensed' has been added to the 'Day Treatment or Residential Treatment Programs' subsection heading.

Other typographical non-substantive errors have also been corrected.

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 - 96 Attention: Mental Health Centers

The Medicaid provider manual entitled, *Utah Medicaid Provider Manual for Mental Health Centers*, was updated effective July 1, 2010. Since that time, some corrections and clarifications have been made to the manual. Providers may access the current and revised manual at <http://health.utah.gov/medicaid>.

Corrections and clarifications include:

- In Chapter 1-5, B, #3, added information regarding supervision for registered nursing students.
- In Chapter 2-3, there are clarifications in the service definition and provider supervision requirements.
- In Chapter 2-7, in the 'Limits' section, a change has been made on the maximum number of clients allowed in psychotherapy groups. This clarification is effective back to July 1, 2010.
- In Chapter 2-10, in the 'Record' section, 'licensed' has been added to the 'Day Treatment or Residential Treatment Programs' subsection heading.

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 - 97 Attention: Substance Abuse Treatment Providers

The Medicaid provider manual entitled, *Utah Medicaid Provider Manual for Substance Abuse Treatment Services and Targeted Case Management for Substance Abuse*, was updated effective July 1, 2010. Since that time, some corrections and clarifications have been made to the manual. Providers may access the current and revised manual at <http://health.utah.gov/medicaid>.

Corrections and clarifications include:

- In Chapter 2-3, there are clarifications in the service definition and provider supervision requirements.
- In Chapter 2-7, in the 'Limits' section, a change has been made on the maximum number of clients allowed in psychotherapy groups. This clarification is effective back to July 1, 2010.
- In Chapter 2-10, in the 'Record' section, 'licensed' has been added to the 'Day Treatment or Residential Treatment Programs' subsection heading.

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 - 98 Audiology Services

The following codes have been added to the list of CPT codes allowed for audiologists:

92540 Basic vestibular evaluation, with recordings
 92546 Sinusoidal vertical axis rotational testing
 92548 Computerized dynamic posturography

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10 - 99 Oral Maxillofacial Surgeon Services

Effective October 1, 2010, the following codes are covered for oral maxillofacial surgeon services:

Covered Codes

10160 Puncture aspiration of abscess, hematoma, bulla or cyst
 30580 Repair of oromaxillary fistula
 31032 Sinusotomy, maxillary/radical with removal of antrochoanal polyps

I & D Procedures / Treatment for Infection Covered Codes

10061 Incision and drainage abscess; complicated/multiple
 10180 Complex drainage wound and S/post op
 42000 Drainage, abscess of plate/uvula
 42300 Drainage abscess, parotid, simple
 42305 Drainage abscess, parotid, complicated
 42310 Drainage abscess, submaxillary/sublingual, intraoral
 42320 Drainage abscess, submaxillary, external
 42700 Drainage, peritonsillar abscess
 42720 Drainage retro/parapharyngeal abscess, intraoral
 42725 Incision and drainage abscess; retro/parapharyngeal, external

Code Added to List of CPT Codes Allowed for Oral Maxillofacial Surgeons

30580 Repair of oromaxillary fistula

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10 - 100 Medical Transportation Update

The *Utah Medicaid Medical Transportation Provider Manual* has been updated for October 1, 2010. Clarification has been made to Chapter 3-3 regarding Flextrans. Please review policy manual.

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10 - 101 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 growth hormones, nicotine replacement therapy, prostaglandin eye drops, and alpha adrenergic eye drops. Final decisions for these classes will be posted on the Medicaid Pharmacy Program website.

For more information, or to download a list of current NDC's on the Medicaid PDL, visit the Medicaid Pharmacy Program website at <http://health.utah.gov/medicaid/pharmacy>.

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10 - 102 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 will be posted on the Medicaid Pharmacy Program website at <http://health.utah.gov/medicaid/pharmacy>.

Drug class reviews are now being handled by the Pharmacotherapy Outcomes Research Center at the University of Utah College of Pharmacy. Manufacturers who wish to submit materials for a drug class review should send it to:

Gary M. Oderda, Pharm.D., M.P.H.
Professor and Director
Pharmacotherapy Outcomes Research Center
University of Utah College of Pharmacy
421 Wakara Way Suite 208
Salt Lake City, UT 84108

Materials will need to be received 60 days prior to the P&T Committee Meeting date.

Persons who wish to address the P&T Committee, may contact Jennifer Zeleny at (801) 538-6339 at least seven days before the P&T Committee Meeting to request time on the agenda. Comments from visitors, while welcome, may be limited due to time constraints.

For more information and important updates regarding the P&T Committee schedule, visit the Medicaid Pharmacy Program website at <http://health.utah.gov/medicaid/pharmacy>, or email Jennifer Zeleny at jzeleny@utah.gov.

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10 - 103 Pharmacy Coverage Highlights

The following prior authorizations were approved during the last quarter:

Samsca

- Documentation that therapy was initiated in the hospital.
- Documentation that Samsca is required for hypervolemic or euvolemic hyponatremia, and not for hypovolemic hyponatremia or heart failure.
- Documentation that hyponatremia is symptomatic if serum sodium > 125mEq/L
- Documentation of failure of other treatment strategies, including fluid restriction. Failure of salt administration should only be required for euvolemic hyponatremia. Failure of demeclocycline should be required for SIADH. Evidence should be required that the underlying disease state causing the hyponatremia is being adequately treated.
- Dose limited to 60mg daily.

Ketorolac

- Minimum age requirement 18 years old.
- Available only as a continuation of IV/IM therapy.
- Documented failure of at least three other oral NSAIDS.
- Limited to a total of five days of use.

Istodax

- Minimum age requirement 18 years old.
- Documented diagnosis of cutaneous T-cell lymphoma.
- Documentation of at least one other prior systemic therapy.
- To be paid through HCPCS code to an infusion center or physician's office.

Tysabri**Multiple Sclerosis PA:**

- Minimum age requirement 18 years old.
- Documented diagnosis of Multiple Sclerosis.
- Documented inadequate response or intolerance of a first-line Multiple Sclerosis drug, such as interferon or glatiramer.

Crohn's Disease PA:

- Minimum age requirement 18 years old.
- Documented diagnosis of Crohn's Disease.
- Documented inadequate response to conventional therapy (i.e. 5-aminosalicylates, antibiotics, MTX, 6-mercaptopurine, or azathioprine).
- Documented inadequate response to at least one Anti-TNF.

Ampyra

- Minimum age requirement 18 years old.
- Documented diagnosis of Multiple Sclerosis.
- No history of seizures.
- No history of moderate to severe renal impairment, as evidenced by a creatinine clearance rate greater than or equal to 51mL/min.

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10 - 104 Non-Traditional Medicaid Injectable Coverage Policy

Non-Traditional Medicaid is a limited benefit program. In general, injectable medications are not a covered benefit. Insulin 10ml vials are available for all Non-Traditional Medicaid clients. The following injectable medications are available for Non-Traditional Medicaid clients through a prior authorization only:

- Anti-nausea medications
- Heparin and low molecular weight heparin derivatives
- Antibiotics and diluents
- Arthritis and Crohn's biologics
- Multiple Sclerosis biologics
- Hepatitis biologics
- Erythropoietins and GCSF
- Epi-Pens

Criteria for all of these medications can be found in the *Drug Criteria and Limits* attachment to the *Utah Medicaid Pharmacy Provider Manual*, or on the Medicaid Pharmacy Program website at <http://health.utah.gov/medicaid/pharmacy>.

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