

July 2011

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

TABLE OF CONTENTS

11 - 61	Statewide Provider Training	2, 3
11 - 62	EHR Incentive Program	3
11 - 63	Claims Auditing Program	4
11 - 64	Criteria for Medical and Surgical Procedures	4
11 - 65	Cardiac MRI Coverage Update	5
11 - 66	HCPCS Codes Clarification	5
11 - 67	Physician and Anesthesiology Manual Clarification	5
11 - 68	Post Operative Days	5
11 - 69	Home Health Agency Manual	5
11 - 70	Medical Transportation Policy Clarification	6
11 - 71	Pharmacy Policy Highlights	6
11 - 72	PA Requirements on Drugs	7
11 - 73	Medical Supplies List Updated	7
11 - 74	Covered Oral/Maxillofacial Surgeon Codes	7
11 - 75	Chiropractic Contract	8
11 - 76	Covered Podiatry Codes	8
11 - 77	Mental Health Centers / PMHP's	8
11 - 78	TCM for Chronically Mentally Ill	9
11 - 79	Psychologists	9
11 - 80	DHS Providers	9, 10
11 - 81	Substance Abuse Treatment Services and TCM for Substance Abuse Providers	10

BULLETINS BY TYPE OF SERVICE

All Providers	11-61 through 11-63
Chiropractors	11-75
DHS Providers	11-80
Home Health Agencies	11-69
Hospitals	11-64 through 11-68
Medical Suppliers	11-73
Mental Health Centers	11-77
Oral Maxillofacial Surgeons	11-74
Pharmacy	11-71, 11-72
Physician Services	11-64 through 11-68, 11-71, 11-72
Podiatrists	11-76
Psychologists	11-79
Radiologists	11-67
Substance Abuse Treatment	11-81
Targeted Case Management	11-78, 11-81
Transportation	11-70

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

Medicaid Information

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

Requesting a Medicaid publication?

Send a Publication Request Form:

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

11 - 61 Statewide Provider Training

Utah Medicaid providers are invited to attend the 2011 Medicaid Statewide Provider Training Seminar. This year's session will include important information regarding new hospital outpatient payment methodology, timely filing, dental, Medicare, electronic claim submission, eligibility and claim status, NCCI editing, recoupment of overpayments, billing issues, pharmacy, VFC, prior authorizations, restriction program/billing, clients benefits, and many other items. Each session will run approximately 2 to 2.5 hours.

Providers are encouraged to submit suggestions for additional training. Submit your RSVP or suggestions for training topics to: medicaidops@utah.gov or telephone (801) 538-6485, 1-800-662-9651 "option 5", or (801) 538-6155 "option 5".

When leaving information, include your group, how many will be in attendance, which session, contact name, and telephone number.

City	Date	Address	Time
Tooele	Aug 2	Tooele Health Dept 151 N. Main Tooele, Utah	9:00 AM
Ogden	Aug 3	Ogden Regional Medical 5475 S. 500 E. (Oak Room) Ogden, Utah	9:00 AM or 1:30 PM
Montezuma Creek (Indian Health Providers Only)	Aug 9	Montezuma Creek East Highway 262 Montezuma Creek, Utah	9:30 AM
Monticello	Aug 10	San Juan Hospital 364 W. 100 N. Monticello, Utah	9:00 AM
Price	Aug 11	Southeastern Health Dept 28 S. 100 E. Price, Utah	9:00 AM
Logan	Aug 16	Environmental Health Bldg 85 E. 1800 N. Logan, Utah	9:30 AM
Salt Lake - FQHC (FQHC Providers Only)	Aug 17	860 E. 4500 S. #206 SLC/Video Conference Salt Lake City, Utah	1:00 PM
Salt Lake City	Aug 23	State Library 250 N. 1950 W. Salt Lake City, Utah	9:00 AM or 1:00 PM
Salt Lake City	Aug 24	South County DWS 5735 S. Redwood Road Salt Lake City, Utah	9:00 AM or 1:00 PM
Nephi	Aug 30	Central Valley Medical Center 48 W. 1500 N. Nephi, Utah	9:30 AM
Provo	Aug 31	Utah Valley Hospital 1134 N. 5 th West Clark Auditorium Provo, Utah	9:00 AM

Richfield	Sept 7	Sevier County EMS Building 50 W. 925 N. Richfield, Utah	1:00 PM
Fillmore	Sept 8	Fillmore Hospital 674 S. Hwy 99 Fillmore, Utah	9:00 AM
American Fork	Sept 14	American Fork Hospital 170 N. 1100 E. Classroom 1 (West entrance) American Fork, Utah	9:00 AM
Heber	Sept 21	Heber Health Dept 55 S. 500 E. Conference Room B Heber, Utah	9:30 AM
Roosevelt	Sept 22	Northeastern Counseling Center 285 W. 800 S. Roosevelt, Utah	9:30 AM
Panguitch	Sept 27	Garfield Memorial Hospital 200 N. 400 E. Conference Room, Admin Bldg Panguitch, Utah	1:00 PM
Cedar City	Sept 28	Iron Country School District 2077 W. Royal Hunte Drive Cedar City, Utah	9:00 AM
St. George	Sept 29	Dept of Workforce Services 162 N. 400 E. St. George, Utah	10:00 AM or 1:30 PM

G

11 - 62 EHR Incentive Program

On April 4, 2011, the Utah Department of Health, Division of Medicaid and Health Financing, received a conditional approval from CMS regarding the State Medicaid Health Information Technology Plan (SMHP). This allows Utah to make Electronic Health Record (EHR) incentive payments to eligible Medicaid providers and hospitals as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology.

Registration for the Utah Medicaid EHR Incentive Program will be available beginning September 2011. For more information about the program, please visit the Utah Medicaid Health Information Technology (HIT) website at:

<http://www.health.utah.gov/medicaid/provhtml/HIT.htm>

For questions, contact the EHR Incentive Program Manager Charlene Frail-McGeever at cfrailmc@utah.gov.

G

11 - 63 Claims Auditing Program

On December 20, 2010, the Division of Medicaid and Health Financing implemented a prepayment cost-saving editing solution to enhance the current editing within the Medicaid Management Information System (MMIS). The program incorporates correct coding principles, and industry accepted standards and guidelines to identify appropriate coding for provider billing and reimbursement.

In the near future, Medicaid will be adding additional modules to the existing prepayment editing tool. The new edits may affect claims and payment in the following areas:

- Unlisted procedure codes
- Inpatient only services billed on a professional claim
- Place of service
- Invalid procedure to modifier

G

11 - 64 Criteria for Medical and Surgical Procedures

The following criteria have been updated effective July 1, 2011. The criteria can be found on the Utah Medicaid website under the "criteria" link at www.health.utah.gov/medicaid.

- Varicocelectomy
- Lysis of Penile Adhesions
- Circumcision
- Hysterectomy, Total Laparoscopic (TLH)
- Hysteroscopic Tubal Occlusive Device
 - Effective July 1, 2011, the criteria for hysteroscopic tubal occlusive device has been updated to reflect the removal of the requirement for secondary review by the sterilization committee. Prior authorization is still required on all sterilization procedures. Submission of the completed sterilization consent form will continue to be required by the Bureau of Medicaid Operations before payment is made on any sterilization claim, including hysteroscopic tubal occlusive device procedures.
- Operative Hysteroscopy
 - Effective July 1, 2011, the criteria for operative hysteroscopy has been updated to reflect the removal of the requirement for secondary review by the sterilization committee for indication 400: Endometrial ablation for dysfunctional uterine bleeding in premenopausal women. Prior authorization is still required for an operative hysteroscopy using the UDOH Custom Criteria that can be found on the Utah Medicaid website listed above.

G

11 - 65 Cardiac MRI Coverage Update

Effective April 1, 2011, CPT Code 75565 has been added to the list of codes that are currently open with prior authorization for EPSDT clients using the UDOH Cardiac MRI Criteria. The criteria can be found on the Utah Medicaid website under the "criteria" link: <http://health.utah.gov/medicaid>.

G

11 - 66 HCPCS Codes Clarification

HCPCS codes 74150 through 74170 are payable only for provider type 01 and 70 (Hospital and Independent Radiology).

G

11 - 67 Physician and Anesthesiology Manual ClarificationAbortion

Missed abortion, or fetal demise, requires medical staff review, but does not require completion of the abortion consent form. The abortion consent form is required only in a therapeutic abortion and is part of the required medical record documentation reviewed by medical staff to ensure all legal requirements are met.

Radiology

The technical portion of imaging procedures is payable to hospitals and independent radiology. Any equipment using radiation requires certification through the Department of Environmental Quality (i.e. 74150 through 74170). The technical portion of imaging (i.e. CT, ultrasounds) requires certification through the American College of Radiology that the facility (i.e. hospital or independent radiology) has the credential indicating trained staff perform the procedure.

G

11 - 68 Post Operative Days

Utah Medicaid will follow CMS' Post Operative Days guidelines in the majority of cases. For example, Medicaid procedures listed as 42 post operative days will be changed to 90 post operative days. Medicaid will still indicate 42 post operative days for some procedures, such as those related to obstetrical delivery care.

See Medicaid post operative days coverage by code at www.health.utah.gov/medicaid.

G

11 - 69 Home Health Agency Manual

Correction to the April 2011 MIB: The *Utah Medicaid Home Health Agency Provider Manual* has not been renamed as was stated in article 11-46. The manual name continues to be the *Utah Medicaid Home Health Agency Provider Manual*.

The home health services definitions have been updated, and new definitions have been added to reflect state and federal definitions. See the *Utah Medicaid Home Health Agency Provider Manual*, Section 1-4, Definitions, page 4.

G

11 - 70 Medical Transportation Policy Clarification

The *Utah Medicaid Medical Transportation Provider Manual* has been updated to clarify that only Traditional Medicaid recipients (purple card) are eligible for non-emergency medical transportation.

Also, clarification has been made to indicate that Traditional Medicaid recipients, who are issued a bus pass for their non-emergency medical transportation, may use the bus pass to get to mental health services.

G

11 - 71 Pharmacy Policy Highlights

The following drugs will require prior authorization effective July 1, 2011, under the following criteria:

Cycloset®

- Age \geq 18 years
- Diagnosis of diabetes type 2
 - not to be used as a treatment for diabetes type 1
- Failure on or contraindication to metformin
- May not be used
 - concurrently with a thiazolidinadione
 - by lactating women
- Maximum dose 4.8mg daily, maximum quantity 180 0.8mg tablets per 30 days
- Initial authorization period of six months (allows time to observe changes in A1C and/or fasting plasma glucose)
- Reauthorization period of one year if prescriber indicates marked improvement of A1C and/or fasting plasma glucose

Gilenya®

- Age \geq 18 years
- Diagnosis of relapsing, remitting multiple sclerosis
- Plan to monitor for bradyarrhythmia in office or clinic for six hours following the first dose
- Evidence of the following baseline tests within the past six months: CBC and LFT, ECG if history of arrhythmia or heart disease, and ophthalmic examination
- Maximum daily dose is limited to 0.5mg once daily, the maximum recommended dose
- Gilenya® will not be paid concurrently with other disease-modifying MS drugs as there is no evidence of efficacy or safety with combination therapy
- Initial authorization period is one year
- Reauthorization periods are one year with a telephone call from the physician's office or pharmacy

The following drug limits, or prior authorization criteria, have been clarified or amended:

Ampyra®

Initial prior authorization will be for three months. Documentation of medication efficacy (i.e. increased walking speed), current creatinine clearance rate, and statement that the patient is seizure-free will be required for reauthorization. Reauthorization period will be one year.

Byetta®

Prior authorization criteria were clarified to reflect that Medicaid only requires documentation that an A1C lab value was obtained. PA requests will need to include the date of the test, a lab value, and the signature of the provider requesting the PA. An actual lab report is not required to obtain a PA.

Victoza®

The drug will not be available for any clients with a family history of medullary thyroid carcinoma or multiple endocrine neoplasia syndrome type 2. Quantities will be limited to a maximum dose of 1.8mg daily and maximum quantity of 3 pens per 30 days.

Vivitrol®

The drug will be payable, under prior authorization, for a diagnosis of opioid dependence.

Other policy changes:

Intuniv® will be reimbursed in the Traditional Medicaid program at the EAC rate (AWP - 17.4%)

G

11 - 72 PA Requirements on Drugs

Makena® (commercially prepared) and compounded hydroxyprogesterone caproate (17-P)

Please be advised that compounded hydroxyprogesterone caproate is Utah Medicaid's preferred product, and prescribers seeking the commercially available drug (Makena®) will be required to justify their reasons for choosing the more costly alternative.

The FDA issued a statement, dated March 30, 2011, affirming that compounding of hydroxyprogesterone caproate can be continued. "In order to support access to this important drug. . .FDA does not intend to take enforcement action against pharmacies that compound hydroxyprogesterone caproate." Thus, until further notice, pharmacies may continue to compound the product, and Utah Medicaid may prefer the compounded product to the commercially prepared Makena®. Please note that both products require prior authorization. The criteria are as follows:

- Approved for the prevention of preterm labor for patients with prior history of preterm delivery.
- Must be prescribe by OB-GYN.
- Therapy must be initiated between weeks 16-23 of gestation.
- The patient must not be in active labor at the time of administration.
- Note: This prior authorization is only available to clients enrolled in Traditional Medicaid (purple card).

Please see <http://www.health.utah.gov/medicaid/pharmacy/priorauthorization/allentries.php> for the Utah Medicaid Prior Authorization Request Form.

Please see <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm249025.htm> for the FDA's March 30, 2011 statement.

G

11 - 73 Medical Supplies List Updated

Opened Codes

- A4332 Lubricant, individual sterile packet, insert urinary catheter, each. Quantity limit will be the same as the number of catheters being allowed for the client. Open effective 7/1/11.
- K0669 Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written code verification from DME PDAC. Opened effective 4/1/11. Prior authorization required.

Closed Code

- A5507 For diabetics only; not otherwise specified modification (including fitting) of off-the-shelf depth inlay shoe or custom-molded shoe, per shoe. Closed effective 7/1/11.

Non-Covered HCPCS Codes

- K0741 Portable gaseous oxygen system, for cluster headaches
- K0742 Portable gaseous oxygen contents, for cluster headaches
- K0743 Suction pump, home model, portable for use on wounds
- K0744 Absorptive wound dressing for use with suction pump; home model, portable, pad size <= 16 sq. inches
- K0745 Absorptive wound dressing for use with suction pump; home model, portable, pad size > 16 <= 48 sq. inches
- K0746 Absorptive wound dressing for use with suction pump; home model, portable, pad size > 48 sq. inches

G

11 - 74 Covered Oral/Maxillofacial Surgeon Codes

The following codes will be opened to oral surgeons as an allowed provider type, effective 7/1/11:

- 20680 Removal of implant; deep (e.g. buried wire, pin, screw, metal band, nail, rod, or plate)
- 21031 Excision of torus mandibularis
- 21032 Excision of maxillary torus palatines
- 21034 Excision of malignant tumor of maxilla or zygoma
- 21044 Excision of malignant tumor of mandible

G

11 - 75 Chiropractic Contract

The Medicaid contract for chiropractic services has been awarded to Chiropractic Health Plan, Inc. Clarification has been added to the policy manual that chiropractic services are not available to children under the age of six. The chiropractic contract has always indicated the age restriction; therefore, this is not a change in policy.

G

11 - 76 Covered Podiatry Codes

The following codes have been opened to podiatrists as an allowed provider type, effective 1/1/11:

- 97597 Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of whirlpool, per session; total wound(s) surface area less than or equal to 20 sq. cm.
- 97598 Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of whirlpool, per session; total wound(s) surface area greater than 20 sq. cm.

The above codes replace code 11040 and code 11041, which were previously allowed for podiatrists.

G

11 - 77 Attn: Mental Health Centers / Prepaid Mental Health Plans

Effective July 1, 2011, the current Medicaid provider manual entitled, *Utah Medicaid Provider Manual for Mental Health Centers*, will be reissued under a new name entitled, *Utah Medicaid Provider Manual for Mental Health Centers / Prepaid Mental Health Plans*. There are changes throughout the manual reflecting this name change. In addition, the following changes have been made:

- Chapter 1-4, peer support services has been added to the scope of covered rehabilitative services.
- Chapter 1-8, the treatment plan review schedule has been clarified and other non-substantive wording changes have been made.
- Chapter 1-12, the chapter heading has been changed to "Billings". A new paragraph has been added to clarify appropriate billing procedure. A range of dates on a billing line should not be billed. Instead, each date of service should be billed on a separate line of the claim.
- Chapter 2-1, changes have been made to clarify the mental health benefits for adults in the Non-Traditional Medicaid Plan.
- Chapter 2-8, the 'Record' section has been revised to specify that the client's diagnosis must be included on prescriptions.
- Chapter 2-11, a new chapter has been added entitled, "Peer Support Services". This service is approved effective July 1, 2011. Peer support services provided on or after this date may be billed as long as the conditions set forth in this chapter are met.
- Chapter 3-2, the definition of 'Respite Care' has been revised.
- Chapters 2-2, 2-3, 2-6, 2-7, 2-9 and 2-10, and in Chapters 3-1, 3-2 and 3-3, a typographical error in the rounding rules has been corrected. The range of 53 minutes to 57 minutes has been corrected to state 53 minutes to 67 minutes.

Providers may access the current and revised manual at www.health.utah.gov/medicaid. If you do not have Internet access or have questions, contact Merrila Erickson at (801) 538-6501, or email merickson@utah.gov.

G

11 - 78 Attn: Mental Health Centers / Prepaid Mental Health Plans - Providers of Targeted Case Management for the Chronically Mentally Ill

Effective July 1, 2011, the Medicaid provider manual entitled, *Utah Medicaid Provider Manual for Targeted Case Management for the Chronically Mentally Ill*, has been revised as follows:

- Effective July 1, 2011, the current Medicaid provider manual entitled, *Utah Medicaid Provider Manual for Mental Health Centers*, will be reissued under a new name entitled, *Utah Medicaid Provider Manual for Mental Health Centers / Prepaid Mental Health Plan Providers*.

The *Utah Medicaid Provider Manual for Targeted Case Management for the Chronically Mentally Ill*, has also been revised where appropriate to clarify that the targeted case management provider entity may be a Prepaid Mental Health provider other than a mental health center.

- Chapter 1-2, the definition of the Non-Traditional Medicaid plan has been revised for clarity.
- Chapter 2-1, changes have been made to clarify the mental health benefits for adults in the Non-Traditional Medicaid Plan.

Providers may access the current and revised manual at www.health.utah.gov/medicaid. If you do not have Internet access or have questions, contact Merrila Erickson at (801) 538-6501, or email merickson@utah.gov.

G

11 - 79 Attn: Psychologists

Effective July 1, 2011, the Medicaid provider manual entitled, *Utah Medicaid Provider Manual for Psychology Services*, has been updated as follows:

- Chapter 1-4, the definition of the Non-Traditional Medicaid Plan has been added.
- Chapter 1-7, the treatment plan review schedule has been clarified and other non-substantive wording changes have been made.
- Chapter 1-10, the chapter heading has been changed to "Billings". A new paragraph has been added to clarify appropriate billing procedure. A range of dates on a billing line should not be billed. Instead, each date of service should be billed on a separate line of the claim.
- Chapters 2-1, 2-4 and 2-5, a typographical error in the rounding rules has been corrected. The range of 53 minutes to 57 minutes has been corrected to state 53 minutes to 67 minutes.

Providers may access the current and revised manual at www.health.utah.gov/medicaid. If you do not have Internet access or have questions, contact Merrila Erickson at (801) 538-6501, or email merickson@utah.gov.

G

11 - 80 Attn: 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

Effective July 1, 2011, the Medicaid provider manual entitled, *Utah Medicaid Provider Manual for Rehabilitative Mental Health Services for Children Under Authority of the Division of Child and Family Services or Division of Juvenile Justice Services*, has been updated as follows:

- Chapter 1-7, the treatment plan review schedule has been clarified and other non-substantive wording changes have been made.
- Chapter 1-10, the chapter heading has been changed to "Billings". A new paragraph has been added to clarify appropriate billing procedure. A range of dates on a billing line should not be billed. Instead, each date of service

should be billed on a separate line of the claim.

- Chapter 2-8, the 'Record' section has been revised to specify that the client's diagnosis must be included on prescriptions.
- Chapters 2-2, 2-3, 2-6, 2-7 and 2-9, a typographical error in the rounding rules has been corrected. The range of 53 minutes to 57 minutes has been corrected to state 53 minutes to 67 minutes.

Providers may access the current and revised manual at www.health.utah.gov/medicaid. If you do not have Internet access or have questions, contact Merrila Erickson at (801) 538-6501, or email merickson@utah.gov.

G

11 - 81 Attn: Substance Abuse Treatment Services and Targeted Case Management for Substance Abuse Providers

Effective July 1, 2011, the Medicaid provider manual entitled, *Utah Medicaid Provider Manual for Substance Abuse Treatment Services and Targeted Case Management for Substance Abuse*, has been updated as follows:

- Chapter 1-8, the treatment plan review schedule has been clarified and other non-substantive wording changes have been made.
- Chapter 1-11, the chapter heading has been changed to "Billings". A new paragraph has been added to clarify appropriate billing procedure. A range of dates on a billing line should not be billed. Instead, each date of service should be billed on a separate line of the claim.
- Chapter 2-8, the 'Record' section has been revised to specify that the client's diagnosis must be included on prescriptions.
- Chapters 2-2, 2-3, 2-6, 2-7, 2-9 and 2-10, a typographical error in the rounding rules has been corrected. The range of 53 minutes to 57 minutes has been corrected to state 53 minutes to 67 minutes.

Providers may access the current and revised manual at www.health.utah.gov/medicaid. If you do not have Internet access or have questions, contact Merrila Erickson at (801) 538-6501, or email merickson@utah.gov.

G