UTAH DEPARTMENT OF HEALTH MEDICAID

Medicaid Information Bulletin
July 2012

Medicaid Information: 1-800-662-9651 | www.health.utah.gov/medicaid

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12-64 Sessions Remaining for Statewide Provider Training

Utah Medicaid providers are invited to attend the 2012 Medicaid Statewide Billing and Provider Training Seminar. See the schedule below. The remaining sessions will include important information regarding billing, prior authorization, and new managed health care. The Office of Inspector General will also be at the sessions to provide information and answer questions.

We encourage all office staff to attend. Each session will run approximately 2 – 2.5 hours. Please submit your RSVP e-mail to: medicaidops@utah.gov, or call (801) 538-6485 or toll-free 1-800-662-9651, option 5, or (801) 538-6155, option 5.

When leaving information, please state your group, how many will be in attendance, which session you would like to attend, a contact name, and telephone number.

We look forward to seeing you!

Utah Medicaid Billing and Provider Training Seminar
2012 Schedule (Remaining Sessions)

City	***Date***	***Place***	***Time***
Logan, UT	**July 11th**	**Environment Health Building 85 East 1800 North Logan, UT**	**9:30 AM**
Richfield, UT	**July 18th**	**EMS Building 50 West 925 North Richfield, UT**	**1:30 PM**
Fillmore, UT	**July 19th**	**Fillmore Hospital 674 South Highway 99 Fillmore, UT**	**9:00 AM**
Nephi, UT	**August 2nd**	**Central Valley Hospital 46 West 1500 North Nephi, UT**	**1:00 PM**
Provo, UT	**August 8th**	**Clark Auditorium (2 sessions) 1134 North 5th West Provo, UT**	**9:00 AM 1:30 PM**

City	Date	Location	Time
Panquitch, UT	**August 14th**	**Garfield Memorial Hospital** **200 North 400 East** **Panquitch, UT**	**1:00 PM**
Kanab, UT **New Location**	**August 15th**	**Kane County Hospital** **355 North Main Street** **Kanab, UT**	**10:00 AM**
American Fork, UT	**August 16th**	**American Fork Hospital** **170 North 1100 East** **American Fork, UT**	**9:00 AM**
Montezuma Creek, UT **IHS Providers Only**	**August 21st**	**Montezuma Creek Clinic** **East Highway 262** **Montezuma Creek, UT**	**9:30 AM**
Monticello, UT	**August 22nd**	**San Juan Hospital** **364 West 100 North** **Monticello, UT**	**9:00 AM**
Price, UT	**August 23rd**	**South Eastern Health Department** **28 South 100 East** **Price, UT**	**9:00 AM**
Heber, UT	**Sept 5th**	**Heber Health Department** **55 South 500 East** **Heber, UT**	**9:30 AM**
Roosevelt, UT	**Sept 6th**	**Northeastern Counseling Center** **285 West 800 South** **Roosevelt, UT**	**9:30 AM**
Park City, UT **New Location**	**Sept 13th**	**Park City Medical Center** **900 Round Valley Drive** **Park City, UT**	**9:00 AM**

Cedar City, UT	**Sept 19th**	**Iron County School District** **2077 West Royal Hunte Dr.** **Cedar City, UT**	**9:00 AM**
St George, UT **New Location**	**Sept 20th**	**St George Library (2 sessions)** **Town Square** **88 West 100 South** **St George, UT**	**10:00 AM** **1:30 PM**

12-65 Pregnancy Risk Line

The Pregnancy Risk Line is a joint effort of the Utah Department of Health and the University of Utah Health Sciences Center. The Pregnancy Risk Line has been providing pregnancy information and education to women, families, and health care providers for more than 25 years. This service provides valuable information to women who are pregnant, considering becoming pregnant, breastfeeding, and to their health care providers. This free, private, and easy-to-use telephone information service answers questions about medicines, drugs, chemicals, and other environmental exposures that can potentially harm an embryo, fetus, or infant.

Trained medical consultants, at the Pregnancy Risk Line, answer calls Monday through Friday between 8:00 a.m. and 5:00 p.m. They do take messages and will return calls the same day. A translation service and TDD service are available.

For the Salt Lake City area, the phone number is (801) 328-2229 (FAT-BABY). For outside the Salt Lake City area, the toll-free phone number is 1-800-822-2229. All phone calls are free and confidential.

Brochures and other educational materials are available at: http://www.health.utah.gov/prl/factsheet.htm. For additional questions, please call the Pregnancy Risk Line, or email: jrobertson@utah.gov.

12-66 Electronic Form 10-A for Nursing Home Providers

The Utah Department of Health is developing an automated Pre-Admission Continued Stay (Form 10-A) process for the submission of all required admission documentation, including the Form 10-A. The goal is to get every nursing home migrated into the electronic submission system by the end of 2012.

If providers are interested in participating in this project now, please contact Rocky Rhodes at (801) 633-3232.

12-67 Code Coverage for July 2012

Covered

21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive, with thorascopy
29871	Arthroscopy of knee for infection, lavage and drainage
55866	Laparoscopy, retropubic radical prostatectomy, nerve sparing with/without robotic assistance
87502	Influenza virus multiple types or subtypes, first two types or subtypes (for Influenza A & B)

Covered Without PA for EPSDT

22800	Arthrodesis, posterior, for spinal deformity, with or without cast, up to 6 vertebral segments
22802	. . . 7 to 12 vertebral segments
22804	. . . 13 or more vertebral segments
22808	Arthrodesis, anterior, for spinal deformity, with or without cast, 2-3 vertebral segments
22810	. . . 4 to 7 vertebral segments
22812	. . . 8 or more segments

PA Required

00840	Clarified to indicate PA required if surgery requires PA added to web tool
19361	Breast reconstruction with latissimus dorsi flap without prosthetic implant
40806	Incision of labial frenum
40819	Excision of frenum, labial, or buccal
68720	Dacrocystorhinostomy (fistualization of lacrimal sac to nasal cavity)
68816	Probing of nasolacrimal duct with transluminal balloon catheter dilation
71552	MRI chest w/o contrast followed by contrast
75557	Cardiac MRI morphology and function without contrast
75561	Cardiac MRI morphology and function w/o followed by with contrast
75565	MRI cardiac velocity flow mapping in addition to primary procedure
76831	Saline infusion sonohysterogram, Doppler flow
93613	Intracardiac electrophysiologic 3-D mapping

Open to OPPS Provider Type 01 - Hospitals

50780	Ureterneocystostomy; anastomosis of single ureter to bladder

<u>Non-Covered</u>

58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography or hystersalpinography

<u>ICD-9-CM Code Open</u>

V25.09	Contraceptive management

12-68 Laboratory and Radiology Policy Clarification

Effective July 1, 2012, the Laboratory and Radiology Provider Manual will read as follows:

87502 will be allowed with one payment of 88798 for RSV virus, 87300 DFA, as well as a culture 87252/87254.

Section 2-19 (pg.9) panels under CPT code 87798 are billed as one unit. Panels will be authorized as one payment under code 87798 (i.e. H1N1 influenza, multiplex respiratory panel). Panels are paid as one unit; therefore, listing each test or organism within the panel on a claim will result in the denial of the claim (i.e. billing 7 units of 87798 on line one will result in a denial).

If more than one panel is performed and is eligible for payment under 87798 (i.e. H1N1 and PCR on the same client) the panels must be billed on separate lines. To receive payment for two or more panels performed under 87798, the first panel is to be billed on the first line as one unit. Any additional units are to be billed on the second line with the corresponding units. Manual review will be required on all claims billing for more than one unit under 87798.

Duplicative tests for influenza virus will be denied, unless submitted with documentation supporting the medical necessity. Duplicative testing for quality control purposes for the laboratory is a non-covered service in Medicaid.

12-69 Physician and Anesthesiology Provider Manual Updates

Radiation Therapy Change

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 four plans (billed as units) per one anatomical site.

When over four units are billed, the documentation of all the plans over the course of treatment must be submitted for manual review. Exact duplicates will be denied. Secondary or sub plans for the primary plan will be considered for additional payment. The TU modifier will be applied by Medicaid to indicate additional payment was made.

MRI/CT/PET

When MRI, CT, or PET imaging procedures are requested more than once a year, for the same anatomical area, medical record documentation must support the necessity of repeating the procedure.

Frenulectomy Change

Beginning July 1, 2012, prior authorization is required for the following CPT codes:

40806 Incision of labial frenum

40819 Excision of frenum, labial, or buccal

Coverage and reimbursement information is available under the Coverage and Reimbursement Code Lookup Tool found on the Medicaid website: http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php

Inpatient-Only vs. Outpatient Procedures

Effective October 1, 2012, the providing physician will no longer be paid when a procedure designated as inpatient-only is done on an outpatient basis.

12-70 Online Criteria Updates

The following criteria have been updated effective July 1, 2012. The criteria are located on the Utah Medicaid website under the “criteria” link at: www.health.utah.gov/medicaid.

Criteria for Medical and Surgical Procedures

- Diabetes Self-Management Training-UDOH

- Hysteroscopy, Operative-UDOH
- Tibial Nerve Decompression
- Median Nerve Decompression, +/- Neurolysis, Wrist
- Ulnar Nerve Decompression, Wrist
- Anti-reflux Surgery/Hiatal Hernia Repair, Laparoscopic/Open
- Dacryoplasty/Dacryocystoplasty
- Abortion
- Dilatation and Curettage (D&C) for Missed/Incomplete Abortion
- Electrophysiology (EP) Testing

Criteria for Durable Medical Supplies

- Augmentative and Alternative Communication Devices Criteria-UDOH
- Cranial Remodeling Orthosis: General-UDOH

Criteria for Dental Procedures

- Frenectomy/Frenulectomy-UDOH

12-71 Form Changes

Prior Authorization Request Form

The Prior Authorization Request Form has been updated to reflect the new fax number for specialty beds, and a new section that addresses court-appointed legal guardians. Please send the most recent Prior Authorization Request Form and be sure to fill out all required sections of the form legibly and correctly, or the request will not be processed. It will be returned.

Abortion Acknowledgement Form

The Abortion Acknowledgment Form has been updated, effective July 1, 2012.

12-72 Hospital Provider Manual Updates

Codes with Status Indicator "A" in OPPS

Following the conversion to Medicaid's new Outpatient Prospective Payment System (OPPS), we found that some claim lines were denied when the Medicare reimbursement rate for a particular code was only available on the fee schedule for Ambulatory Surgical Centers (ASC). We have modified the programming to use Medicaid's fee schedule in the event that the status indicator on Medicare's Addendum B is "A" and the Medicare rate is not available in our system (generally these codes are priced using Medicare's ASC fee schedule).

CPT Code 41899

We have identified that CPT code 41899 is being paid at a rate significantly lower than the rate that is established for certain providers under Medicaid's OPPS payment system. We recognize that several procedures of varying levels of cost can be billed using CPT code 41899. For that reason, we have modified the programming to look to the provider-specific pricing for that code and pay the greater of the OPPS rate and the provider-specific Medicaid rate. The final reimbursement amount will not be more than submitted charges for that line item.

Inpatient-Only Codes

Under the current Outpatient Prospective Payment System (OPPS) configuration, there are procedure codes that are designated as only payable on inpatient claims. Utah Medicaid follows Medicare's Addendum B to determine which codes will be listed as inpatient-only. If Utah Medicaid determines that procedure codes currently listed as inpatient-only would be appropriately applied in an outpatient hospital setting, those exceptions will be listed in the hospital provider manual.

Hospital Manual, Section 2, Chapter 2, Part 9, Part C

Medicaid has determined that the following codes will be payable in an outpatient hospital setting: 27176, 27485, 50400, and 51980.

C.1.3. Line items with a Medicare status indicator shown below will **not** be paid by Medicaid, unless otherwise noted in this manual.

- 'C' (Inpatient procedures)
  - The following exceptions apply:
    - 27176
    - 27485
    - 50400
    - 51980
- 'D' (Discontinued)

Non-Covered Services, Chapter 4

#25 Information relating to Provider Preventable Conditions has been updated as follows:

For inpatient hospital claims, adverse events or "Never Events" are non-covered in Medicare crossover patients.

Medicaid will not pay for provider preventable conditions. See Provider Preventable Conditions (PPC) Diagnosis List in the attachments section.

PPC diagnoses, that were not present on admission, should be identified on the claims according to correct coding standards. Providers should ensure all PPC related diagnoses, services, and charges are noted as "non-covered charges" on the claim. Non-covered charges will not be used in calculating the hospital reimbursement.

If a PPC related claim will result in an outlier payment, it will be denied and medical records will be required. Providers should pay close attention to the remittance advice to know that medical records are needed. If the medical records are received within 30 days, the claim will be reviewed and, if appropriate, reprocessed and paid.

PPCs include those conditions noted in 42 CFR 447.26 (e.g., wrong procedure, wrong body part, wrong patient).

Providers are required to report PPCs in accordance with Utah Administrative Rule R414-1.

Note: The Provider Preventable Conditions (PPC) Diagnosis List attachment to the Utah Medicaid Hospital Manual has been updated. To access the manuals and attachments, go to: www.health.utah.gov/medicaid.

Reimbursement for Inpatient Hospital Services, Chapter 6

Reimbursement for inpatient hospital services is covered in the Utah State Plan, Attachment 4.19-A.

The following applies to hospitals that are paid using a DRG: Excepting PPCs, Utah Medicaid uses all submitted diagnoses in determining the DRG on which to base reimbursement. If all submitted diagnoses are not covered by Utah Medicaid, then the claim will deny. Otherwise, all submitted diagnoses, whether covered or not, are used to calculate the DRG. Providers must ensure that all submitted diagnoses are appropriate and documented in the patient's medical record.

Only covered charges will be included in the calculation of the hospital's reimbursement. Denied or non-covered charges will be excluded.

12-73 Health Choice Utah

Effective April 2012, Health Choice Utah began providing services to eligible clients in Davis and Salt Lake Counties. Health Choice Utah is a subsidiary of IASIS Healthcare. The provider manuals and attachments will be updated to reflect this additional provider.

12-74 Inpatient Admission List

Effective July 1, 2012, the Authorized Emergency Inpatient Diagnosis List has been updated.

12-75 ER Only List

Effective July 1, 2012, the ER Only List has been updated.

12-76 Medical Supply Provider Manual Updated

Effective July 1, 2012, the Medical Supply Provider Manual has been edited for clarity. Please note the addition of several web site tools as well. The specific changes are as follows:

- Section 2: Scope of Service; changes made to the policy manual as to where items related to medical supplies can now be found.
- All reference to "telephone" prior authorization has been removed, because it is no longer the practice to obtain a prior authorization.
- Section 2-9: Wheelchairs; wording change in subsections J, K, and M.
- Section 3: Limitations; several items have been removed, since prior policy changes have modified the limits stated in this section.
- Section 4: Purchase or Rental of Equipment; please read the minor corrections to previous information. No changes to overall policy.

- Section 5: Supplies for Patients in a Long Term Care and ICF-MR Facility; (4) (q) modified.
- Section 7: Repairs and Replacement; wording changes in items 4 and 6.
- Section 10: Non-Covered Services; wording changes in items 1, 2, 5, 7, 8. Items 9 through 16 have all changed due to total deletion of various descriptions.

12-77 Medical Supplies List Updated

Codes Opened:

B4082	Nasogastric tubing without stylet. 3 units per month allowed. Effective 4/1/12.
E0326	Urinal; female, jug/type, any material. Effective 5/1/12.
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment. Effective 10/17/11.

Codes Closed, effective 7/1/12:

E2358	Group 34 non-sealed lead acid battery
E2360	22 NF non-sealed led acid battery
E2362	Group 24 non-sealed lead acid battery
E2364	U-1 non-sealed lead acid battery

Codes with unit limit increases, effective 4/17/12:

A4230	Infusion set external insulin pump, non needle cannula – 15 per month
A4232	Syringe w/needle, external insulin pump, sterile, 3 cc – 15 per month
A4253	Blood glucose test, reagent strips, 50 per box – 6 boxes per month
A4259	Lancets, per box of 100 – 3 boxes per month
S1040	Cranial remodeling helmet; post craniosynostosis surgery - up to 4 helmets will be allowed. Prior authorization is required for each helmet. Plagiocephaly diagnosis, only one helmet allowed, prior authorization is required.

Codes with changes in unit limit description, effective 5/1/12:

A6550	Wound care set, for negative pressure wound therapy (NPWT) electrical pump; limited to 15 per wound/per NPWT cycle. Prior authorization is required.
A7000	Canister, disposable, used with suction pump; limited to 10 per wound/per NPWT cycle with E2402 and 2 per month with E0600. Prior authorization is required.

Codes with price changes, effective 7/1/12:

E2359	GR34 sealed lead acid battery

Codes no longer allowed to be purchased, effective 7/1/12 (continue to be available as rental):

E1240	Lightweight wheelchair, detachable arms (desk or full length) swing away, detachable elevating leg rests
E1260	Lightweight wheelchair detachable arms (desk or full length) elevating leg rests
E1295	Heavy duty fixed full length arms, elevating leg rests

12-78 Audiology Provider Manual Updates

Code Corrections:

Cross-reference coding corrections have taken place for codes V5255, V5256, and V5257. No changes have been made to the benefits.

Codes Open to Audiologists:

92565 Stenger test, pure tone

92570 Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing

92584 Electrocochleography

95992 Canalith repositioning procedure(s), (e.g. Epley maneuver, Semont maneuver), per day

12-79 Speech Provider Manual Update

Code Clarification:

E2511 Speech generating software program, for personal computer or personal digital assistant

Additional criteria has been added to InterQual to clarify that approval is only to be given to those individuals who would meet the same criteria for a speech generation device. Please review the current InterQual criteria found on the website.

12-80 Dental Provider Manual Updates

Effective July 1, 2012, emergency dental services for non-pregnant adults will be implemented. Emergency dental coverage is described in §1GENERAL POLICY of the Dental Provider Manual (pg.3). Pregnant women and individuals eligible for EPSDT will remain eligible for the services currently described in the provider manual.

Emergency Services: Treatment of an unforeseen, sudden, and acute onset of symptoms or injuries requiring immediate treatment, where delay in treatment would jeopardize or cause permanent damage to a person's dental or medical health. Emergency services definition can be located in the Dental Provider Manual in §1-3 Definitions (Pg. 3).

Diagnostic Services: Emergency dental services to non-pregnant adults ages 21 and older are limited. The following dental code(s) have been opened:

- D0140 Limited oral evaluation, problem focused
- D0220 Intraoral-periapical, first film
- D0230 Intraoral-periapical, each additional film, if needed
- D7140 Extraction, erupted tooth or exposed root
- D7210 Surgical removal erupted tooth req elev flap, bone removal
- D7510 Incision and drainage of abscess, intraoral soft tissue

Provider Manual Changes: The following changes have been made in the Dental Services Provider Manual:

1) Section 1 General Policy (Pg.3):
   a. Dental services are available to clients who are pregnant women or who are individuals eligible under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program.
   b. Effective July 1, 2012, emergency dental services for non-pregnant adults with Traditional and Non-Traditional Medicaid will be covered as described in §1-15 Emergency Service section of this policy manual.

2) Section 1-5 Diagnostic Services (Pg. 4):

   a. Code D0140: A limited oral evaluation, problem focused.

3) Section 1-15 Emergency Services (Pg. 8):

4) Section 5-1 Table Headings Defined (pg.16): Code D0140: Previous criteria and limits removed.

12-81 Pharmacy Program Updates

Pharmacy Provider Manual Updates

Chapter 5-8 Vitamins

Prenatal vitamins are only covered for pregnant women. Prenatal vitamins are not covered post-delivery. Claims for prenatal vitamins will not be covered, unless the client has notified her caseworker and the eligibility file reflects the client is pregnant.

Drug Criteria and Limits Provider Manual Attachment Updated

The Drug Criteria and Limits attachment has been updated. Please refer to this attachment for information regarding specific drug limitations and criteria.

Drug Utilization Review Board Updates

In April 2012, the DUR board reviewed new fentanyl formulations: Actiq, Lazanda, Onsolis, and Subsys. These drugs are all non-preferred on the Utah Medicaid Preferred Drug List. These drugs are indicated for cancer pain only. Each requires a non-preferred prior authorization and a valid cancer diagnosis, which will be required to be submitted by the pharmacy at the POS.

The DUR board recently re-reviewed the prior authorization requirement for Risperdal Consta. The board recommended removing the prior authorization requirement, but will continue to require a diagnosis code. Utah Medicaid is currently working with the point-of-sale vendor to assess the feasibility of electronically extracting these diagnoses codes from electronic medical records. In the meantime, no prior authorization is required to fill Risperdal Consta; however, a diagnosis is required. A list of acceptable atypical antipsychotic diagnosis codes can be found attached to the Utah Medicaid Pharmacy Manual at: www.health.utah.gov/medicaid.

The DUR board recently re-reviewed the prior authorization requirement for several drugs. The following drugs no longer require prior authorization:

- Letaris
- Tracleer
- Tyvaso
- Ventavis

Utah MAC Pricing Vendor

Utah Medicaid has contracted with Goold Health Systems (GHS) to provide Maximum Allowable Cost (MAC) pricing maintenance. GHS will be evaluating and updating Utah MAC prices. They will be conducting quarterly MAC price surveys beginning April 2012. Provider participation is important to these surveys, since more responses mean more accurate pricing.

GHS is also responding to MAC pricing disputes. They can be reached at (855) 389-9505, or FAX at (877) 920-1069.

GHS will also be handling the quarterly pricing surveys in accordance with Utah Code 26-18-604(1)(e). Provider participation is equally important to ensure the results are representative.

Nursing Home Dispensing Fee

Utah Medicaid policy is to reimburse one dispensing fee per month for maintenance medications. Multiple dispensing fees will not be paid for unique dispensing methods, such as tray changes or delivering to a nursing home one tablet at a time. IV medications are excluded from this policy.

Preferred Drug List Updates

A new Preferred Drug List (PDL) has been posted and will become effective June 1, 2012. Five new categories and two new subcategories have been updated. A copy of the current PDL is posted on the Utah Medicaid Pharmacy Program website at: www.health.utah.gov/medicaid/pharmacy/PDL/directory.php.

Primary Care Network (PCN) Drug Criteria and Limits Manual Attachment Updated

The PCN Drug Criteria and Limits attachment has been updated. Please refer to this attachment for information regarding specific drug limitations and criteria.

Outpatient Cancer Therapy – Senate Bill 161 from the 2012 General Legislative Session

Utah Code 58-17b-309.5 addresses outpatient cancer treatment and the prescribing practitioners. If outpatient therapy is determined to be in the best interest of the patient, the prescribing practitioner may provide the treatment drugs directly to the patient (i.e. allowing the patient to circumvent the pharmacy).

The prescribing practitioner must inform the patient that the drug product(s) is/are available through pharmacies unaffiliated with the practitioner, be certified by the American Board of Internal Medicine in medical oncology, and must not mark-up or otherwise profit from supplying the drug product(s). The prescribing practitioner must be registered with Utah Medicaid as a "point of sale" in order to correctly bill Medicaid for the drug product(s) provided.

To learn more about enrolling as a "point of sale", see http://www.health.utah.gov/medicaid. To learn more about Senate Bill 161, see http://le.utah.gov/~2012/bills/sbillenr/SB0161.pdf, specifically lines 174 through 236.

12-82 Neuropsychological Testing Limits

Attention: Physicians, Psychologists, Mental Health Centers, Substance Abuse Providers, and Department of Human Services (DHS) Mental Health Providers

Effective October 1, 2012, neuropsychological testing will be subject to the following limitations:

Code 96116 Neurobehavioral status exam

This service will be limited to three hours per client per rolling year. Providers must request prior authorization for additional hours beyond the three-hour limit.

Code 96118 Neuropsychological testing

This service will be limited to eight hours per client per rolling year. Providers must request prior authorization for additional hours beyond the eight-hour limit.

For information on coverage and reimbursement limitations, providers must refer to Medicaid's web-based lookup tool, entitled "Coverage & Reimbursement Lookup Tool", located at: http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php.

To submit authorization requests, providers must follow the procedures outlined in Section I, General Information, of the Utah Medicaid Provider Manual. See Chapter 9, Prior Authorization. The Utah Medicaid Provider Manuals are located at www.health.utah.gov/medicaid. Click on the link 'Manuals' in the right-hand column.

The Utah Medicaid Provider Manual for Psychology Services, Section 2, has been updated as follows:

- See Chapter 1-3, Other Limitations, new item F, and the 'Limits' section of Chapter 2-2, Psychological Testing.

The Utah Medicaid Provider Manual for Mental Health Centers/Prepaid Mental Health Plan Providers, Section 2, has been updated as follows:

- See Chapter 2-1, General Limitations, new #3, and the 'Limits' section of Chapter 2-4, Psychological Testing.

The Utah Medicaid Provider Manual for Substance Abuse Treatment Services and Targeted Case Management for Substance Abuse, Section 2, has been updated as follows:

- See Chapter 2-1, General Limitations, new #3, and the 'Limits' section of Chapter 2-4, Psychological Testing.

The 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, Section 2, has been updated as follows:

- See Chapter 2-1, General Limitations, new item #2, and the 'Limits' section of Chapter 2-4, Psychological Testing.

Providers can access these manuals at www.health.utah.gov/medicaid. Click on the link 'Manuals' in the right-hand column. If you do not have Internet access or have questions about this article, contact Merrila Erickson at (801) 538-6501, or e-mail merickson@utah.gov.

12-83 Expansion of the Prepaid Mental Health Plan (PMHP) to Include Outpatient Rehabilitative Substance Use Disorder Services

Effective July 1, 2012, Medicaid's mental health managed care program, the Prepaid Mental Health Plan (PMHP), will be expanded in all counties covered under the PMHP (except Box Elder, Cache, and Rich counties) to include outpatient rehabilitative substance use disorder services. This means Medicaid recipients must get outpatient substance use disorder services through the PMHP contractor listed on their Medicaid cards. Substance abuse providers serving Medicaid recipients residing in counties covered under the expansion will no longer receive reimbursement from Medicaid on a fee-for-service basis for dates of service on or after July 1, 2012.

The following table shows PMHP contractors and coverage by county.

Prepaid Mental Health Plan Coverage by County

Prepaid Mental Health Plan Contractor (PMHP)	Counties	Inpatient & Outpatient Mental Health Services	Outpatient Rehabilitative Substance Use Disorder Services
Bear River Mental Health	Box Elder, Cache, Rich	Yes	No
Southwest Utah Behavioral Health	Beaver, Garfield, Iron, Kane, Washington	Yes	Yes
Four Corners Community Behavioral Health Center	Carbon, Emery, Grand	Yes	Yes
Northeastern Counseling Center	Daggett, Duchesne, Uintah	Yes	Yes
Davis Behavioral Health	Davis	Yes	Yes
Central Utah Counseling Center	Juab, Millard, Piute, Sanpete, Sevier, Wayne	Yes	Yes
Salt Lake County, Division of Behavioral Health Services/OptumHealth	Salt Lake	Yes	Yes
Valley Mental Health	Summit & Tooele	Yes	Yes
Wasatch Mental Health	Utah	Yes	No
Utah County Department of Drug & Alcohol Prevention & Treatment	Utah	No	Yes

Utah County

In Utah County, there will be two PMHP contractors. Wasatch Mental Health will continue to be the PMHP contractor responsible for mental health services. The Utah County Department of Drug & Alcohol Prevention & Treatment will become the PMHP contractor responsible for outpatient substance use disorder services. Utah County Medicaid recipients' Medicaid cards will also have 'Utah County Drug & Alcohol Svcs' listed.

This change does not affect the following:

1. Methadone maintenance services. Methadone maintenance services will not be included under the PMHP. Methadone maintenance providers will continue to bill Medicaid on a fee-for-service basis.

2. Children in state custody (foster care). These children are not enrolled in the PMHP for outpatient mental health services and will not be enrolled for the outpatient substance use disorder services. Department of Human Services caseworkers will continue to help these children get needed mental health or substance use disorder services from qualified providers. Providers will continue to bill Medicaid on a fee-for-service basis.

3. Children with state adoption subsidy who are exempted on a case-by-case basis from the PMHP for outpatient mental health services. Exempted children will be exempted for both outpatient mental health and substance use disorder services. Department of Human Services post-adoption workers will continue to help these children get needed mental health or substance use disorder services from qualified providers. Providers will continue to bill Medicaid on a fee-for-service basis.

4. Independent prescribers prescribing medications for a substance use disorder since the independent prescriber would not be part of a substance abuse treatment agency or program.

12-84 Medicaid Autism Waiver

The 2012 Legislature passed HB 272, which requires Utah Medicaid, as part of a two-year pilot program, to submit an application to the Centers for Medicare and Medicaid Services (CMS) seeking approval to implement a new home and community-based waiver program. The new program, the Medicaid Autism Waiver, is for children ages 2 through 5 diagnosed with an autism spectrum disorder.

CMS is the federal agency that has oversight of states' Medicaid programs. Utah Medicaid submitted the waiver application on July 1, 2012. CMS must approve the waiver application before Utah can implement the new program. CMS takes approximately 90 days to review a waiver submission, but may take longer if it has significant questions about the application.

Based on available funding, it is anticipated that the waiver will be able to serve approximately 200 children continuously throughout the pilot period. Applicants will be admitted to the waiver through an open enrollment process. Open enrollment dates are likely to occur in the fall of 2012, but the exact date is dependent on CMS approval.

Additional information about covered services, provider qualifications, and the open enrollment process and dates can be found online at: www.health.utah.gov/autismwaiver.

12-85 Utah Clinical Health Information Exchange Enrollment Notice

Medical Assistant Recipients and the cHIE

State law requires that Medical Assistance (Medicaid, CHIP, UPP, PCN) recipients be enrolled in the Utah Clinical Health Information Exchange (cHIE). The cHIE is a system that keeps complete, up-to-date records of a patient's medical history. Recipients' consent status in the cHIE will be set to PARTICIPATE and will remain in effect for five years or until age 18 for minors. At anytime, recipients have the right to opt out by changing their consent status to NOT PARTICIPATE in the cHIE. Recipients are instructed to find more information about the cHIE or information about how to not participate in the cHIE, by visiting www.mychie.org or contacting their healthcare provider.

One way for an individual to change their participating status in the cHIE is to have their medical provider submit a form to the cHIE on behalf of the individual. This form can be found at:
http://www.mychie.org/files/consent/cHIE_Patient_Consent_and_Change_Form.pdf.

The completed form can be sent to the cHIE by:

Mail: Washington Building
151 East 5600 South, Suite 320
Murray, Utah 84107

Fax: (801) 466-7169

More About the cHIE

The cHIE, pronounced *chee*, is Utah's Clinical Health Information Exchange. It is a new service provided by the Utah Health Information Network (UHIN), a broad-based coalition of Utah healthcare professionals, insurers, state government and other interested parties. Its goal is to improve the quality of healthcare and reduce healthcare costs.

The cHIE connects different healthcare organizations with different Electronic Medical Record systems (EMRs) through a secure, electronic network – hospitals, private practices, pharmacies, labs, imaging centers and other healthcare entities. The cHIE provides a secure way for authorized healthcare professionals to access and share medical information for shared patients with patient permission. For a list of healthcare organizations currently sending medical information to the cHIE, visit www.mychie.org/community.

UHIN and the healthcare community are working to grow the cHIE. The goal of the cHIE is to connect healthcare professionals throughout the state and enroll medical recipients. Healthcare professional connections + patient participation = improved quality of care and lower costs. Medicaid encourages providers to get connect to cHIE.

Getting Connected to the cHIE

By getting connected to the cHIE, you are able to safely and securely transfer patient medical information. When your EMR is securely connected, you can push data from your EMR to the cHIE and pull data from the cHIE to your EMR. This allows you to keep the most up-to-date, accurate and complete information about your patients.

If your organization does not have an EMR, has limited resources for an EMR, or only needs a basic EMR, you can use the cHIE's built-in EMR tool. This basic EMR is offered at no additional charge with your cHIE membership. This EMR includes features such as clinical messaging, workflow management, clinical decision support, referrals and consults, e-prescribing, inbox management, patient summaries, encounters and public health alerts.

What Does the cHIE Cost?

Patient participation in the cHIE is voluntary and FREE. Healthcare professional participation is offered at a low cost. Healthcare professional offices pay a fee based on office size and number of prescribing clinicians; hospitals pay a fee based on the most recent discharge data published by the Utah Department of Health.

Learn More About the cHIE Today

To learn more about joining the cHIE, or to schedule an appointment to begin the enrollment process, contact a cHIE Member Representative by phone at 877-693-3071 or email chie@uhin.org.