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14-40 MMIS Replacement News

This spring, the first of five planned releases for the new Medicaid Management Information System replacement will debut. This first release will include improvements to the Medicaid website at <http://health.utah.gov/medicaid> and the addition of an Eligibility Look Up feature.

Website Update

The Utah Medicaid website serves as a communication vehicle for the transfer of Utah Medicaid program news, updates, knowledge, and general information for providers, beneficiaries, and the general public. In addition, the Utah Medicaid website will act as a future gateway for pointing providers and members to their respective portals in the new MMIS.

The first release of the new MMIS will provide several benefits for website users. It will reorganize information into more user friendly interfaces and clean up obsolete links and information. In addition, it will provide significant back-end improvements that will help in timely updates.

Eligibility Look Up Feature

Another important piece of the first release will be the Eligibility Look Up feature. This component of the website provides the functionality for a provider to electronically view a member's Medicaid eligibility information for a specified month and year.

Please stay tuned for future updates in the MIB regarding the MMIS replacement project.

Additional Medicaid Information

Salt Lake City Area: (801) 538-6155

Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona, Nevada: 1-800-662-9651

Other States: (801) 538-6155

Request a Medicaid Publication

Send a Publication Request form:

By Fax: (801) 536-0476

By Mail: Division of Medicaid and Health Financing
PO Box 143106, Salt Lake City, UT 84114

14-41 Pharmacy Program Updates

Benzodiazepines and Barbiturates – Medicare Part D Coverage

Effective January 1, 2014, barbiturates and benzodiazepines are no longer excludable under Medicaid. These drugs are now included with all other covered outpatient drugs and coverage for dual eligible beneficiaries reverts to Medicare Part D. As such, they are no longer covered for dual eligible beneficiaries.

Non-Traditional Medicaid and Primary Care Network (PCN) Pharmacy Co-pay Changes

Effective January 1, 2014, beneficiaries with Non-Traditional and PCN plans will have changes that will affect their pharmacy co-pays.

Beneficiaries with Non-Traditional Medicaid will have a maximum \$15.00 co-pay per calendar month. Individual prescription co-pays for covered drugs will not exceed \$3.00.

Beneficiaries with PCN will be limited to a maximum of a \$15.00 in co-pays per calendar month. Individual prescription co-pays for covered drugs will not exceed \$3.00. PCN beneficiaries will still have a limit of four prescriptions per calendar month. Diabetic testing supplies will not count towards the four prescription limit. The first diabetic supply received in the month will have a \$3.00 co-pay, and subsequent diabetic supply prescriptions obtained will not be charged a co-pay.

14-42 Coding Change for Outpatient Hospital-Based Clinics (Facility)

Since July 1, 2010, outpatient hospital-based clinics have been eligible to receive reimbursement to the facility for evaluation and management (E&M) codes. Since this implementation, the CPT codes that have been used are 99201-99205 and 99211-99215.

CMS has proposed changes to the methodology for how these codes are billed. Under this new methodology, effective January 1, 2014, OPPS will reimburse one code, G0463, instead of the various E&M codes noted above.

Hospital-based clinics are defined as those clinics having an approval letter from CMS designating them as meeting the policy requirements for provider-based designation as described in 42 CFR 413.65. Providers having such an approval letter may submit that documentation to Andrew Ozmun at aozmun@utah.gov for review.

Payments for these services will be through the usual claims process for outpatient hospital services.

14-43 Dental Services Manual and Oral Maxillofacial Surgeon Services Manual Combined

The Dental Services and Oral Maxillofacial Surgeon Services Provider Manuals have been combined, revised, and reformatted. The new manual is titled: Dental, Oral Maxillofacial, and Orthodontia Services Utah Medicaid Provider Manual. It is available at www.health.utah.gov/medicaid.

The Dental Services and Oral Maxillofacial Surgeon Services Provider Manuals will be archived.

14-44 Anesthesiology Policy Change

Effective January 1, 2014, reimbursement will be 100% of fee schedule for single block injection or epidural catheter placement administered for post-operative pain management.

14-45 Medical Transportation Codes

January 2014 Codes Non-Covered

S9960 Ambulance service, conventional air services, non-emergency transport, one way (fixed wing)

S9961 Ambulance service, conventional air services, non-emergency transport, one way (rotary wing)

14-46 HCPCS 2014

The codes listed are effective January 1, 2014, unless otherwise noted.

Covered Codes

10030 Image-guided fluid collection drainage by catheter (e.g., abscess, hematoma, seroma, lymphocele, cyst) soft tissue (e.g., extremity, abdominal wall, neck), percutaneous

19081 Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance

19082 . . . each additional lesion, including stereotactic guidance (add on code)

- 19083 Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance
- 19084 . . . each additional lesion, including ultrasound guidance (add on code)
- 19085 Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance
- 19086 . . . each additional lesion, including magnetic resonance guidance (add on code)
- 19281 Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance
- 19282 . . . each additional lesion, including mammographic guidance (add on code)
- 19283 Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), when performed, and imaging of biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance
- 19284 . . . each additional lesion, including stereotactic guidance (add on code)
- 19285 Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), when performed, and imaging of biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance
- 19286 . . . each additional lesion, including ultrasound guidance (add on code)
- 19287 Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance
- 19288 . . . each additional lesion, including magnetic resonance guidance (add on code)
- 23333 Remove foreign body shoulder; deep (subfascial or intramuscular)
- 23334 Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component
- 23335 . . . humeral and glenoid components (total shoulder)
- 34841 Endovascular repair of visceral aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac, and/or renal artery(s))
- 34842 . . . including two visceral artery endoprostheses (superior mesenteric, celiac, and/or renal artery(s))
- 34843 . . . including three visceral artery endoprostheses (superior mesenteric, celiac, and/or renal artery(s))

- 34844 . . . including four or more visceral artery endoprosthesis (superior mesenteric, celiac, and/or renal artery(s))
- 34845 Endovascular repair of visceral aorta and infrarenal abdominal aorta ((e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac, and/or renal artery(s))
- 34846 . . . including two visceral artery endoprosthesis (superior mesenteric, celiac, and/or renal artery(s))
- 34847 . . . including three visceral artery endoprosthesis (superior mesenteric, celiac, and/or renal artery(s))
- 34848 . . . including four or more visceral artery endoprosthesis (superior mesenteric, celiac, and/or renal artery(s))
- 37236 Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery
- 37237 . . . each additional artery (add on code)
- 37238 Transcatheter placement of an intravascular stent(s) open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein
- 37239 . . . each additional vein (add on code)
- 37241 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intra-procedural road mapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (e.g. congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)
- 37242 . . . arterial, other than hemorrhage or tumor (e.g., congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudo aneurysms)
- 37243 . . . for tumors, organ ischemia, or infarction
- 37244 . . . for arterial or venous hemorrhage or lymphatic extravasation
- 43191 Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed
- 43192 . . . with directed submucosal injection(s); any substance
- 43193 . . . with biopsy, single or multiple
- 43194 . . . with removal of foreign body
- 43195 . . . with balloon dilation (less than 30 mm diameter)

- 43196 . . . with insertion of guide wire followed by dilation over guide wire
- 43197 Esophagoscopy, flexible, transnasal; diagnostic, includes collection of specimen(s) by brushing or washing when performed
- 43198 . . . with biopsy single or multiple
- 43211 Esophagoscopy, flexible, transoral; with endoscopic mucosal resection
- 43212 . . . with placement of endoscopic stent (includes pre and post-dilation and guide wire passage, when performed)
- 43213 . . . with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)
- 43214 . . . with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)
- 43229 . . . with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre and post-dilation and guide wire passage, when performed)
- 43233 Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)
- 43253 . . . with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (e.g. anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic US exam of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)
- 43254 . . . with endoscopic mucosal resection
- 43266 . . . with placement of endoscopic stent (includes pre and post-dilation and guide wire passage, when performed)
- 43270 . . . with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre and post-dilation and guide wire passage, when performed)
- 43274 Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage when performed, including sphincterotomy, when performed, each stent
- 43275 . . . with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)
- 43276 . . . with removal and exchange of stent(s), biliary or pancreatic duct(s), including pre- and post- dilation and guide wire passage when performed, including sphincterotomy, when performed, each stent exchanged
- 43277 . . . with trans-endoscopic balloon dilation of biliary or pancreatic duct(s), or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct

- 43278 . . . with placement of endoscopic stent (includes pre and post-dilation and guide wire passage, when performed)
- 49405 Image-guided fluid collection drainage by catheter (e.g. abscess, hematoma, seroma, lymphocele, cyst); visceral (e.g. kidney, liver, spleen, lung/mediastinum), percutaneous
- 49406 . . . peritoneal or retroperitoneal, percutaneous
- 49407 . . . peritoneal or retroperitoneal, transvaginal or transrectal
- 52356 Cystourethroscopy, with ureteroscopy and/or pyleoscopy; with lithotripsy including insertion of indwelling urethral stent (e.g. Gibbons or double-J type)
- 64616 Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (e.g. for cervical dystonia, spasmodic torticollis) (excludes RF ablation method)
- 64617 . . . Larynx, unilateral, percutaneous (e.g. for spasmodic dysphonia), includes guidance by needle electromyography, when performed) (excludes RF ablation method)
- 64642 Chemodenervation of one extremity; 1-4 muscle(s) (excludes RF ablation method)
- 64643 . . . Each additional extremity, 1-4 muscle(s) (add on code) (excludes RF ablation method)
- 64644 Chemodenervation of one extremity; 5 or more muscle(s) (excludes RF ablation method)
- 64645 . . . Each additional extremity, 5 or more muscle(s) (add on code) (excludes RF ablation method)
- 64646 Chemodenervation of trunk muscle(s); 1-5 muscle(s) (excludes RF ablation method)
- 64647 . . . 6 or more trunk muscles (excludes RF ablation method)
- 66183 Insertion of anterior segment aqueous drainage device, without extraocular reservoir; external approach
- 80155 Caffeine
- 80159 Clozapine
- 80169 Everolimus
- 80171 Gabapentin
- 80175 Lamotrigine
- 80177 Levetiracetam
- 80180 Mycophenolate (mycophenolic acid)
- 80183 Oxcarbazepine
- 80199 Tiagabine

- 80203 Zonisamide
- 88343 Immunohistochemistry or immunocytochemistry, each additional separately identifiable antibody per slide (add on code)
- 92521 Evaluation of speech fluency (e.g. stuttering, cluttering)
- 92522 Evolution of speech sound production (e.g. articulation, phonological process, apraxia, dysarthria)
- 92523 . . . With evaluation of language comprehension and expression (e.g. receptive and expressive language)
- 93582 Percutaneous transcatheter closure of patent ductus arterious (includes heart cath)
- 99481 Total body systemic hypothermia in a critically ill neonate per day (add on code)
- 99482 Selective head hypothermia in a critically ill neonate per day (add on code)

Non-Covered Codes

- 33366 Transcather aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (e.g. left thoracotomy)
- 37217 Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, or percutaneous and radiological supervision and interpretation
- 81287 MGMT 0-6-methylguanine-DNA Methyltransferase (e.g. glioblastoma multiforme), methylation analysis
- 81504 Oncology (tissue of origin), microarray gene expression profiling of >2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores
- 87661 Trichomonas vaginalis, amplified probe technique
- 92524 Behavioral and qualitative analysis of voice and resonance
- 93583 Percutaneous transcatheter septal reduction therapy (e.g. alcohol septal ablation) including temporary pacemaker insertion when performed and left heart cath
- 94669 Mechanical chest wall oscillation to facilitate lung function, per session
- 97610 Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care per day
- 99446 Inter professional telephone/internet assessment and management provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician and other qualified health care professional; 5-10 minutes of medical consultative discussion and review
- 99447 . . . 11-20 minutes of medical consultative discussion and review
- 99448 . . . 21-30 minutes of medical consultative discussion and review

99449 . . . 31 minutes of more of medical consultative discussion and review

Manual Review

77293 Respiratory motion management simulation (add on code). Submit documentation for review when billing for the IMRT procedure code 77301.

Prior Authorization

81507 Fetal aneuploidy (trisomy 21, 18, 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy. Criteria for consideration for serum SNA testing includes: previous pregnancy with fetal trisomy or family history of trisomy (646.3; V18.4), maternal age greater than 35 at delivery (v23.81;v23.82), or 1-2 fetal structural abnormalities on US (v28.3;v28.89) or Screen positive result for aneuploidy on first trimester test (v23.87; V72.69).

14-47 Medical Supplies

Codes Opened January 1, 2014

- A7047 Oral interface used with respiratory suction pump. Quantity limit of 1 every three months. Purchase only.
- E1352 Oxygen flow regulator, capable of positive inspiratory pressure. Quantity limit of 1 every five years as a purchase. Capped rental after 12 rental months.
- L0455 TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above t-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf
- L0457 TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf
- L0467 TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf
- L0469 TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf
- L0641 Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps,

closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf

- L0642 Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
- L0643 Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
- L0648 Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
- L0649 Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
- L0650 Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
- L0651 Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf
- L1812 Knee orthosis, elastic with joints, prefabricated, off-the-shelf
- L1833 Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the-shelf
- L1848 Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf
- L3678 Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf
- L3809 Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type

- L3916 Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf
- L3918 Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf
- L3924 Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf
- L3930 Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf
- L4361 Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf
- L4387 Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf
- L4397 Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf
- L5969 Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)
- L8679 Implantable neurostimulator, pulse generator, any type. Provider type 01 only.
- T4544 Adult disposable incontinent product, above extra-large, each. Unit limit of 156 for disabled beneficiaries and 312 for beneficiaries on a waiver program without prior authorization.

January 2014 Codes Not Opened

- A4555 Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only
- E0766 Electrical stimulation device used for cancer treatment, includes all accessories, any type

Codes currently open in Medicaid that are being discontinued January 1, 2014

- A4611 Battery, heavy duty; replacement, patient owned ventilator
- A4612 Battery cables; replacement, patient owned ventilator
- L8685 Implantable neurostimulator pulse gen, single array, rechargeable, includes extension
- L8686 Implantable neurostimulator pulse gen, single array, non-rechargeable, includes extension
- L8687 Implantable neurostimulator pulse gen, dual array, rechargeable, includes extension
- L8688 Implantable neurostimulator pulse gen, dual array, non-rechargeable, includes extension

14-48 Speech Codes

Codes Opened January 1, 2014

92521 Evaluation of speech fluency

92522 Evaluation of speech production

92523 Evaluation of sound production with evaluation of language comprehension and expression

January 2014 Code Not Opened

92524 Behavioral qualitative analysis of voice and resonance

January 1, 2014, Discontinued Code

92506 Evaluation for speech, language, voice communication, auditory processing, and/or aural rehabilitation status

14-49 Tamiflu / Relenza – PA Requirements Temporarily Removed

Effective January 17, 2014, through February 14, 2014, all Tamiflu/Relenza prior authorization (PA) requirements have been temporarily removed. At the end of this period, the policy will be reviewed to determine the next steps.

Pharmacies that encounter difficulties in receiving paid claims may call Utah Medicaid for an override. The customer service phone numbers are (801) 538-6155 or toll-free 1-800-662-9651.

Please note that the PA removal applies only to fee-for-service Medicaid, and not the Accountable Care organization (ACOs). The ACOs (Health Choice Utah, Healthy U, Molina, and Select Health) have been informed of this policy change. The ACOs will need to go through their own internal review process. Please contact the applicable ACO with questions.

Health Choice Utah (877) 358-8797

Healthy U (877) 895-7159

Molina (888) 483-0760

Select Health 1-800-442-3129