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#### 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

Unless otherwise noted, all changes take effect on July 1, 2015

**15-49 2015 Medicaid Statewide Provider Training**

Utah Medicaid providers are invited to attend the 2015 Medicaid Statewide Provider Training seminars. See below for the schedule, including three new locations: Gunnison, Payson, and Moab. Also, please note that the training sessions in St. George and Ogden have been moved to new venues.

This year’s sessions will address helpful tips on billing, common billing errors, and important changes regarding Medicaid. Information on the new updates to the provider portal, PRISM (Provider Reimbursement Information System for Medicaid), will also be provided. The Office of Inspector General will be joining each session to give advice and information on fraudulent billing. The last half hour of each session will be dedicated to pre-authorization information and training.

Each session will run 2 to 2 ½ hours. We invite and encourage all office staff to attend. Please RSVP either by email at [providertrainingsupport@utah.gov](mailto:providertrainingsupport@utah.gov), or by leaving a telephone message at (801) 538-6930. Please provide your name, name of your group, how many will be in attendance, which session you plan to attend, contact name, and telephone number. If you will be attending the pre-authorization training, please indicate so.

We look forward to seeing you!

**Statewide Provider Training Schedule 2015**

CITY	DATE	LOCATION	TIME
Tooele	07/28/2015	Tooele Health Department 151 North Main Room 180 Tooele, UT	9:30 – 12:00
American Fork	07/29/2015	American Fork Hospital 170 North 1100 East Classroom 1 American Fork, UT	9:30 – 12:00
Riverton*  *2 Sessions	07/30/2015	Riverton Hospital 3741 West 12600 South Riverton Room Riverton, UT	9:30 – 12:00  1:30 – 4:00
Richfield	08/04/2015	Richfield EMS Building 50 West Westview Drive (925 North) Upstairs Training Room Richfield, UT	1:00 – 3:30

Gunnison**  **New Location	08/05/2015	Gunnison Valley Hospital 64 East 100 North East Conference Room Gunnison, UT	9:30 – 12:00
Nephi	08/06/2015	Central Valley Hospital 46 West 1500 North Education Room Nephi, UT	9:30 – 12:00
Salt Lake City FQHC (FQHC Providers Only)	08/11/2015	FQHC 860 East 4500 South #206 Salt Lake City, UT	9:30 – 12:00
Logan	08/12/2015	Environmental Health Building 85 East 1800 North Conference Room Logan, UT	9:30 – 12:00
Taylorsville*  *2 Sessions	08/13/2015	DWS – South County Center 5735 South Redwood Road Salt Lake City, UT	9:30 – 12:00  1:30 – 4:00
Panguitch	08/18/2015	Garfield Memorial Hospital 200 North 400 East Administrative Conference Room Panguitch, UT	9:30 – 12:00
Kanab	08/19/2015	Kane County Hospital 355 North Main Conference Room Kanab, UT	9:30 – 12:00
Ogden* **  *2 Sessions  ** New Venue	08/25/2015	McKay Dee Hospital 4401 Harrison Boulevard Thomas D Dee Auditorium Ogden, UT	9:30 – 12:00  1:30 – 4:00
Provo*  *2 Sessions	08/26/2015	Utah Valley Regional Medical Center 1134 North 500 West Clark Auditorium Provo, UT	9:30 – 12:00  1:30 – 4:00
Heber City	09/01/2015	Wasatch Health Department 55 South 500 East Conference Room B Heber City, UT	9:30 – 12:00

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Roosevelt	09/02/2015	Northeastern Counseling Center 285 West 800 South Roosevelt, UT	9:30 – 12:00
Park City	09/03/2015	Park City Medical Center 900 Round Valley Drive Park City, UT	9:30 – 12:00
Salt Lake City*	09/09/2015	State Library for the Blind & Disabled 250 North 1950 West Multi-Purpose Room Salt Lake City, UT	9:30 – 12:00 1:30 – 4:00
*2 Sessions			
Payson**	09/10/2015	Mountain View Hospital 1000 East 100 North Medical Plaza Classroom 325 Payson, UT	1:00 – 3:30
**New Location			
Fillmore	09/15/2015	Fillmore Community Medical Center 674 South Highway 99 Fillmore, UT	1:00 – 3:30
Cedar City	09/16/2015	Iron County School District 2077 Royal Hunt Drive Cedar City, UT	9:30 – 12:00
St. George* **	09/17/2015	Dixie Regional Medical Center 1424 East Foremaster Select Health Auditorium St. George, UT	9:30 – 12:00 1:30 – 4:00
*2 Sessions			
**New Venue			
Price	09/22/2015	Southeastern Health Department 28 South 100 East Price, UT	1:00 – 3:30
Montezuma Creek	09/29/2015	Montezuma Creek Clinic East Highway 262 Montezuma Creek, UT	9:30 – 12:00
Monticello	09/30/2015	San Juan Regional Hospital 380 West 100 North Monticello, UT	9:30 – 12:00
Moab**	10/01/2015	Moab Regional Hospital 450 Williams Way Education Center Moab, UT	9:30 – 12:00
**New Location			

## 15-50 Provider Enrollment Applications and Re-Credentialing

Effective July 1, 2015, providers submitting applications for Medicaid enrollment or re-credentialing of an existing enrollment, must send in a completed application packet with all required documentation and information. If the submission is incomplete or incorrect, the provider will be notified by letter that the application was not accepted due to missing and or incorrect documentation or information and the application will be discarded. Medicaid will consider a new application if the provider submits a completed application packet that includes all required documentation and information.

Chapter 6-1, *Section I-General Information Provider Manual*, has been updated. Online provider enrollment information can be found on the Medicaid website at <https://medicaid.utah.gov>.

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## 15-51 Changes Coming December 2015: PRISM's Release 3

Utah Medicaid is replacing the Utah Medicaid Management Information System (MMIS) with a new system called Provider Reimbursement Information System for Medicaid (PRISM). PRISM is implementing its third release in December 2015. Release 3 will focus on the Provider Enrollment component of this system, providing the ability to complete online enrollment and changes. Additional functionality will be available when the complete system is implemented in 2017.

Beginning in 2016, providers applying to become new Medicaid providers will enroll online. Current Medicaid providers' enrollment records will be converted to the new system in order to ease the transition between MMIS and PRISM, as well as eliminate the need for providers to re-enroll as a Medicaid provider. We will alert you when this occurs; you will have time to review the converted information, to validate that it is correct and make any needed modifications to your information in PRISM. Providers will receive a letter specifying the provider portal URL web address with instructions on how to log in to PRISM to validate and modify information. Online training will be available to assist with navigating the steps, along with contact information in case you encounter problems during the process.

To prepare for Release 3 and to provide timely and adequate information to providers, the PRISM Team is requesting participation from providers to test the system. We also need participation from administrative staff working with providers who access the system for provider enrollment. Testing will be conducted during the month of November. We will be asking providers to do one or more of the following to test the system:

- Validate converted provider enrollment data
- Make any needed modifications to enrollment data
- Enter new enrollment data into the system

If you and/or your administrative staff are interested in participating in system testing for Release 3 with the PRISM Project, please email [prism@utah.gov](mailto:prism@utah.gov) with your contact information.

Unless otherwise noted, all changes take effect on July 1, 2015

In addition, provider training for all components of PRISM's Release 3 will be conducted during November and December of 2015. Please bookmark the PRISM Training Home Page for providers, <https://medicaid.utah.gov/prism-provider-training>, for training specifics that will be added as the time nears.

Also, in preparation for the Release 3 Go-Live, we are alerting all system users that the provider portal will be accessible via certain web browser versions. In order to ensure system security, the following are minimum web browser and OS requirements for PRISM to work adequately:

- Chrome 18.0+ (Windows or Linux)
- Firefox 11.0+ (Windows or Linux)
- IE 9.0+ (Windows) – **Please note: IE 8.0 will not be supported**
- Safari 6.0+ (Mac only; Windows version is unsupported)

All browsers must support:

- HTML 4.01+
- Javascript 1.2
- Enable Cookies

Web browser versions less than these noted may not work as expected. If you currently use a non-supported browser, we highly recommend upgrading soon to a browser that supports PRISM. Please contact your system administrator to ensure that your systems are compliant with PRISM requirements. If you are the system administrator, the following are some links to assist with upgrading:

- **IE 9**  
<http://www.microsoft.com/en-us/download/internet-explorer-9-details.aspx>
- **IE 10**  
<https://support.microsoft.com/en-us/product/internet-explorer/internet-explorer-10>
- **IE 11**  
<http://windows.microsoft.com/en-us/internet-explorer/download-ie>
- **Firefox**  
<https://www.mozilla.org/en-US/firefox/new/>
- **Firefox older versions than current**  
<https://support.mozilla.org/en-US/kb/install-older-version-of-firefox>
- **Safari**  
<https://support.apple.com/downloads/#safari>
- **Chrome**  
<https://www.google.com/chrome/browser/desktop/>

We will continue to share updated information through future MIB articles, the Medicaid website, and information sent by email from Medicaid staff. Updated information can be found on the Medicaid website under the Administration & Publications tab by selecting "Medicaid Information System (PRISM)" or by clicking [here](#).

## 15-52 CHEC Provider Manual Updated

Effective July 1, 2015, the *Utah Medicaid Provider Manual for CHEC Services* has been updated as follows:

- Chapter 2-6 has been updated to encourage discussion of oral health practices and encouragement to regularly visit a dentist.
- Chapter 3-2 has been updated showing a procedure code to use with the well-child code when applying fluoride varnish as part of the well-child visit. Use procedure code 99188 for the additional payment. Medicaid will now pay for application of fluoride varnish as part of a well-child visit through 4 years of age. The contact number for the UDOH Oral Health Program has also been updated.
- Chapter 4-2 has been updated to remove the EP and TS modifiers.
- The CHEC Periodicity Schedule has been updated to remind providers to apply fluoride varnish.

Providers may access the current and revised provider manual at <https://medicaid.utah.gov>. If you have questions about this article, contact Julie Olson, [julieolson@utah.gov](mailto:julieolson@utah.gov), or (801) 538-6764.

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## 15-53 Targeted Case Management for Individuals with Serious Mental Illness Provider Manual Updated

Effective July 1, 2015, the *Targeted Case Management for Individuals with Serious Mental Illness Provider Manual* has been updated with the following:

- Chapter 1-5, A., an update has been made to the entities qualified to provide this service.

The updated provider manual is available at <https://medicaid.utah.gov>.

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## 15-54 General Attachments – Prepaid Mental Health Plans Updated

The *General Attachments – Prepaid Mental Health Plans* has been updated July 1, 2015. This attachment provides information on each Prepaid Mental Health Plan (PMHP) contractor, including counties covered by each PMHP contractor, contact phone numbers, including phone numbers to call for prior authorization of inpatient mental health services.

Outpatient mental health and substance use disorder services must be provided by or through the PMHP and its panel of providers. For questions about provisions of outpatient services, contact the applicable PMHP contractor.

The updated attachment is available at <https://medicaid.utah.gov>.

## **15-55 New Choices Waiver Provider Manual Updated**

The New Choices Waiver state implementation plan has been renewed, effective July 1, 2015. The most significant changes include an increase to the enrollment cap, changes to the admission policy, and updates to the care planning process.

The *New Choices Waiver Provider Manual* has been updated to reflect the changes made during the waiver renewal process. Every section of the provider manual includes at least one or more revision. All New Choices Waiver providers are strongly encouraged to review the manual in its entirety.

Please direct any questions to the New Choices Waiver Program Manager, Trecia Carpenter, [treciap@utah.gov](mailto:treciap@utah.gov), or (801)538-6861.

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## **15-56 1915(C) HCBS Waiver Amendments, Renewals, and Applications**

The following Home and Community-Based Services waiver programs have had amendments submitted to CMS in order to comply with legislation passed in the 2015 general session:

Acquired Brain Injury Waiver  
Physical Disabilities Waiver  
Technology Dependent Waiver

The passage of HB199 during the legislative session will create a new waiver, titled the Medically Complex Children's Waiver. The State will also be submitting a renewal application to CMS for the Medicaid Autism Waiver.

All five State Implementation Plans were submitted to CMS by June 30, 2015. Copies of the final drafts, and a summary of the changes, may be found at <http://health.utah.gov/lc>.

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## **15-57 Coverage Changes for Physician Administered Drugs**

Effective October 1, 2015, Utah Medicaid will implement programming to compare physician administered drugs to the submitted National Drug Code (NDC). The program will compare the submitted information to a crosswalk of physician administered drugs and NDCs. If the submitted combination is unmatched, the claim will deny. The NDCs must be rebateable and active to be considered for reimbursement. This applies to claims administered in physician offices or in outpatient settings.



Unless otherwise noted, all changes take effect on July 1, 2015

Please review the proposed crosswalk and the associated effective dates on our website at:

<https://medicaid.utah.gov/pharmacy/resource-library>

Providers interested in submitting requests for consideration of additional NDCs, or to make changes to existing drugs may do so via the *Physician Administered Drug List Review Request Form*, available on our website at:

<https://medicaid.utah.gov/pharmacy/prior-authorization>

Requests to consider coverage of additional drugs, or to make changes to existing drugs, will be addressed in the order received.

The Physician Administered Drug List is comprised of FDA approved drugs that are to be administered in physicians' offices or outpatient facilities by doctors or eligible staff. The drugs must be reasonable, necessary, and indicated for the diagnoses, or effective treatments of specific illnesses or injuries based on accepted standards of medical practice. All other program plan coverage and limitations still apply. For specific program and plan coverage information, please refer to the Utah Medicaid Lookup Tool at:

<http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>

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## **15-58      340 B Participation of HCPCS Physician Administered Claims**

Providers enrolled in a Utah Medicaid program that purchase drugs pursuant to the 340B pricing schedule must bill Utah Medicaid the actual acquisition cost of all drugs. For 340B HCPCS drugs, the UD modifier must be placed after the HCPCS code on each claim per CMS billing standards.

Covered entities that choose to utilize 340B drugs for their Medicaid patients must inform Utah Medicaid and Health Resources and Services Administration (HRSA) to ensure that their provider number is placed on the Medicaid Exclusion List. Covered entities are subject to audit by the manufacturer, the Federal Government, as well as other oversight agencies/groups. Failure to comply may make the 340B covered entity liable to manufacturers for refunds of discounts, or cause the covered entity to be removed from the 340B Program.

For further information, please see the HRSA website at: [www.hrsa.gov/opa/index.html](http://www.hrsa.gov/opa/index.html)

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## **15-59      Utah Medicaid Pharmacy Provider Portal**

All Utah Medicaid prescribers, once registered with the pharmacy portal, may submit and manage Prior Authorizations (PA) within the Utah Pharmacy Provider Portal interface. Once logged into the portal, the

prescriber can select the Web PA option on the site. The provider can then select the patient name, drug, diagnosis code, and pharmacy. If the drug requires a PA, the prescriber can either fax or submit the PA online and obtain a PA tracking number. Once the PA has a tracking number, pertinent documents (including .doc, .pdf, .jpg and other formats) relating to the PA can be uploaded to the portal. In addition, providers can choose how they wish to be contacted concerning updates on the status of the submitted PA, including email, fax, or even text message.

In the event that a PA is denied or incomplete, additional documentation can be submitted to the existing PA using the tracking found in the patient profile in the portal. All attachments are thoroughly inspected for malware or viruses to ensure data security of Utah Medicaid's computer systems and Personal Health Information (PHI) is secure.

The portal is designed to improve patient care and can be accessed via any device that can run a web browser, including iPads and tablets, smartphones or Blackberry devices. It is anticipated that these new features will encourage prescribers to take advantage of the online portal and will improve patient care through more efficient and accurate health care. The portal may be found at <http://www.utahrportal.org>.

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## **15-60 Pharmacy Prior Authorization Criteria Update**

The Utah Medicaid Drug Utilization Review (DUR) Board recently discussed treatments for rheumatoid, psoriatic, and juvenile idiopathic arthritis, ankylosing spondylitis, plaque psoriasis, ulcerative colitis, and Crohn's disease. The board voted on updated criteria for the agents in this class. Effective dates can be found on the prior authorization criteria sheets on the Utah Medicaid website at <https://medicaid.utah.gov/pharmacy/prior-authorization/>.

The DUR Board has discussed oral agents for the treatment of multiple sclerosis. Per DUR discussion, these agents will be mutually exclusive from each other, meaning that a patient cannot take more than one multiple sclerosis oral treatment at the same time. See the Preferred Drug List for preferred/non-preferred status of these agents. Effective dates can be found on the prior authorization criteria sheets on the Utah Medicaid website at <https://medicaid.utah.gov/pharmacy/prior-authorization/>.

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## **15-61 Pharmacy Policy Changes for C-Codes**

Drugs billed using the HCPCS C-Codes shall only be available for facilities to bill Utah Medicaid. Per CMS guidelines, C-Codes can be used by OPSS hospitals, non-OPSS hospitals including Critical Access Hospitals (CAHs), Indian Health Service Hospitals (IHS), hospitals located in American Samoa, Guam, Saipan, or the Virgin Islands. Maryland waiver hospitals may report these codes at their discretion.

Unless otherwise noted, all changes take effect on July 1, 2015

Effective July 1, 2015, the following C-Codes will only be billable by provider type 01 (General Hospital) and 91 (Indian Health Services):

- C2644 BRACHYTX CESIUM-131 CHLORIDE
- C9025 INJECTION, RAMUCIRUMAB
- C9026 INJECTION, VEDOLIZUMAB
- C9027 INJECTION, PEMBROLIZUMAB
- C9121 INJECTION, ARGATROBAN, PER 5 MG
- C9132 KCENTRA, PER I.U.
- C9254 INJECTION, LACOSAMIDE, 1 MG
- C9255 INJECTION, PALIPERIDONE PALMITATE, 1MG
- C9256 INJECTION, DEXAMETHASONE INTRAVITREAL IMPLNT, 0.1MG
- C9257 INJECTION, BEVACIZUMAB, 0.25 MG
- C9258 INJECTION, TELAVANCIN, 10 MG
- C9259 INJECTION, PRALATREXATE, 1 MG
- C9260 INJECTION, OFATUMUMAB, 10 MG
- C9261 INJECTION, USTEKINUMAB, 1 MG
- C9263 INJECTION, ECALLANTIDE, 1 MG
- C9264 INJECTION, TOCILIZUMAB, 1 MG
- C9265 INJECTION, ROMIDEPSIN, 1 MG
- C9266 INJ, COLLAGENASE CLOSTRIDIUM HISTOLYTICUM, 0.1 MG
- C9267 INJ, VON WILLBRND FTR COMPLX, WILATE, 100 IU VWF:RCO
- C9269 INJECTION, C-1 ESTERASE INHBTR, BERINERT, 10 UNITS
- C9285 LIDOCAINE 70 MG/TETRACAINE 70 MG, PER PATCH
- C9442 INJECTION, BELINOSTAT
- C9443 INJECTION, DALBAVANCIN
- C9444 INJECTION, ORITAVANCIN
- C9446 INJ, TEDIZOLID PHOSPHATE
- C9447 INJ, PHENYLEPHRINE KETOROLAC

## **15-62 ICD-10 Deadline October 1, 2015**

The deadline for implementation of ICD-10 (International Classification of Diseases, 10<sup>th</sup> Edition) is October 1, 2015; system transition to ICD-10 by October 1, 2015 is mandatory for all payers, providers, and other organizations covered by the Health Insurance Portability and Accountability Act (HIPAA). Utah Medicaid and the Medicaid Management Information System (MMIS) is on target to process claims for the October 1, 2015 deadline.

If a claim is submitted to Utah Medicaid with dates of service on or after October 1, 2015 with ICD-9 coding, the claim will be rejected. Any claims with ICD-10 coding received prior to October 1, 2015 will also be rejected.

Unless otherwise noted, all changes take effect on July 1, 2015

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF) has started testing with providers and will continue testing through early September. If you are interested in being involved with system testing or have questions about ICD-10, please email:

[utahmedicaid10@utah.gov](mailto:utahmedicaid10@utah.gov)

Updated information and resources, including fact sheets and trainings, can be found on the Centers for Medicare and Medicaid Services (CMS) website at the following address: <http://www.cms.gov/Medicare/Coding/ICD10/>. In addition, CMS has provided the following ICD-10 Fact Sheet to assist small and rural practices: [http://www.cms.gov/eHealth/downloads/eHealthU\\_BasicsSmallRuralPrac.pdf](http://www.cms.gov/eHealth/downloads/eHealthU_BasicsSmallRuralPrac.pdf)

Please utilize these resources to assist in your transition to ICD-10. In addition, we will continue to share updated information through future Medicaid Information Bulletin (MIB) articles and the 2015 Statewide Provider Training.

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## **15-63 InterQual Criteria Change for Gynecological Surgical Procedures**

All surgical procedures containing a requirement for “exclusion of pregnancy” must meet one of the criteria points listed below:

- Sterilization by history  
OR
- Documentation that on the day of the procedure and prior to the surgery, an HCG test will be performed and negative results will be documented in the patient chart

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## **15-64 Hospital Services, Utilization Review and Control Program**

Effective July 1, 2015, the provisions governing the Utilization Control and Review Program for hospital services are found in the *Utah Medicaid Hospital Services Provider Manual*, Chapter 1, Utilization Control and Review Program for Hospital Services.

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## **15-65 Code Changes and Other Policy Updates**

### **Covered Codes with Provider Type (PT) Added**

- 33272 Removal of subq defibrillator. PT 55 added, effective January 1, 2015.  
92546 Sinusoidal vertical axis rotational testing. PT 24 added.  
H0038 Self-help/peer services, per 15 minutes. PT 56 and 57 added.

Unless otherwise noted, all changes take effect on July 1, 2015

### **Codes Open for Treatment of Migraine**

Prior authorization is required.

64615 Chemodenevation of muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (e.g., chronic migraine). See Coverage & Reimbursement Lookup Tool special note.

J0585 Injection, onabotulinum toxin A, 1 unit.

### **Covered Codes with Prior Authorization (PA) Removed**

39541 Repair diaphragmatic hernia. Inpatient hospital only; will not pay in OPPS.

39545 Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic.

71555 MRA chest. Open to all ages in Traditional Medicaid and Non-Traditional Medicaid.

### **Covered Codes with Prior Authorization (PA) Added**

56805 Clitoroplasty for intersex state. Limited to EPSDT-eligible members with PA.

### **Codes Opened**

G0277 Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval. Replaces C1300 which was discontinued on December 31, 2014. Effective January 1, 2015.

G6058 Drug confirmation, each procedure. Replaces code 80102 which was discontinued January 1, 2015.

### **Codes Opened on Manual Review**

99495 Transitional care management service, 14 day discharge.

99496 Transitional care management service, 7 day discharge.

### **Codes Closed**

Closed to Non-Traditional Medicaid.

H1000 Prenatal care, at-risk assessment

H1001 Prenatal care, at-risk enhanced; antepartum mgmt

H1004 Prenatal care, at-risk enhanced; follow-up home visit

Codes are closed to pregnant, Non-Traditional Medicaid members. Providers should refer pregnant, Non-Traditional Medicaid members to the Department of Workforce Services to have their eligibility considered for Traditional Medicaid.

### **Coronary Drug-Eluting Stent (DES) Codes**

Drug-eluting stents for coronary interventional revascularization procedures, in addition to bare metal stents, are open effective April 1, 2015. Refer to the Coverage & Reimbursement Lookup Tool for reimbursement information.

Unless otherwise noted, all changes take effect on July 1, 2015

C9602 Perc D-E Cor stent ather S  
C9603 Perc D-E Cor stent ather BR  
C9604 Perc D-E Cor revasc T CABG S  
C9605 Perc D-E Cor revasc T CABG B  
C9606 Perc D-E Cor revasc W AMI S  
C9607 Perc D-E Cor revasc CHRO SIN  
C9608 Perc D-E Cor revasc CHRO ADD

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## **15-66 Form Updated – Prohibition of Payment for Certain Abortion Services**

The form *Prohibition of Payment for Certain Abortion Services, Provider Certification, R414-1B* has been updated to reflect changes to R414-1B, Prohibition of Payment for Certain Abortion Services. The form can be accessed at <https://medicaid.utah.gov>.

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## **15-67 Utah Medicaid Provider Manuals Updated for Medicaid Member Card Change**

The following provider manuals were updated concerning the name change of the Medicaid Member Card and associated information:

Dental, Oral Maxillofacial, and Orthodontia Services  
Home Health  
Hospital Services  
Laboratory Services  
Licensed Nurse Practitioner  
Medical Transportation  
Non-Traditional Medicaid (NTM)  
Pharmacy  
Physical Therapy and Occupational Therapy Services  
Physician  
Podiatry  
Primary Care Network (PCN)  
Prior Authorization Request Form  
Section I: General Information  
Speech, Language, and Audiology  
Women's Services

## 15-68 Medical Supplies – Manually Priced

Effective July 8, 2014, the reference file has been corrected to change the following codes back to manually priced:

E8000 Gait trainer, pediatric size, posterior support

E8001 Gait trainer, pediatric size, upright support

E8002 Gait trainer, pediatric size, anterior support

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## 15-69 Vision Manual Updated

The *Utah Medicaid Provider Manual for Vision Care Services* has been revised. There have been significant changes in formatting. The revised manual has no policy changes. The revised manual can be accessed at <https://medicaid.utah.gov>.

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## 15-70 Physician Manual Updates

### Modifier 58

Modifier 58 has been removed from manual review.

### Home Telemetry

The Physician Manual has been updated to reflect that home telemetry (CPT codes 93224, 93225, 93226, and 93227) is no longer on manual review, but is governed by a quantity limit (3). Refer to Chapter 3, Limitations, UU. The associated codes have been added to the quantity limit table and no longer require manual review.

### Polysomnography

The Physician Manual has been updated to reflect current polysomnography policy, “All prior authorization requests that exceed the allowable amount...will be subject to review by prior authorization staff.” Refer to Chapter 2, Covered Services, #39.

## 15-71 Home Health Agencies Manual Name Change

The Home Health Agencies Manual has been renamed to Home Health Services. This name change update was made in the two affected Utah Medicaid Provider Manuals: Physical Therapy and Occupational Therapy Services and Rural Health Clinics and Federally Qualified Health Centers Services.

The provider manuals can be accessed at <https://medicaid.utah.gov>.

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## 15-72 Anesthesia Services Update - Dental

### Code 41899 - Prior Authorization Removed for EPSDT-Eligible Clients

CPT code 41899, general anesthesia in an ambulatory surgical center (ASC), will not require a prior authorization for EPSDT-eligible clients. **This is not applicable for third molar removal.**

CPT code 41899 will only be open to provider types 01 (general hospital) and 55 (free-standing ambulatory surgical center). Anesthesia providers directly rendering services should bill CPT code 00170.

This change is also found in *Utah Medicaid Provider Manual for Dental, Oral Maxillofacial, and Orthodontia Services* and the *Utah Medicaid Provider Manual for Anesthesiology Services*.

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## 15-73 Dental Services Updates

### CDT Code Opened

D1206 Topical application of fluoride varnish

### CDT Code Closed

D1208 Topical application of fluoride – excluding varnish

### CDT Code Limits Changed

Limits on the following codes increased from 2 per calendar year to 4 per calendar year (limited to EPSDT-eligible members):

D0120 Periodic oral evaluation, established patient

D1206 Topical application of fluoride varnish

D1120 Prophylaxis, child



**Open to Provider Type 95 (Oral Surgeon)**

CDT D7241 removal of impacted tooth – completely bony, with unusual surgical complications  
CPT code 41520 frenuloplasty, effective April 1, 2015.

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**15-74 Coding for the Application of Fluoride Varnish and E&M – Dental Services Update**

Utah Medicaid will pay for application of dental fluoride varnish for children from birth through 4 years old. The service is billed as part of a well-child (CHEC) exam using the CPT code 99188, application of fluoride varnish by a physician or other qualified health care provider. The service is limited to four per calendar year.

Only bill 99188 with the following well-child E&M codes:

- 99381 Infant – less than 1 year of age
  - 99382 Early childhood – age 1 through 4 years
  - 99391 Infant – less than 1 year of age
  - 99392 Early childhood – age 1 through 4 years
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**15-75 Long Term Care Services in Nursing Facilities**

The following information has been added to the Long Term Care Manual:

"Ancillary services include any services rendered by a medical provider that are not included as part of the nursing facility daily rate. These services must be provided by and billed by the ancillary service provider. The ancillary service provider must be an enrolled Medicaid provider for the services rendered in order to seek reimbursement. Medicaid coverage and criteria are applicable to all ancillary services. See also Utah State Plan, Attachment 4.19-D; Section 430, Non-Routine Services."

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**15-76 Indian Health Services Update**

The *Utah Medicaid Indian Health Services Provider Manual* has undergone a major revision with some policy changes. The revised manual is available at <https://medicaid.utah.gov>.

## 15-77 Reference File Age Discrepancies Corrected

A review was completed of all codes between the Traditional, Non-Traditional, and PCN programs to update the reference file with correct age information. Please note the following:

- Non-Traditional and PCN cover ages 19 through 64. Some of the codes indicated age 0-999 which has been replaced with the correct age range.
- Codes with an age limit in the descriptor were corrected between programs. For example, Non-Traditional indicated 0-999 when the descriptor indicated the code was covered through age 5.
- Ages were also reviewed between professional and technical components to ensure consistency.

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## 15-78 Laboratory Manual – CLIA Attachment Updated

Effective July 1, 2015, the *Laboratory Manual Attachment - CLIA Certification for Laboratory Services* has been updated. The revised attachment is available at <https://medicaid.utah.gov>.

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## 15-79 Edits to Detect Unbundling of Codes

Laboratory codes have always been subject to edits to detect the unbundling of codes from lab panels, or codes listed in addition to the panels, for physician and laboratory claims.

Effective July 1, 2015, the Medicaid NCCI claim editor will edit for appropriate laboratory coding of all claim types, including physician, laboratory, facilities, etc.

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## 15-80 Genetic Testing Policy Updates

### Genetic Testing Codes Opened with Prior Authorization by Physician Review

81201 APC Gene full sequence  
81202 APC Gene known fam variants  
81211 BRCA1&2 SEQ & COM DUP/DEL  
81212 BRCA1&2 185&5385&6174 VAR  
81213 BRCA1&2 UNCOM DUP/DEL VAR  
81216 BRCA 2 Gene full sequence  
81242 FANCC Gene

Unless otherwise noted, all changes take effect on July 1, 2015

- 81292 MLH1 Gene full SEQ
- 81293 MLH1 Gene known variants
- 81295 MSH2 Gene full SEQ – Effective April 1, 2015
- 81298 MSH6 Gene full SEQ
- 81299 MSH6 Gene known variants

Genetic testing codes require mandatory review by a Utah Medicaid physician for prior authorization. Submit documentation supporting medical necessity. Include related testing and documentation that demonstrates how the requested testing will impact the clinical management of the patient. Documentation, verifying attendance of genetic counseling by the patient's parent(s) or legal guardian(s) with a Utah Licensed Genetic Counselor, is required.

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### **15-81 Lysis of Penile Adhesions Criteria**

Criteria for lysis of penile adhesions has been updated. Refer to the Utah Medicaid Coverage & Reimbursement Lookup tool for specific coverage information.

- 54162 Lysis or excision of penial post-circumcision adhesions
- 54163 Repair incomplete circumcision

Lookup Tool Note: DESCRIPTION: Lysis of penile adhesions may be approved for the indication of penile skin bridge in post-circumcised individual. REQUIRED: Requires documentation of penile skin bridge in a previously circumcised patient. LIMITATION: This code is not appropriate for use on an uncircumcised patient.

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### **15-82 Transition to 2015 InterQual Criteria**

Effective July 1, 2015, all prior authorization reviews currently processed using the 2014 version of InterQual criteria will be processed using the updated 2015 criteria.

Providers can access prior authorization requirements at <https://medicaid.utah.gov> by selecting Health Care Providers > Prior Authorization > Medical Criteria. The Utah Medicaid provider manuals and code-specific special notes in the Coverage & Reimbursement Lookup Tool are also available on the website.

For questions, please contact [adlucero@utah.gov](mailto:adlucero@utah.gov).

## 15-83 Nursing Facility Resident Assessment Forms

The following forms are now available on the Utah Medicaid website:

- Special Rehabilitation Services for ID/RC Application
- Behavioral Complex Application Request
- Retroactive Authorization Nursing Facility Request Form
- Additional Information Cover Sheet

Providers can access these forms at <https://medicaid.utah.gov> by selecting Health Care Providers > Prior Authorization > Resident Assessment Forms.

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## 15-84 New Prior Authorization Request Form

A new prior authorization request form will take effect on July 1, 2015. The new form retains the name "Request for Prior Authorization." It replaces both the "Request for Prior Authorization" form (January 2013), and the "Personal Care and Capitated Program Prior Authorization Request" form (January 2012). On July 1, 2015, the "Request for Prior Authorization" form (July 2015) will be available in the Prior Authorization section of the Medicaid website. Medicaid recommends that providers begin using the new form on July 1, 2015. The new form and the forms dated January 2012/13, will be accepted between July 1 and October 1, 2015.

After October 1, 2015, only the new form will be accepted. Requests submitted on an outdated form will be returned. As stated in the Utah Medicaid Provider Manual, Physicians Services, PA requests must be sent with complete documentation or the request will be returned with a letter indicating what is missing. The date a complete request is received is the date posted for the PA request. A complete request includes the current prior authorization request form and all necessary supporting documentation.

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## 15-85 Payment Adjustment Request Form

A new electronic Payment Adjustment Request Form for fee-for-service Medicaid claims is available for issues regarding overpayments and credit balance. The form must accompany a payment in order to allow proper allocation of funds. To view the form, go to <https://medicaid.utah.gov/utah-medicaid-forms>. From the list choose the form named: Payment Adjustment Form.

This form may be filled out on the computer before printing. One form is required per claim. The form must have all required fields appropriately filled out or it will be returned to the provider for corrections.

Do not use this form for changes to a claim that is less than three years old. If a payment adjustment is required on a claim that is less than three years old, a replacement claim must be submitted. Refer to your internal

Unless otherwise noted, all changes take effect on July 1, 2015

practice management policies on the procedure to submit a replacement claim. Additional information regarding how to submit a replacement claim can be found at the end of this article.

**Make all checks payable to: Bureau of Medicaid Operations  
Mail checks for Credit Balance, Third Party Liability for Crossover Claim Payments, and Overpayments older than three years to:**

Bureau of Medicaid Operations: Payment Adjustments  
PO Box 143106  
Salt Lake City, UT 84114-3106

Payment Adjustments refer to Credit Balance payments, Third Party Liability for Crossover Claim Payments, and Overpayments due to coding adjustments older than three years.

Information regarding the Credit Balance is found on the letter sent to the provider, or you may call (801) 538-6513 for additional help.

**Make all checks payable to: Bureau of Medicaid Operations  
Mail checks for Third Party Liability payments (TPL) excluding Crossover Claim (TPL) adjustments to:**

Office of Recovery Services  
Medicaid Section, Team 85  
PO Box 45025  
Salt Lake City, UT 84145-0005

For questions regarding payments sent to ORS, call (801) 536-8798.

A replacement claim will correct units, charges including Third Party Liability (TPL) and client information. Check the 5010 companion guide for electronic claims submission requirements: <http://health.utah.gov/hipaa/guides.htm>. If you have additional questions how to submit a replacement claim, refer to your internal practice management procedure or your clearinghouse support services.

If using paper, the explanation for the CMS-1500 Claim Form is available from the insurance commissioner through the Utah Health Information Network (UHIN) website: <http://uhin.org>. Therefore, Utah Medicaid no longer provides an explanation for the CMS-1500 Claim Form. Providers who use the paper claim form should access the UHIN website (<http://uhin.org>) for CMS 1500 Paper Claim Form Standard Version 3.3.

For help with either the UHIN tool or paper submission questions, please contact UHIN for assistance at (801) 716-5901.

Please do not send checks intended for a Medicaid ACO (Health Choice Utah, Healthy U, Molina Healthcare of Utah, SelectHealth Community Care, DentaQuest, or Premier Dental) to Utah Medicaid. To ensure proper reimbursement, follow each ACO's guideline for returning payment adjustments.