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## **15-86 PRISM's Release 3: New Go-Live and Testing Dates**

Utah Medicaid is replacing the Utah Medicaid Management Information System (MMIS) with a new system called Provider Reimbursement Information System for Medicaid (PRISM). PRISM's Release 3 Go-Live has been changed to February 1, 2016. Release 3 will focus on the provider enrollment component of this system, providing the ability to complete online enrollment and changes.

To prepare for Release 3 and to provide timely and adequate information to providers, the PRISM Team invites providers to test the system. This includes administrative staff working with providers who access, or may access, the system for provider enrollment. Testing will be conducted November 20, 2015 through January 7, 2016. We realize this spans some holiday time, but testing will occur during a portion of one day only and can be performed at the provider's office. We will be asking providers or provider administrative staff 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

### **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

Providers who test PRISM's Release 3 will have an early understanding of how the system works. This will help them to more easily and efficiently address individual and group PRISM problems. They will also be helping providers statewide, as well as Utah Medicaid.

Providers signed up so far to test PRISM's Release 3 include representation from Intermountain Healthcare, University Healthcare, Community Health Centers, Utah Cancer Specialists, pharmacies, and home health/hospice agencies. We welcome participation from additional hospitals, clinics, or other provider entities. If you and/or your administrative staff are interested in participating in system testing for Release 3 with the PRISM Project, or have questions about PRISM, please email [prism@utah.gov](mailto:prism@utah.gov) with your contact information.

In addition, provider training for all components of PRISM's Release 3 will be available through the Medicaid website in January and February 2016. 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.

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](#).

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## **15-87 Autism Spectrum Disorder Related Services for EPSDT Eligible Individuals**

In July 2014, the Centers for Medicare and Medicaid Services (CMS) issued an information bulletin, *Clarification of Medicaid Coverage of Services to Children with Autism*. The bulletin clarifies that Autism Spectrum Disorder (ASD) related services are covered under the EPSDT benefit.

For detailed ASD related services coverage policy, refer to the *Utah Medicaid Provider Manual, Section 2, Autism Spectrum Disorder Related Services for EPSDT Eligible Individuals*. The provider manual is available online at <https://medicaid.utah.gov>. Additional ASD related services information is available for providers and parents at <http://health.utah.gov/lc/asd>.

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## **15-88 Coverage Changes for Physician Administered Drugs**

Effective October 1, 2015, Utah Medicaid will implement programming to compare the Healthcare Common Procedure Coding System (HCPCS) code for 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. Additionally, the NDCs must be eligible for the federal Medicaid drug rebate and active to be considered for reimbursement. This applies to claims administered in physician offices or in outpatient settings.

Please review the proposed crosswalk and the associated effective dates on our website at: <https://medicaid.utah.gov/pharmacy/resource-library>. The proposed crosswalk identifies valid HCPCS to NDC matches which would qualify for payment on and after October 1, 2015. Providers and interested parties who wish to submit requests for consideration of additional HCPCS to NDC matches, or to make changes to existing matches, 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. Understanding changes may be made to the draft crosswalk, interested persons should check frequently for updates to the list.

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 will 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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## **15-89 Payment Adjustment Request Form**

Effective September 1, 2015, all payment adjustments three years and older will require an electronic Payment Adjustment Request Form. To view the form, go to <https://medicaid.utah.gov/utah-medicaid-forms>. 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.

Please refer to the July 2015 Medicaid Information Bulletin, Article 15-85, on the Medicaid website at: <https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Information%20Bulletins/Traditional%20Medicaid%20Program/2015/July2015-MIB.pdf>

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## **15-90 Chiropractic Health Plan (CHP)**

Effective October 1, 2015, Utah Medicaid will no longer utilize the Chiropractic Health Plan (CHP) to issue chiropractic prior authorizations. Providers must re-enroll with Utah Medicaid to be reimbursed for claims for services performed on or after October 1, 2015. Claims for services performed on or prior to September 30, 2015, will continue to be reimbursed through CHP.

In addition, the office visit codes 99202 and 99212 will no longer be available to bill for chiropractic consultations. For all chiropractic services, use code 98940.

Chiropractic visits will be limited to twelve per year per recipient. Additional visits will require a prior authorization through Utah Medicaid. Chiropractic services are only available for pregnant women and EPSDT-eligible children ages six-years-old and above.

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## **15-91 Hospice Care Provider Manual Updated**

The *Utah Medicaid Hospice Care Provider Manual*, Chapter 1-3 Access Requirements, has been updated. The update clarifies that underlying conditions, such as nutritional deficiencies, may not be used as qualifying terminal diagnoses for hospice care. Hospice agencies must use ICD-9 and ICD-10 coding guidelines and code first the condition determined by the certifying physician to be the most contributory to a prognosis of six months or less. Additional underlying conditions can be reported as other contributory diagnoses.

For questions regarding this policy update, contact Trecia Hansen at (801) 538-6861, or [treciah@utah.gov](mailto:treciah@utah.gov).

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## **15-92 Medical Supplies Manual Clarification – Parenteral and Enteral Policy**

The following chapters of the *Utah Medicaid Medical Supplies Provider Manual* have been modified to provide policy clarification. Please carefully review these sections:

- Nutrition – General (2-2)
- Parenteral and Enteral Nutrition Therapy (2-3)
- I.V. Therapy (2-4)
- Enteral, Parenteral, and I.V. Therapy Pumps (2-5)

The revision to the manual contains one change to Utah Medicaid's current coverage policy for feeding kits and supplies. Effective with the date of this MIB, feeding kits and supplies may now be covered without being associated with an approved "medical food". Utilization of these feeding kits and supplies will no longer require a prior authorization, but will be subject to monthly quantity limits. Codes B4034, B4035, and B4036 will each allow 30 units per month.

To reaffirm Utah Medicaid policy, Utah Medicaid will continue to cover nutritional products that meet the definition of a "medical food", as defined in the Orphan Act Amendments of 1988 [21 USC 360ee(b)(3)]. The Orphan Act states, "medical food means a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." Nutritional products that do not meet the definition of a "medical food", including products that are not labeled to be used under medical supervision, are not covered.

## 15-93 ICD-10 Implementation Updates

### ICD-10 Testing and Readiness

The deadline for implementation of ICD-10 (International Classification of Diseases, 10<sup>th</sup> Edition) is October 1, 2015. Utah Medicaid and the Medicaid Management Information System (MMIS) are on target to process claims for the October 1, 2015 deadline. All claims submitted to Utah Medicaid with dates of service on or after October 1, 2015 must use ICD-10 coding; otherwise, the claim will be rejected. Any claims with ICD-10 coding received prior to October 1, 2015 will also be rejected.

Utah Medicaid has started testing with providers and will continue testing up to Go-Live.

We encourage all providers to participate in external testing. This testing is meant to ensure that providers are ready by identifying issues with ICD-10 claims submission and payment variance. Providers have the responsibility to make certain that ICD-10 claims are properly submitted to ensure that payments are not delayed beginning on October 1, 2015. To minimize any risks with ICD-10 Go-Live, please contact Utah Medicaid with questions between now and October 1, 2015. Providers may send e-mails to [utahmedicaidcd10@utah.gov](mailto:utahmedicaidcd10@utah.gov), or call Matt Ash at (801) 538-6418.

Once ICD-10 goes live on October 1, 2015, all questions related to ICD-10, including submission and payment questions, should be addressed by calling Medicaid Customer Service at (801) 538-6155 or toll-free 1-800-662-9651.

Updated information and resources, including fact sheets and training materials, 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, the Utah Health Information Network (UHIN) has aggregated a large amount of information for ICD-10 on their website at the following address:

<http://www.uhin.org/icd-10>. Please utilize these resources to assist in your transition to ICD-10.

### Paper Claim Forms and ICD-10 Implementation

October 1, 2015, is the official implementation date of ICD-10. In order to meet the mandate, Utah Medicaid will be changing the way it accepts and processes paper claims.

Beginning October 1, 2015, Utah Medicaid will require providers billing with paper claims to use the most current paper claims forms for date-of-service on or after October 1, 2015. The following are the most current forms by claim type:

- Dental claims: ADA 2012 Claim Form
- Professional claims: HCFA 1500 02-12 Claim Form
- Institutional claims: UB04 Claim Form

The old paper claim forms (Dental (ADA 2006) and HCFA (CMS-1500 08/05)) will not be accepted for date-of-service on or after October 1, 2015. In addition, paper claims with a date of service on or after October 1, 2015, must use ICD-10 diagnosis codes only. Otherwise, the paper claims will be returned to the provider.

**ICD-10 and Impact on Outpatient Fee-for-Service Pharmacy Claims Processing**

Effective October 1, 2015, Utah Medicaid is required to transition from using ICD-9 diagnosis codes to the new ICD-10 diagnosis codes. As a result, outpatient pharmacy claims that require a diagnosis code for adjudication must be submitted with a valid and appropriate ICD-10 diagnosis code for dates of service on and after October 1, 2015. Pharmacy providers are encouraged to work with prescribers prior to October to obtain a new ICD-10 diagnosis code.

Examples of medications that will require a new ICD-10 diagnosis code include: stimulants, antipsychotics, tobacco cessation medications, and cancer pain regimens.

For more information on ICD-10, please visit the Centers for Medicare and Medicaid Services website at: <http://www.cms.gov/Medicare/Coding/icd10/>