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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

16-72 New Provider Enrollments, Modifications Now Online in PRISM

As of July 1, 2016, providers are now able to enroll online and make modifications to their provider record using PRISM.

New Enrollments

To submit a new provider enrollment application, go to: <https://medicaid.utah.gov/become-medicaid-provider> and click *New Enrollment Application*.

Current Medicaid Providers

As part of Release 3, which is the release that includes changes to provider enrollment, we are asking existing providers to validate their information in PRISM. Their current enrollment record has been converted to PRISM in order to ease the transition between the MMIS and PRISM, view historical data, as well as eliminate the need for providers to complete a new application.

As a Current Medicaid Provider, How Do I Access PRISM for the First Time?

Current Medicaid providers will receive a letter with instructions on how to log in to PRISM to validate and modify information.

The first steps providers will need to take once they receive their letter are:

1. View the web-based training on the validation process called *Converted Provider Validation* in PRISM at <https://medicaid.utah.gov/pe-training>.
2. Go to <https://medicaid.utah.gov/accessing-prism> and click on *Converted Providers Accessing the New PRISM System for the First Time*. (The URL will be included in the letter.)
3. Use the login information from the letter to log in through the initial PRISM access screen.

Subsequent steps to complete validation of provider information will be in the letter. The length of time allowed for completing the validation in PRISM will also be included in the letter. The online training will assist with navigating the steps, and contact information will be included in case providers encounter problems during the process.

Letters will be mailed in staggered groups starting July 2016 and continuing into 2017. In July, Medicaid sent validation letters to a small group of providers. Therefore, some providers may have already received their converted provider validation letters. The schedule for additional groups is still being determined. Adjustments to the online validation letter schedule will be made as needed, so please check <https://medicaid.utah.gov/prism-provider-training> for updates if you have not received your letter.

What if I Need to Make a Change Before I Receive My Validation Letter?

If you need to make a modification to your current provider record before you receive your validation letter, email or fax the change to provider enrollment at providerenroll@utah.gov or fax provider enrollment at 801-536-0471. Please note, providers **must** use a Provider Enrollment Cover Sheet when faxing in the change. The cover sheet can be found on the Medicaid website at <https://medicaid.utah.gov/utah-medicaid-forms>

If you prefer to make the change yourself in PRISM, you will need to validate your converted provider information first. You can request that your validation letter be sent to you early by calling 1-800-662-9651 or 801-538-6155, option 3, wait for the prompt, and then option 4.

Can I Still Fax in Documents?

Uploading documents directly into PRISM is the most efficient way to send provider enrollment documents to Medicaid. However, providers will have the option to fax in documents, but **must** use a Provider Enrollment Cover Sheet. The cover sheet can be found on the Medicaid website at <https://medicaid.utah.gov/utah-medicaid-forms> and in PRISM in the *View Upload Attachment* Step, which is a step utilized when validating provider information, enrolling a new provider or modifying current provider information. If providers do **not** use this cover sheet, their documents will not be processed because their documents cannot be properly matched to their provider account. Providers should fill out the cover sheet online and then print a separate cover sheet for each document to ensure each document is correctly classified within the file.

How Do I Get Trained on the July 1st Changes?

Provider training for PRISM's Release 3 is available through the Medicaid website at <https://medicaid.utah.gov/prism-provider-training>.

How Do I Submit Claims Now That Release 3 Has Occurred?

Providers should continue to submit claims as usual, as changes to claims are **not** part of Release 3.

We will continue to share updated information through future MIB articles, the Medicaid website, and information sent by email from Medicaid staff.

16-73 Change in State of Utah Email Encryption Product

All state agencies will transition to Virtru for email encryption in 2016. This change will affect how recipients of a secure message from a utah.gov email address will access the encrypted content. The decision to change encryption providers by the Department of Technology Services (DTS) was based primarily on ease of use, and greater features and functions than the previous product ZixCorp.

Virtru secure email encryption works transparently with your existing email. No installation is needed although a free plug-in is available. Recipients will not need to login to another website to retrieve encrypted content.

The transition date for most state agencies occurred August 22, 2016. The Department of Health and Medicaid are still testing the new product. Our transition date is still to be determined for later this year. The Department of Human Services (DHS) and the Department of Workforce Services (DWS) have also elected to wait for the next transition date.

More information from Virtru on how to access secure content can be found at <https://www.virtu.com/faq/how-do-i-read-and-reply-to-a-message-secured-by-virtu-if-i-do-not-have-virtu-installed/>.

Unless otherwise noted, all changes take effect on October 1, 2016

16-74 Code Coverage

Added Various Provider Types

- 73706 CT angiography lower extremity w/o contrast; professional component (PT 20, 24, 45, 91 added)
- 94761 Non-invasive ear/pulse oximetry (PT 01 added)
- 99080 Special report (PT 29, 41, 44, 50 added)
- S9981 Medical record copying (PT 29, 41, 44, 50 added)

Added Provider Types 52 (FQHC) and 57 (RHC)

- 96101 Psychological testing per hour of psychologists or physicians time. . .
- 96105 Assessment of aphasia with interpretation and report per hour
- 96111 Developmental testing with interpretation and report
- 96116 Neurobehavioral status exam per hours of psychologists or physicians time . . .
- 96118 Neuropsychological testing per hour of psychologists or physicians time . . .
- H2014 Skills training and development; per 15 minutes
- H2017 Psychosocial rehabilitation services per 15 minutes
- H2019 Individual and Family behavioral science per 15 minute
- T1001 Nursing assessment (for medication management)

Added Provider Type 37, Certified Nurse Midwife

- 11982 Removal, non-biodegradable drug delivery implant
- 51701 Straight cath for residual urine
- 57454 Colposcopy; w/biopsy, cervix and/or endocervic curet
- 58100 Endometrial/endocervical sampling, w/o cerv dilatin
- 99381 Initial comprehensive preventive medicine exam, less than 1 year old
- 99391 Comprehensive preventive medicine exam established patient less than 1 year old
- S9981 Medical records copying fee, administrative

Added Provider Type 47, Licensed Nurse Practitioner

- 11000 Debridement extensive eczematous or infected skin up to 105 of body surface
- 11300 Shav epiderm/derm lesion, single .5cm trunk, arm, leg
- 11301 Shav epiderm/derm lesion, trnk, arm, leg; 6 to 1.0 cm
- 11302 Shav epiderm/derm lesion, 1.1 to 2.cm, trunk, arm, leg
- 11303 Shav epiderm/derm lesion, over 2.0cm trunk, arm, leg
- 11305 Shav epiderm/derm lesion, 5cm, scalp, neck, hand, feet
- 11306 Shav epiderm/derm lesion, 6 to 1.cm, scalp, neck, feet
- 11307 Shav epiderm/derm lesion, 1.1 to 2cm, scalp, hand, feet
- 11308 Shav epiderm/derm lesion, over 2.0 cm, scalp, neck, hands
- 11310 Shav epiderm/derm lesion, 5cm, face, ear, mucous membrane
- 11311 Shav epiderm/derm lesion, 6 to 1.0cm, face, ear, etc
- 11312 Shav epiderm/derm lesion, 1.1 to 2cm, face, ears, etc
- 11313 Shav epiderm/derm lesion, over 2cm, face, ear, eyelid, etc
- 11400 Excision, benign lesion, trunk, arms/legs; 0.5 cm or <
- 11403 Excision, benign lesion, trunk, arms/legs; 2.1 to 3.0cm
- 11404 Excision, benign lesion, trunk, arms/legs; 3.1 to 4.0cm
- 11406 Excision, benign lesion, trunk, arms/legs; over 4.0 cm

Unless otherwise noted, all changes take effect on October 1, 2016

- 11422 Exc, benign les, sclp, nk, hnds, feet, genit; 1.1 to 2.0cm
- 11426 Exc, benign les, sclp, nk, hnds, feet, genit; over 4.0 cm
- 11441 Exc, othr ben les, face, ear, nose, lip; 6 to 1.0cm
- 11443 Exc, othr ben les, face, ear, nose, lip; 2.1 to 3.0cm
- 11446 Exc, othr ben les, face, ear, eye, nose, lip; over 4.0 cm
- 12031 Repr, wound scalp, axill, trunk/extrm; 2.5 cm or <
- 12032 Repair wound scalp, axill, trunk/extrm; 2.6-7.5 cm
- 12034 Repair wound scalp, axill, trunk/extrm; 7.6-12.5 cm
- 12035 Repair wound scalp, axill, trunk/extrm; 12.6-20 cm
- 12036 Repair wound scalp, axill, trunk/extrm; 20.1-30 cm
- 12037 Repair wound scalp, axill, trunk/extrm; over 30 cm
- 12041 Repair wounds neck, hand, feet, external genit; 2.5 cm<
- 12042 Repair wounds neck, hand, feet, external genit; 2.6-7.5 cm
- 12044 Repair wound neck, hand, feet, extrnl gen; 7.6-12.5 cm
- 12045 Repair wounds neck, hand, feet, extrnl gen; 12.6-20 cm
- 12046 Repair wounds neck, hand, feet, extrnl gen; 20.1-30 cm
- 12047 Repair wounds neck, hand, feet, extrnl gen; over 30 cm
- 12051 Repair wounds face, ear, lip, muc mem; 2.5 cm<
- 12052 Repair wounds face, ear, lip, muc mem; 2.6-5 cm
- 12053 Repair wounds face, ear, lips, lid, muc mem; 5.1-7.5 cm
- 12054 Repair wounds face, ear, lip, lid muc mem; 7.6-12.5 cm
- 12055 Layer closure wounds face, ear, muc mem; 12.6-20 cm
- 12056 Layer closure wounds face, ear, muc mem; 20.1-30 cm
- 12057 Layer closure wounds face, ear, muc mem; over 30 cm
- 16020 Dressing &/or debride, init/subseq; w/o anes, small
- 17106 Destruction of cutaneous proliferative lesions less than 10 cm
- 17107 Destruct cutan vascular proliferat lesns, 10 cm
- 17108 Destruct cutan vascular proliferat lesns, +50 cm
- 20612 Aspiration injection ganglion cyst(s) any location
- 21550 Biopsy soft tissue of neck or thorax
- 21920 Biopsy soft tissue of back superficial
- 22305 Closed treatment vertebral process fracture
- 23065 Biopsy shoulder tissue superficial
- 23330 Removal of Foreign body shoulder; subcutaneous
- 23500 Closed treatment of clavicle fracture wo manipulation
- 23520 Closed treatment of sternoclavicular dislocation wo manipulation
- 23540 Closed treatment of acromioclavicular dislocation wo manipulation
- 23600 Closed treatment of proximal humeral fracture wo manipulation
- 23620 Closed treatment of greater humeral tuberosity fracture wo manipulation
- 24200 Removal of FB of upper arm or elbow area, subcutaneous
- 24500 Closed treatment of humeral shaft fracture wo manipulation
- 24560 Closed treatment of humeral epicondylar fracture; medial or lat, wo manipulation
- 24600 Treatment of closed elbow dislocation wo anesthesia
- 24640 Closed treatment radial head subluxation in child, nursemaid elbow w manipulation
- 24650 Closed treatment radial head subluxation in child, nursemaid elbow wo manipulation
- 24670 Closed treatment of ulnar fracture, proximal end wo manipulation
- 25065 Biopsy soft tissue of forearm and/or wrist, superficial
- 25500 Closed treatment of radial shaft fracture wo manipulation
- 25560 Closed treatment of radial and ulnar shaft fracture wo manipulation
- 25600 Closed treatment of distal radial fracture or epiphyseal separation wo manipulation
- 25622 Closed treatment of carpal scaphoid fracture wo manipulation

- 25630 Closed treatment of carpal bone fracture wo manipulation each bone
- 25650 Closed treatment of ulnar styloid fracture
- 25660 Closed treatment of radiocarpal or intercarpal dislocation 1 or more bones with manipulation
- 26010 Drainage of finger abscess simple
- 26600 Closed treatment of metacarpal fracture; single wo manipulation each bone
- 26670 Closed treatment of carpometacarpal dislocation other than thumb, each joint wo anesthesia
- 26700 Closed treatment of metacarpophalangeal dislocation, single with manipulation wo anesthesia
- 26720 Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, wo manipulation each
- 26740 Closed treatment of articular fracture (metacarpophalangeal or interphalangeal joint) wo manipulation each
- 26750 Closed treatment of distal phalangeal fracture, finger or thumb, wo manipulation each
- 26770 Closed treatment of interphalangeal joint dislocation, single w manipulation wo anesthesia
- 27086 Removal of FB pelvis or hip, subcutaneous tissue
- 27200 Closed treatment of coccygeal fracture
- 27323 Biopsy soft tissue of thigh or knee area superficial
- 27500 Closed treatment of femoral shaft fracture wo manipulation
- 27508 Closed treatment of femoral fracture distal end, medical or lateral condyle wo manipulation
- 27520 Closed treatment of patellar fracture wo manipulation
- 27530 Closed treatment of tibial fracture, proximal wo manipulation
- 27550 Closed treatment of knee dislocation wo anesthesia
- 27613 Biopsy soft tissue of leg or ankle area, superficial
- 27750 Closed treatment of tibial shaft fracture w or wo fibular fracture wo manipulation
- 27760 Closed treatment of medial malleolus fracture wo manipulation
- 27767 Closed treatment of posterior malleolus fracture wo manipulation
- 27808 Closed treatment of bimalleolar ankle fracture wo manipulation
- 27816 Closed treatment of trimalleolar ankle fracture wo manipulation
- 27830 Closed treatment of proximal tibiofibular joint dislocation wo anesthesia
- 27840 Closed treatment of ankle dislocation wo anesthesia
- 28400 Closed treatment of calcaneal fracture wo manipulation
- 28430 Closed treatment of talus fracture wo manipulation
- 28450 Closed treatment of tarsal bone fracture talus/calcaneus wo manipulation, each
- 28470 Closed treatment of metatarsal fracture wo manipulation, each
- 28490 Closed treatment of fracture of great toes phalanx or phalanges wo manipulation
- 28510 Closed treatment of fracture phalanx or phalanges other than great toe wo manipulation, each
- 28530 Closed treatment of sesamoid bone fracture
- 28540 Closed treatment of tarsal bone dislocation, other than talotarsal, wo anesthesia
- 28570 Closed treatment of talotarsal joint dislocation wo anesthesia
- 28600 Closed treatment of tarsometatarsal joint dislocation wo anesthesia
- 28630 Closed treatment of metatarsophalangeal joint dislocation wo anesthesia
- 28660 Closed treatment of interphalangeal joint dislocation, wo anesthesia
- 29049 Application figure of eight cast
- 29065 Application shoulder to hand long arm cast
- 29075 Application elbow to finger short arm cast
- 29085 Application hand and lower forearm gauntlet
- 29086 Application finger cast
- 29105 Application long arm splint shoulder to hand
- 29125 Application of short arm splint forearm to hand static
- 29126 Application short arm splint forearm to hand dynamic
- 29130 Application of finger splint static
- 29131 Application dynamic

Unless otherwise noted, all changes take effect on October 1, 2016

- 29200 Strapping thorax
- 29240 Strapping shoulder
- 29260 Strapping elbow or wrist
- 29280 Strapping hand or finger
- 29345 Application of long leg cast thigh to toes
- 29355 Application of long leg cast thigh to toes walker or ambulatory type
- 29358 Application of long leg cast brace
- 29365 Application of cylinder cast thigh to ankle
- 29405 Application of short leg cast below knee to toes
- 29425 Application of short leg cast below knee to toes walking or ambulatory type
- 29440 Adding walker to previously applied cast
- 29445 Application of rigid total contact leg cast
- 29505 Application of long leg splint thigh to ankle or toes
- 29515 Application of short leg splint calf to foot
- 29520 Strapping hip
- 29530 Strapping knee
- 29540 Strapping ankle and/or foot
- 29550 Strapping toes
- 29580 Unna boot
- 29705 Removal full arm or full leg cast
- 30300 Removal nasal foreign body, office procedure
- 30901 Control of nasal hemorrhage, anterior, simple cautery and/or packing
- 31505 Laryngoscopy, indirect diagnostic
- 31510 Laryngoscopy, indirect with biopsy
- 31511 Laryngoscopy with removal of foreign body
- 32554 Thoracentesis, needle of catheter aspiration of pleural space wo imaging
- 32555 Aspirate pleura w/imaging
- 32556 Insert chest tube for pleural drainage w/o imaging guidance
- 36568 PICC placement in child less than 5
- 36569 PICC placement age 5 years or older
- 36584 Replace PICC through same venous access
- 40490 Biopsy of lip
- 40800 Drainage abscess, cyst, hematoma, vestibule of mouth, simple
- 40804 Removal of embedded FB, vestibule of mouth, simple
- 40820 Destruction of lesion or scar of vestibule of mouth by physical methods
- 40830 Closure of laceration, vestibule of mouth; 2.5 cm or less
- 41000 Intraoral incision and drainage of abscess, cyst or hematoma of tongue or floor of mouth, lingual
- 41005 Intraoral incision and drainage of abscess, cyst or hematoma of tongue or floor of mouth, sublingual, superficial
- 41007 Intraoral incision and drainage of abscess, cyst or hematoma of submental space
- 41008 Intraoral incision and drainage of abscess, cyst or hematoma of submandibular space
- 41009 Intraoral incision and drainage of abscess, cyst or hematoma of masticator
- 41108 Biopsy of floor of mouth
- 41800 Drainage of abscess, cyst, hematoma from dentoalveolar structures
- 42000 Drainage of abscess of palate, uvula
- 42100 Biopsy of palate, uvula
- 42160 Destruction of lesion of lesion palate or uvula (thermal, cyro, or chemical)
- 42300 Drainage of abscess, parotid, simple
- 42400 Needle Biopsy of salivary gland
- 42700 Incision and drainage peritonsillar abscess
- 43760 Change gastrostomy tube percutaneous wo imaging

Unless otherwise noted, all changes take effect on October 1, 2016

- 46916 Destruction of lesion(s), anus, simple, cryosurgery
- 49406 Image cath fluid peri/retro
- 49435 Insert subq extent IP cath w/ remote chest ex sit
- 51705 Change of cystostomy tube
- 54050 Destruction of lesion(s), penis, simple, chemical
- 54055 Destruction of lesion(s), penis, simple, electrodesiccation
- 54056 Destruction of lesion(s), penis, simple, cryosurgery
- 54100 Biopsy of penis
- 54500 Needle biopsy of testis
- 54800 Needle biopsy of epididymis
- 55700 Needle or punch biopsy of prostate
- 55720 External drainage of prostatic abscess, any approach, simple
- 58301 Removal of intrauterine device (IUD)
- 65430 Scrapping of cornea, diagnostic for smear and/or culture
- 69000 Drain external ear, abscess or hematoma simple
- 69020 Drainage external auditory canal abscess
- 69100 Biopsy external ear
- 69105 Biopsy external auditory canal
- 69200 Removal of FB from external auditory canal wo anesthesia
- 69209 Removal of impacted cerumen using irrigation
- 93010 ECG interpretation and report only
- 94010 Spirometry including timed vital capacity
- 94060 Inhalation treatment for acute airway obstruction
- A4570 Splint
- A4580 Cast supplies (plaster)
- A4590 Special casting material
- S9453 Smoking cessation classes, per session

Added Provider Type 37, Certified Nurse Midwife and 47, Licensed Nurse Practitioner

- 10060 Incision & Drainage of abscess, simple of single
- 10080 Drainage pilonidal cyst, simple
- 10120 Incision & removal foreign obj, simple
- 10140 Incision, drainage of hematoma, seroma/fluid collec
- 10160 Puncture aspirate abscess, hematoma, bulla or cyst
- 11100 Biopsy of skin subcutaneous tissue and/or mucous membrane; single lesion
- 11200 Removal of skin tags, mult fibrocctl up to 15 lesions
- 12020 Treat superficial wound dehiscence; simple closure
- 12021 Treat superficial wound dehiscence; with packing
- 17000 Destr pre malig lesions; first lesion
- 17003 Destructn any method, premalignant lesions; 2-14, each
- 17004 Destr pre malig lesions; 15 or more lesion
- 27040 Biopsy soft tissue of pelvis and hip area, superficial
- 28190 Removal of FB, foot, subcutaneous
- 31500 Emergency intubation
- 36510 Place umbilical venous catheter
- 36660 Place umbilical arterial catheter
- 38300 Drainage of lymph node abscess or lymphadenitis, simple
- 38505 Biopsy by needle, superficial lymph node (cervical, inguinal, axillary)
- 41010 Incision of lingual frenum (frenotomy)
- 51702 Insertion of Foley catheter

Unless otherwise noted, all changes take effect on October 1, 2016

- 56501 Destruction of simple lesions of vulva
- 57061 Destruction of vaginal lesions simple
- 57100 Biopsy of vaginal mucosa, simple
- 57150 Irrigation of vagina, apply medicament to treat disease
- 57160 Fitting and insertion of pessary or other intra vaginal support devise
- 57420 Colposcopy of vagina w cervix
- 57421 Colposcopy of vagina w biopsy
- 57452 Colposcopy of cervix incl upper/adjacent vagina;
- 57455 Colposcopy w biopsy of cervix
- 57511 Cauterization cervix; cryocautery, initial or repeat
- 58110 Endometrial sampling in conjunction w colposcopy
- 59025 Fetal non-stress test
- 76856 Ultrasound, pelvic (non-ob) B-scan/real image; complt
- 76857 Echography, pelvic (non-ob) B-scan/real image; limited
- 92950 Cardiopulmonary resuscitation
- 92960 Cardioversion, elec, conv, of arrhythmia, ex
- 93005 ECG tracing only
- 96360 Intravenous infusion, hydration; intil, 31 min-1h
- 96361 Intravenous infusion, hydration; ea additnl hour
- 96365 Intravenous infusion, thrpy/proph/diag, up to 1h
- 96366 Intravenous infusion, thrpy/proph/diag, ea add hour
- 96367 . . . IV infusion each additional hour
- 96368 Intravenous infusion, thrpy/proph/dg, concurrent in
- 96374 Therapeutic/proph/diagnostic inj, intravenous, push
- 96375 thrptc/proph/diag inj, ea add seq intra new sub/dr
- 96376 thrptc/proph/diag inj, ea addl same substance/drug
- 97597 Removal devit tissue wound care w/o anes >20cm
- 97598 . . . Removal of devitalized tissue each added <20 cm
- 97802 Medical nutrition therapy; int assiss/interv, indiv
- 97803 Medical nutrition ther; re-assess, indiv, ea 15 min
- 99462 Subsequent hospital care newborn per day
- 99465 Delivery/birthing room resuscitation . . .

Non-Covered

- 58560 Hysteroscopy, division/resection intrauterine septum
- 86001 Allergan specific IgG quantitative or semi quantitative each
- 86005 Allergen Specific IgE qualitative, multi-antigen screen
- 83992 Assay for phencyclidine
- S3854 Gene profile panel breast

Manual Review

- 76818 Fetal biophysical profile with non-stress test
- 86003 Allergan specific IgE quantitative or semi quantitative each
- 92614 Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;
- 92615 . . . interpretation and report only
- 92616 Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording
- 92617 . . . interpretation and report

Unless otherwise noted, all changes take effect on October 1, 2016

Covered with PA for age greater than one

- 21172 Reconstruction superior lateral orbital rim
- 21175 Reconstruction bifrontal superior-lateral orbit

Added to the Quantity Limit Table

- A4670 Automatic blood pressure monitor. One allowed every three years.

Closed in Non-Traditional Medicaid

- E2512 Accessory for speech gen device, mounting system
- L8500 Artificial larynx, any type
- L8501 Tracheostomy speaking valve
- L8505 Artificial larynx replacement battery/accessory, any
- L8507 Tracheo-esophageal voice prosthesis, PT insert, any
- L8509 Tracheo-esophageal voice prosthesis, MD insert, any
- L8510 Voice amplifier
- L8511 Insert indwelling trach prosthesis, replace only, ea
- L8512 Gel caps for trach voice prosthesis, replace, per 10
- L8513 Clean device trach voice prosth, replace only, ea
- L8514 Tracheo-esophageal puncture dilator, replace only, ea
- L8515 Gelatin cap, app device use w/trach voice prosth, ea
- V5299 Hearing service, miscellaneous

16-75 Anesthesia Manual Revision

The *Utah Medicaid Anesthesia Provider Manual* has been updated and reformatted. The manual is available at <https://medicaid.utah.gov>.

Code information, related to anesthesia codes on prior authorization, was moved to the Coverage and Reimbursement Lookup Tool at <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>.

16-76 Tables of Authorized Emergency Diagnoses

The tables of authorized emergency inpatient diagnoses and authorized emergency department diagnoses are updated regularly. The current authorized diagnoses lists are available on the Medicaid website at <http://health.utah.gov/medicaid/stplan/lookup/DXDownload.php>.

16-77 Transition to InterQual Criteria for Specialty Beds, Mattresses, and Overlays

InterQual criteria will be used for prior authorization (PA) requests for most specialty beds, mattresses, and overlay codes. Previously, these items were reviewed using custom Department criteria from the Lookup Tool notes and the provider manual.

Related PA Information

As general policy, Utah Medicaid conducts PA reviews for medical necessity and appropriateness utilizing McKesson's InterQual or Utah Department of Health criteria with precedence given to Department criteria. If either is silent, Utah Medicaid's utilization review process is followed and requests are evaluated by a Medicaid staff physician or the appropriate Utah Medicaid Utilization Review Committee to determine the medical appropriateness of the services requested.

Providers may access general PA requirements at <https://medicaid.utah.gov> by selecting Health Care Providers > Prior Authorization > Medical Criteria. Refer to the *Utah Medicaid Medical Supplies Provider Manual* for general program policy.

For a copy of criteria not found on the Medicaid website:

- Call the Prior Authorization Unit at (801) 538-6155, option 3, option 3, and choose the appropriate program; or
- Email medicaidcriteria@utah.gov and include the CPT/HCPCS code(s).
 - Please allow a 24-hour response time for criteria requests.
 - Do not send PHI through unsecured email.

For questions regarding this policy, please contact adlucero@utah.gov.

16-78 Medical Supplies Manual Revised and Renamed

The Medical Supplies manual was updated, reformatted, and renamed to the *Utah Medicaid Medical Supplies and Durable Medical Equipment (DME) Provider Manual*. The manual is available at <https://medicaid.utah.gov>.

Healthcare Common Procedure Coding System (HCPCS) code information related to prior authorization, quantity limits, and other code specific information for medical supplies and DME is available in the Coverage and Reimbursement Lookup Tool at <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>.

16-79 Speech-Language Pathology and Audiology Services

Information regarding speech augmentative devices, voice prosthetics, and voice amplifiers is found in the *Utah Medicaid Medical Supply and Durable Medical Equipment (DME) Provider Manual* under 'Prosthetics'. The information was previously located in the *Utah Medicaid Speech-Language Pathology and Audiology Provider Manual*.

Coverage for these services and specific criteria is identified in the Coverage and Reimbursement Lookup Tool on the Medicaid website at <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>. The updated information in the *Utah Medicaid Medical Supply and Durable Medical Equipment (DME) Provider Manual* is as follows:

- Speech augmentative and alternative communication devices are a covered benefit. Prior authorization criteria, when applicable, must be met. In addition, a speech-language pathologist may provide necessary training for utilization of the device. Up to three speech therapy visits may be authorized during the 30-day trial period of a speech-generating device with documentation of trial period.
- Voice prosthetics and voice amplifiers are covered benefits. The device must be provided by a Medicaid provider of medical supplies and equipment. Voice prosthetics are covered when there is permanent loss of voice due to laryngectomy, illness, or paralysis.

16-80 Dental Code Limit Clarification

Effective April 1, 2016, the following dental code limits have been amended (changes shown in *italics*):

D1510 Space maintainer, fixed, unilateral. Allowed one every three years, *per quadrant*.

D1515 Space maintainer, fixed, bilateral. Allowed one every three years, *per arch*.

D1520 Space maintainer, removable, unilateral. Allowed one every three years, *per quadrant*.

D1525 Space maintainer, removable, bilateral. Allowed one every three years, *per arch*.

D1550 Re-cement or re-bond space maintainer. Allowed one every six months, *per quadrant*. Global service, and therefore not reimbursed separately if procedure is done within six months of applying space maintainer.

D2920 Re-cement or re-bond crown. Allowed one every six months, *per tooth*. Global service, and therefore not reimbursed separately if procedure done within six months of crown placement.

16-81 Pharmacy Services Manual Update

The *Utah Medicaid Pharmacy Services Provider Manual* has been updated. Pharmacy providers no longer need to submit an ICD-10 diagnosis code on claims for ADHD stimulants, atypical antipsychotics, or smoking cessation products.

To review the updated manual, refer to the Utah Medicaid website at <https://medicaid.utah.gov>.

16-82 Drug Criteria Limits Update

Drug criteria limits have been updated for the following drugs. Please note that the Non-Preferred Drug prior authorization (PA) requirements still apply to some drugs. See Utah Medicaid's Preferred Drug List at <https://medicaid.utah.gov/pharmacy/preferred-drug-list>.

- Amitiza: Clinical PA removed
- Atypical Antipsychotics: Diagnosis code no longer required
- Betamethasone, Topical: Clinical PA criteria removed
- Clobetasol, Topical: Clinical PA criteria removed
- Cymbalta: Diagnosis code no longer required; maximum daily dose restriction removed
- Depo-Provera: Clinical PA criteria updated
- Epinephrine Emergency Kit for Non-Traditional Clients: Clinical PA criteria removed
- Heparin for Non-Traditional Clients: Clinical PA criteria removed
- Hepatitis C Therapies: Daklinza, Harvoni, Olysio, Sovaldi, Technivie, Viekira Pak, Zepatier: Clinical criteria updated
- Hepsera: Clinical PA criteria removed
- Hyaluronic Acid Derivatives, Intra-Articular: Bill as a Medical benefit. Medical PA criteria may or may not apply. Note that pharmacy PA criteria still apply to ophthalmic and topical preparations.
- Injectable Antibiotics for Non-Traditional Clients: Clinical PA removed
- Injectable Anti-emetics for Non-Traditional Clients: Clinical PA removed
- Lamisil: Clinical PA criteria removed
- Low Molecular Weight Heparin Derivatives: Clinical PA criteria removed
- Selected Biologic Drugs: Actemra, Cimzia, Cosentyx, Enbrel, Entyvio, Humira, Kineret, Orencia, Remicade, Rituxan, Simponi, Stelara, Taltz, Xeljanz IR/ER: Clinical PA criteria removed for all indications
- Nucynta and Nucynta ER: Clinical PA criteria removed
- Omontys: Clinical PA criteria removed
- Pegylated Interferons: Clinical PA criteria removed
- Pradaxa: Clinical PA criteria removed
- Proton Pump Inhibitors: Clinical PA required for twice daily or greater dosing
- Raptiva: Voluntary withdrawn from the market by the manufacturer
- Stimulants for ADD/ADHD for Children and Adults: Diagnosis code, age edits and clinical PA criteria no longer required
- Wellbutrin/Zyban: Diagnosis code no longer required
- Xarelto: Clinical PA criteria removed
- Xolegel: Clinical PA criteria removed
- Ziana: Clinical PA criteria removed
- Zovirax Ointment: Clinical PA criteria removed

16-83 FluMist will Not be Covered for 2016-2017 Flu Season

In June, the Center for Disease Control's Advisory Committee on Immunization Practices (ACIP) issued interim recommendation regarding live attenuated influenza vaccine (FluMist). The ACIP recommends that FluMist not be used during the 2016-2017 flu season. In accordance with this recommendation, Utah Medicaid will not reimburse providers for FluMist or its administration this flu season.

Affected codes:

CPT code: 90672

NDCs: 66019030101, 66019030110, 6601930201, and 66019030210

16-84 Initial Prescriptions for Short Acting Opiates Restricted

Effective October 1, 2016, Utah Medicaid will restrict the initial fill of short acting opiates to no more than a 7-day supply. When a claim for a short acting opiate is submitted to Utah Medicaid, the pharmacy claims processing system will determine whether the member has had a prescription for the same medication in the previous 60 days. If the member has not had a claim for the same medication in the previous 60 days, the system will treat the claim as an initial fill and allow no more than a 7-day supply. If a claim has been filled for the member for the same medication in the previous 60 days, then the claims processing system will allow the claim to process for up to a 30-day supply; however, the claim will be subject to all limitations and restrictions including, but not limited to, early refills and quantity limits.

16-85 Mental Health Preferred Drug List

In accordance with Utah Code 26-18-2.4, psychotropic drugs are being added to the Utah Medicaid Preferred Drug List (PDL). Effective October 1, 2016, the following drug classes will be added to the PDL:

- Atypical anti-psychotic
- Anti-depressant
- Anti-convulsant/mood stabilizer

Prescribers may bypass the non-preferred drug prior authorization for a non-preferred drug by writing 'Dispense as Written' on the prescription. The pharmacy must submit a 'Dispense as Written' code of "1" on the claim. In accordance with UCA 58-17b-606 (4) and (5), the 'Dispense as Written' code will not allow claims for the brand-name version of multisource drugs to bypass the prior authorization requirement if the generic version is preferred, or vice versa. Additionally, if both the brand name version and generic version of a drug are non-preferred, the 'Dispense as Written' code will only override the non-preferred prior authorization edit for the least costly version of the drug (i.e. either the brand or generic, but not both).

Unless otherwise noted, all changes take effect on October 1, 2016

16-86 Primary Care Network (PCN) and Non-Traditional Medicaid (NTM) Prescription Drug Coverage

The PCN and NTM programs' rules for coverage of outpatient prescription drugs has been updated to align with the coverage rules for Traditional Medicaid. While coverage has been aligned, there are no changes to the four prescription limit for the PCN program.

16-87 Rehabilitative Mental Health and Substance Use Disorder Services Provider Manual Update

Effective October 1, 2016, the *Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services* has been updated.

In Chapter 2-9, Nurse Medication Management, under the 'Who' section, provider qualifications for administering injections under procedure code 96372 have been updated.

Provider can access the revised provider manual at: <https://medicaid.utah.gov>

16-88 Targeted Case Management for Individuals with Serious Mental Illness Provider Manual Update

In Chapter 1-2, Target Group, B., has been updated to include the Medically Complex Children's Waiver as a waiver program that also provides case management services.

Providers can access the revised provider manual at: <https://medicaid.utah.gov>

16-89 Primary Care Network (PCN) Code Coverage Changes

Manual Review

17106 Destruction of cutaneous vascular proliferative lesions; less than 10 sq cm

Non-Covered

19306 Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes

58543 Laparoscopic, surgical, supracervical hysterectomy, for uterus greater than 250 g

58544 Laparoscopic, surgical, supracervical hysterectomy, for uterus greater than 250 g with removal of tube(s) and/or ovary(s)