

Medicaid Information Bulletin April 2017

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17-21 MotherToBaby Utah Program

Many times, pregnant and breastfeeding women receive misinformation from their peers, through online searches, or from the media that may result in poor outcomes for babies, mothers, and families. Often, the information can be alarming and create fear and anxiety for pregnant women. This fear can lead to discontinuation of necessary medications, unnecessary diagnostic procedures, or discontinuing breastfeeding. Instead of searching for answers, women can now talk directly to an expert and get the most up-to-date information through the expertise provided by the MotherToBaby program.

The MotherToBaby program is a joint effort of the Utah Department of Health and the University of Utah Department of Pediatrics. For more than 30 years, specialists have provided in-depth and personalized information on topics of concern including, but not limited to, alcohol, smoking, illicit substances, prescription and over-the-counter medications, vaccines, beauty products, herbal supplements, chemicals, and more that mothers may be exposed to during pregnancy and while breastfeeding.

MotherToBaby is a service of the Organization of Teratology Information Specialists (OTIS), a resource recommended and supported by many agencies, including the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration's (FDA) Office of Women's Health. The services are established in universities, health departments, and other agencies throughout North America. Our experts are teratogen information specialists, genetic counselors, nurses, and health care providers with decades of experience.

Free personalized risk assessments by phone are available to women in the Salt Lake area at (801) 328-2229; or toll-free 1-800-822-2229; text at (855) 999-3525; or email at expertinfo@mothertobaby.org. MotherToBaby Utah experts are available Monday – Friday from 8:00 a.m. to 5:00 p.m., MST. For additional information on the MotherToBaby program, please visit the website at https://mothertobaby.org/.

17-22 Update to the Vision Care Services Provider Manual – Replacement Eyeglasses

Replacement eyeglasses are allowed for pregnant women and individuals eligible under EPSDT/CHEC once every 24 months. Prior authorization is required to replace frames sooner than the allowed 24-month period. Replacement lenses do not require prior authorization. If the lenses alone need replacing, the provider must use existing frames.

Prior authorization may be issued for a new pair of eyeglasses, even though 24 months have not passed since a member's last pair was dispensed, when one or more of the following reasons for medical necessity are met:

- There is a change in correction of 0.5 diopters or greater in either sphere or cylinder power in either eye
- A comprehensive or intermediate vision examination shows that a change in eyeglasses is medically necessary
- A change in the recipient's head size warrants a new pair of eyeglasses
- The recipient has had an allergic reaction to the previous pair of eyeglasses

• The original pair is lost, broken, or irreparably damaged; the dispensing provider must obtain a written statement explaining this from the recipient (or the recipient's caretaker) to send with the prior authorization documentation

17-23 Corneal Tissue Processing

The following code is open for eligible members without prior authorization:

V2785 Processing, preserving, and transporting corneal tissue

Coverage information is available on the Medicaid website at http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php.

17-24 Update to Speech-Language Pathology and Audiology Services Provider Manual and Codes

Cochlear implants are an optional service available to pregnant women and individuals eligible under EPSDT/CHEC. The language below has been removed from the *Utah Medicaid Speech-Language Pathology and Audiology Services Provider Manual*:

Cochlear Implants

Cochlear implants are an optional service available to EPSDT (CHEC) recipients and pregnant women. Bilateral cochlear implants are available to EPSDT (CHEC) recipients if the service is determined to be medically necessary.

Coverage information is available on the Medicaid website at http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php.

17-25 Current Code Updates

Prior Authorization Required

- 69714 Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
- 69715 Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy

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- 69717 Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
- 69718 Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
- L8692 Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment

These codes may be covered when hearing aids are medically inappropriate or cannot be used due to congenital malformations, chronic disease, severe sensorineural hearing loss, or surgery. Documentation supporting medical necessity is required from the provider when requesting prior authorization.

Prior Authorization Removed

- L8690 Auditory osseointegrated device, includes all internal and external components
- L8691 Auditory osseointegrated device, external sound processor, replacement
- L8693 Auditory osseointegrated device abutment, any length, replacement only

17-26 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.

Please note, this is not a list of diagnoses payable under the Emergency Services Program for Non-Citizens. For information relating to that program, please refer to the Emergency Services Program for Non-Citizens subsection of the Section I (All Providers) provider manual.

17-27 Pharmacy Coverage and Reimbursement Changes

Due to new requirements in the Covered Outpatient Drug Rule (CMS-2345-F), Utah Medicaid has implemented a number of changes to the coverage and reimbursement rules for medications. Significant changes include the following:

- Revise and refine the list of over-the-counter drugs covered by Utah Medicaid,
- Recognize the National Average Drug Acquisition Cost as the Utah Maximum Allowable Cost,
- Recognize the Wholesale Acquisition Cost as the Estimated Acquisition Cost,
- Revise dispensing fees based on the 2016 Utah Medicaid Cost of Dispensing Survey,

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- Revise reimbursement rules for drugs purchased through the Federal Supply Schedule or at Nominal Price, and
- Revise reimbursement rules for provider administered drugs.

The *Utah Medicaid Pharmacy Services Provider Manual* has been updated to reflect these changes.

17-28 Pharmacy Peer-to-Peer Education Opportunities

The content for article 17-28 has been retracted from publication in the April 2017 MIB.

17-29 Preferred Drug List

The Pharmacy and Therapeutics (P&T) Committee reviewed combination opioid drugs in January 2017. Effective April 1, 2017, this drug class will be added to the Utah Medicaid Preferred Drug List (PDL). Information regarding the P&T Committee and PDL can be found online at: https://medicaid.utah.gov/pharmacy/pharmacy-program.

17-30 Medical Supplies and DME Updates

Code Updates:

Prior Authorization Removed

- E0140 Walker, with trunk support, adjustable or fixed height, any type
- L2210 Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint
- L2275 Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined
- L2330 Addition to lower extremity, lacer molded to patient model, for custom fabricated orthotic only
- L2820 Addition to lower extremity orthotic, soft interface for molded plastic, below knee section

Covered

A4224 Supplies for maintenance of insulin infusion catheter. Five per 30-day period.

C1889 Implantable/insertable device for device intensive procedure, not otherwise classified

Quantity Limit Update

- A6454 Self-Adherent Bandage, Elastic ≥3" <5", 5-yard roll. Six rolls allowed per 30-day period.
- S5520 Home infusion therapy, all supplies (including catheter) necessary for peripherally inserted central venous catheter (PICC) line insertion. No quantity limit.
- S5521 Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion. No quantity limit.

Payable for Nursing Home Residents

E0562 Humidifier, heated, used with positive airway pressure device

17-31 Non-Traditional Medicaid (NTM) Provider Manual Updates

The following sections of the *Utah Medicaid Provider Manual for the Non-Traditional Medicaid Plan* have been updated:

- Chapter 2 5 (Family Planning Services) has been updated to reflect that family planning services covered under NTM are the same as those covered under Traditional Medicaid, including birth control patches.
- Chapter 2 15 (Preventive Services) has been updated to reflect that preventive services covered under NTM are the same as those covered under Traditional Medicaid and that immunizations are available to NTM members in both a medical office and at the pharmacy point-of-sale.

In addition, the Over-the-Counter Drug List that was attached to this manual has been deleted. The Over-the-Counter Drug List still applies and is an attachment to the *Pharmacy Services* provider manual.

Providers can access the updated manual at https://medicaid.utah.gov/utah-medicaid-official-publications.

17-32 Primary Care Network (PCN) Provider Manual Revisions

The following sections of the *Utah Medicaid Provider Manual for the Primary Care Network* have been updated:

- Chapter 2 9 (Immunizations) has been updated to reflect that immunizations are available to PCN members in both a medical office and at the pharmacy point-of-sale.
- Chapter 2 10 (Family Planning Services) has been updated to reflect that birth control patches are covered under the PCN program, i.e., birth control patches have been deleted from the list of family planning services not covered.

In addition, all attachments to the manual and any references to the attachments have been deleted. The deleted attachments still apply and are attached to other provider manuals as follows:

- The CLIA Certification for Laboratory Services is an attachment to the *Laboratory Services* provider manual.
- The Drug Criteria and Limits List and the Over-the-Counter Drug List are attachments to the *Pharmacy Services* provider manual.

Providers can access the updated manual at https://medicaid.utah.gov/utah-medicaid-official-publications.

17-33 Excision – Benign Lesions Coverage

The following codes have been removed from manual review:

- 11400 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
- 11403 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
- 11404 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
- 11406 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
- 11422 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
- 11426 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
- 11441 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm

- 11443 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
- 11446 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm

17-34 **Destruction, Benign or Premalignant Lesions Coverage**

The following codes have been removed from manual review:

- 17000 Destruction (eq. laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion
- 17003 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each. List separately in addition to code for first lesion.
- 17106 Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
- 17108 Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm

17-35 **Presumptive Drug Class Screening**

The following codes are open without a prior authorization (PA), with the following limitations: up to 12 units per 30-day period. For members with greater than 90 days of consecutive abstinence, the codes are open without PA for up to 3 units per 30-day period.

- 80305 Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eq. dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service
- 80306 Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg. immunoassay); read by instrument assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service
- 80307 Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service

17-36 Definitive Drug Testing

The following codes are open without a prior authorization (PA), with the following limitations: up to 4 units per 30-day period. For members with greater than 90 days of consecutive abstinence, the codes are open without PA for up to 1 unit per 30-day period.

- G0480 Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed
- G0481 Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed
- G0482 Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed
- G0483 Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed