UTAH DEPARTMENT OF HEALTH MEDICAID

Medicaid Information Bulletin

April 2018

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TABLE OF CONTENTS

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18-34 2018 Medicaid Statewide Provider Training

Utah Medicaid invites you to attend the 2018 Medicaid Statewide Provider Training sessions.

To increase flexibility and convenience, Utah Medicaid will now offer Statewide Provider Training in an online webinar format. Each session will accommodate up to 200 providers and include instruction on five topics, including:

- Provider Enrollment (Includes PRISM)
- Medicaid 101 and Managed Healthcare Updates
- Prior Authorization
- What's New at Utah Medicaid
- Office of Inspector General Overview

Sessions will run three to four hours. Providers may choose to participate in a single topic or attend an entire session. Participants may register on the Medicaid website at https://medicaid.utah.gov/medicaid-provider-training.

Utah Medicaid will hold training sessions on the dates below (additional sessions will be added, if needed):

April 25 and 26, 2018
May 10 and 11, 2018
May 17 and 18, 2018

PLEASE NOTE:

Training webinars are supported by Adobe Connect, which must be accessed by either Internet Explorer or Google Chrome. **Providers using Internet Explorer (Version 11)** are not required to install any "Add-ins".

After registering, participants will receive an email that will allow you to login to the seminar room. Participants should plan to enter the seminar room prior to the session start time.

Providers using Google Chrome or an older version of Internet Explorer are required to install the 'Adobe Connect 9 Add-in' to your browser. The 'Adobe Connect 9 Add-in' is no cost, but must be installed prior to the session start time. After registering, participants will receive an email that will allow you to download the add-in and verify that you can enter the seminar room. If participants encounter issues with the installation, please contact your office's technical support.

18-35 2018 Provider Re-Credentialing

42 CFR 455.414 requires all Medicaid providers to re-credential every three to five years, based on the CMS defined level of risk. Utah Medicaid will be sending written notification, beginning in May 2018, to providers that must re-credential with Medicaid in calendar year 2018 or the first two calendar quarters of 2019. The notification will define the required timeline to re-credential and will provide instructions on how to complete the re-credential process. This notification will be mailed to provider's 'Pay To' address on file in the PRISM system.

Failure to re-credential within the required timeline may result in suspension of payment and may also result in termination as a provider with Utah Medicaid.

18-36 Billing Claims for Newborns

Providers must bill all claims for a newborn baby, including those for the delivery and post-delivery care, to the health plan (ACO or Fee-for-Service Network) the mother is enrolled with in the month of birth. A newborn's health plan enrollment, beginning the month of birth, will always be the same as the enrollment for the mother.

If the mother is enrolled with an ACO, the newborn will be enrolled with the same ACO once the birth has been reported and updated in our system. If the mother is not enrolled in an ACO, both she and the newborn will be covered by Fee-for-Service. Claims billed to the incorrect health plan should be denied. If paid incorrectly, they will be pulled back upon review.

18-37 Cost Sharing

In accordance with the requirements in 42 CFR §447.50, Sections 1902(a)(14), 1916, and 1916A of the Act, Medicaid excludes the following eligible groups of individuals from cost sharing:

- Individuals through 18 years of age
- Any individual whose medical assistance for services are furnished in an institution
- American Indian/Alaskan Native individuals
- Individual receiving hospice care
- Individuals who are receiving Medicaid due to having breast or cervical cancer
- Pregnant members

The following services do not require co-payments:

- Family planning services, including contraceptives and pharmaceuticals
- Preventive services, including vaccinations and health education
- Emergency services (emergent use of an emergency room)

- Provider-preventable condition (PPC) services

Additional information may be found in the Utah Medicaid State Plan Attachments:

- 4.18-A Charges Imposed on Categorically Needy
- 4.18-B Medically Needy - Premium
- 4.18-C Charges Imposed on Medically Needy for Services
- 4.18-D Premiums Imposed on Low Income Pregnant Women and Infants
- 4.18-E Premiums Imposed on Qualified Disabled and Working Individuals
- 4.18-H Emergency Room Co-payment for Non-emergency Care

In addition to the above services not requiring a co-payment, Utah Medicaid does not require a co-payment on laboratory, radiology, and outpatient mental health or substance use disorder services. The Utah Medicaid Provider Manual Section I: General Information, 7-2, Charges Not the Responsibility of the Member, has been updated to reflect this information.

18-38 Laboratory Claims for Drug Analytes Related to Substance Use Disorder (SUD) Treatment

Laboratory services are covered under Medicaid's managed contracts with Accountable Care Organizations/ACOs (physical health plans) unless any of the following apply.

ACOs are not responsible to pay for qualitative or quantitative drug assays ordered by physicians or other prescribers to determine the presence of abuse-potential drugs related to SUDs. Laboratories may bill assays performed for this purpose to Medicaid on a fee for service basis.

Effective for dates of service on or after April 1, 2018, claims for assays to determine the presence of abuse potential drugs related to SUDs will not be eligible for reimbursement on a fee for service basis when the primary diagnosis is not an SUD diagnosis (ICD-10 F codes F10.00-F19.99).

To be eligible for Medicaid reimbursement, drug tests must be ordered by a physician or other prescriber and be medically necessary.

The ACO laboratory carve-out policy does not apply to qualitative or quantitative drug assays ordered to determine if drug therapy used to treat physical health conditions, or for pain management, has achieved optimal therapeutic levels. ACOs remain responsible for laboratory drug assays performed for these purposes.

18-39 Emergency Services Program for Non-Citizens

Utah Medicaid Provider Manual Section I: General Information, *8-2.11, Emergency Services Program for Non-Citizens* has been updated.

Specific policy for this program can now be found in Administrative Rule R414-518, Emergency Service Program for Non-Citizens. R414-518 defines the scope of services that are available to individuals who meet coverage criteria under the Emergency Service Program for Non-Citizens for the treatment of emergency medical conditions.

18-40 Section I: General Information Provider Manual Update

Section I: General Information Provider Manual has been updated. Providers are encouraged to become familiar with the manual noting:

> Non-Traditional Medicaid (NTM): a medical plan based on the Traditional Medicaid Plan but with additional limitations and/or restrictions on benefits and services. Plan limitations and restrictions are authorized through a waiver of federal regulations.
>
> Member's eligible for Non-Traditional Medicaid include adults on Family Medicaid programs (adults with dependent children) and adult caretaker relatives on Family Medicaid.
>
> For services covered under NTM, please refer to the Administrative Rule R414-200, Non-Traditional Medicaid Health Plan Services and the Coverage and Reimbursement Code Lookup.

18-41 Non-Traditional Medicaid Plan Manual Archived

The Non-Traditional Medicaid Plan Manual will be archived, effective April 1, 2018. Policy and information regarding this program is now found in Administrative Rule R414-200, Non-Traditional Medicaid Health Plan Services and Utah Medicaid Provider Manual Section I: General Information.

Providers are encouraged to become familiar with Administrative Rule R414-200, Non-Traditional Medicaid Health Plan Services. Specific coverage on CPT or HCPCS codes may be found in the Utah Medicaid Coverage and Reimbursement Code Lookup.

18-42 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 Utah Medicaid Table of Authorized Emergency Department Diagnoses.

18-43 Inpatient Hospital Services Update

Administrative Rule R414-2A, Inpatient Hospital Services R414-2A-7(6), has been updated. Coverage of sleep studies requires sleep center accreditation through one of the following nationally recognized accreditation organizations:

(a) American Academy of Sleep Medicine (AASM);
(b) Accreditation Commission for Health Care (ACHC); or
(c) The Joint Commission (TJC).

18-44 Outpatient Hospital Services Update

Administrative Rule R414-3A, Outpatient Hospital Services R414-3A-5(4) Services, has been updated. Coverage of sleep studies requires sleep center accreditation through one of the following nationally recognized accreditation organizations:

(a) American Academy of Sleep Medicine (AASM);
(b) Accreditation Commission for Health Care (ACHC); or
(c) The Joint Commission (TJC).

18-45 Free-Standing Ambulatory Surgical Center Manual Update

The Free-Standing Ambulatory Surgical Center Manual has been updated and moved into the Hospital Services Provider Manual.

The Free-Standing Ambulatory Surgical Center Manual will be archived, effective April 1, 2018.

Specific coverage on CPT or HCPCS codes may be found in the Utah Medicaid Coverage and Reimbursement Code Lookup.

18-46 Consent for Sterilization Instructions Update

An update was made to the fax number for prior authorizations for the Consent for Sterilization Form instructions that was published in January 2018.

There has not been any change in the procedure for requesting prior authorization for primary sterilization procedures. The Consent for Sterilization Form, with all appropriate sections completed, must continue to be submitted with the Request for Authorization Form to the fax number provided in the instructions within the appropriate time frame.

After the sterilization procedure has been performed, the completed Consent for Sterilization Form, including all required information in the physician's statement section of the form, must be submitted to the claims processing fax number listed in the instructions before any claim payment will be issued.

18-47 Polysomnography Codes

The CPT family of polysomnography codes, 95782, 95783, 95800, 95801, 95803, 95805, 95806, 95807, 95808, 95810, and 95811, has been revised to reflect the specified coverage of Noridian LCD 34040.

Providers should become familiar with LCD 34040 as all claims will be edited according to the coverage content.

18-48 Code Updates

Open

21899 Unlisted procedure, neck or thorax
22899 Unlisted procedure, spine

Prior Authorization Removed

22206 Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (e.g., pedicle/vertebral body subtraction); thoracic
22207 Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (e.g., pedicle/vertebral body subtraction); lumbar
22208 Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (e.g., pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)
22210 Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical
22214 Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar
22224 Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar
29806 Arthroscopy, shoulder, surgical; capsulorrhaphy
29807 Arthroscopy, shoulder, surgical; repair of SLAP lesion
29820 Arthroscopy, shoulder, surgical; synovectomy, partial
29822 Arthroscopy, shoulder, surgical; debridement, limited
29823 Arthroscopy, shoulder, surgical; debridement, extensive
29825 Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29827 Arthroscopy, shoulder, surgical; with rotator cuff repair
29828 Arthroscopy, shoulder, surgical; biceps tenodesis
29830 Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
29835 Arthroscopy, elbow, surgical; synovectomy, partial
29836 Arthroscopy, elbow, surgical; synovectomy, complete
29837 Arthroscopy, elbow, surgical; debridement, limited
29838 Arthroscopy, elbow, surgical; debridement, extensive
29840 Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)
29843 Arthroscopy, wrist, surgical; for infection, lavage and drainage
29844 Arthroscopy, wrist, surgical; synovectomy, partial
29845 Arthroscopy, wrist, surgical; synovectomy, complete
29846 Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement
29847 Arthroscopy, wrist, surgical; internal fixation for fracture or instability
29848 Endoscopy, wrist, surgical, with release of transverse carpal ligament
29860 Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)
29861 Arthroscopy, hip, surgical; with removal of loose body or foreign body
29862 Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
29863 Arthroscopy, hip, surgical; with synovectomy

29870 Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29873 Arthroscopy, knee, surgical; with lateral release
29874 Arthroscopy, knee, surgical; for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation)
29875 Arthroscopy, knee, surgical; synovectomy, limited (e.g., plica or shelf resection) (separate procedure)
29876 Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (e.g., medial or lateral)
29877 Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879 Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29880 Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29881 Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29882 Arthroscopy, knee, surgical; with meniscus repair (medial or lateral)
29883 Arthroscopy, knee, surgical; with meniscus repair (medial and lateral)
29884 Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
29885 Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886 Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
29887 Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
29891 Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect
29892 Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)
29893 Endoscopic plantar fasciotomy
29895 Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial
29897 Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited
29898 Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive
29899 Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis
29915 Arthroscopy, hip, surgical; with acetabuloplasty (i.e., treatment of pincer lesion)
29916 Arthroscopy, hip, surgical; with labral repair

18-49 Licensed Nurse Practitioner Manual Update

The Licensed Nurse Practitioner Manual has been updated and moved into the Physician Services Provider Manual.

The Licensed Nurse Practitioner Manual will be archived, effective April 1, 2018.

Specific coverage on CPT or HCPCS codes may be found in the Utah Medicaid Coverage and Reimbursement Code Lookup.

18-50 Medical Supplies and Durable Medical Equipment Manual Update

The Medical Supplies and Durable Medical Equipment Manual has been updated. Providers are encouraged to become familiar with the manual.

Wheelchair Evaluations

Physical and Occupational Therapists may use HCPCS code G9012, Other specified case management service not elsewhere classified, to report wheelchair seating evaluation services.

Specific coverage on CPT or HCPCS codes may be found in the Utah Medicaid Coverage and Reimbursement Code Lookup Tool.

18-51 Dental, Oral Maxillofacial, and Orthodontia Service Update

General Anesthesia for Dental Services

A dentist or oral surgeon possessing the proper Class IV permit under State Licensure may perform general anesthesia. The properly licensed provider may choose to perform his or her own anesthesia with the support staff required by State Licensing or may elect to have another enrolled, properly licensed, and permitted Medicaid provider perform the anesthesia.

Anesthesia Services- Dental

This article is to replace Medicaid Information Bulletin: January 2018, 18-06 Dental, Oral Maxillofacial, and Orthodontia Services: Anesthesia Services-Dental.

Utah Medicaid has designated CPT code 41899 as general anesthesia in an ambulatory surgical center (ASC).

For specific coverage information, refer to the Utah Medicaid Coverage and Reimbursement Lookup Tool available at http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php.

18-52 Pharmacy and Therapeutics Committee Update

The Pharmacy and Therapeutics (P&T) Committee recently reviewed antiplatelet agents, nasal corticosteroids, and treatments for extrapyramidal disorders/movement disorders. Additions and updates to these classes have been made to the Utah Medicaid Preferred Drug List (PDL) based upon the P&T Committee recommendations.

18-53 Drugs Requiring Prior Authorization

Medicaid Pharmacy prior authorization forms are being updated to improve consistency; however, the criterion is not changing. There are lines provided to note where specific information is located within the medical records submitted. The prescriber must use the most current criteria sheet from the Medicaid Pharmacy Services Website at: https://medicaid.utah.gov/pharmacy/prior-authorization when submitting a prior authorization.

18-54 Medicare Crossover Claims

Medicare Crossover is the process by which Medicare, as the primary payer, automatically forwards Medicare Part A (hospital) and Part B (medical), including durable medical equipment (DME), claims to a secondary payer for processing (this is coordination of benefits). It does not apply to Part C (Medicare Advantage plans) or Part D (prescription drug expenses).

Section I: General Information Provider Manual, Section 11-5.1, discusses this policy in more detail. A key provision notes:

"A provider may either accept the member as having dual coverage or not accept either type of coverage. Federal Medicaid regulations do not permit a provider to reject Medicaid and accept only Medicare."

For example, a dual eligible recipient presents to the pharmacy with a prescription for a Part B medication. The pharmacy processes the claim to Medicare and receives payment with a co-pay/co-insurance of $75.00. The pharmacy tries to bill the co-pay/co-insurance to Medicaid through the point of sale system, but receives a rejection. The pharmacy should dispense the medication to the member and submit the claim through Medicaid crossovers to the appropriate Medicaid Trading Partner Number. There should not be a co-pay/co-insurance to the member for Medicare crossover claims.

Coordination of benefits instructions for electronic claims are found at: https://medicaid.utah.gov/claims.

18-55 90-Day Supply of Select Drugs for Medicaid Members

Effective February 1, 2018, Utah Medicaid (fee for service only) 90-day supply has been updated to include more low-cost, generic maintenance medications. For a 90-day supply, Utah Medicaid fee for service members who are subject to cost-sharing, will pay a single co-pay. Additionally, pharmacies will receive a single dispensing fee on prescriptions filled for a 90-day supply.

Pharmacy staff are encouraged to work with prescribers to promote this program. For example, when a pharmacy receives a prescription written for a 30-day supply with refills for a drug on this program, the pharmacy may contact the prescriber and recommend a modification to the original prescription for a 90-day supply with refills, as appropriate.

18-56 Licensed Substance Use Disorder (SUD) Residential Treatment Programs with 17 or More Beds

When enrolling as a Medicaid provider, these programs must complete an addendum specifying the ASAM level(s) of care the program is qualified to provide. The addendum is titled *Addendum – Licensed Substance Use Disorder Residential Treatment Programs with 17 or More Beds*, and can be found at: https://medicaid.utah.gov/provider-enrollment-forms.

The completed addendum should be emailed to djwilde@utah.gov. For questions, call Dave Wilde at (801) 538-7175.

18-57 Updates to the Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services

Updates have been made to the *Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services* as follows:

In Chapter 2, under Scope of Services, substance use disorder residential treatment has been added to the list of covered rehabilitative services. Reference to the American Society of Addiction Medicine (ASAM) levels of care has also been added.

In Chapter 2-6, Psychotherapy for Crisis, clarifications regarding use of procedure codes 90832 and 90839 have been made to #4 of the Limits section, and to the Procedure Codes and Unit of Service section.

In Chapter 2-13, Substance Use Disorder Residential Treatment in Licensed Residential Treatment Programs with 17 or More Beds, updates have been made to address provider responsibility to ensure transitions to other appropriate levels of care. In #3 of the Record section, documentation requirements for the bi-weekly reviews have been clarified. Reviews must be documented in the ASAM format.

The Procedure Codes and Modifiers table in Chapter 4 has been updated to include procedure code H0018, and a footnote regarding the use of the UC modifier with select procedure codes.

Providers can access the revised provider manuals at: https://medicaid.utah.gov.

18-58 Update to the Utah Medicaid Provider Manual for Targeted Case Management Services for Individuals with Serious Mental Illness

An update has been made to the *Utah Medicaid Provider Manual for Targeted Case Management for Individuals with Serious Mental Illness* as follows:

In Chapter 2-1, Covered Services/Activities, #3 has been updated to include reference to substance use disorders.

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

18-59 Utah Medicaid Pharmacy Services Manual Attachment Updated

The Utah Medicaid Drug Criteria and Limits attachment has been updated. Providers are encouraged to become familiar with this and all other pharmacy attachments located in the online Pharmacy Resource Library, or at https://medicaid.utah.gov.