

### TABLE OF CONTENTS

18-01	DOCUMENTATION FOR ELIGIBLE FACILITIES FOR E&M .....	2
18-02	TABLES OF AUTHORIZED EMERGENCY DIAGNOSES .....	2
18-03	TELEMEDICINE SERVICES .....	2
18-04	TELEHEALTH SKILLED NURSE PILOT PROJECT FOR BENEFICIARIES IN RURAL AREAS .....	3
18-05	MEDICAID POLICY FOR RECONSTRUCTIVE AND COSMETIC PROCEDURES .....	3
18-06	DENTAL, ORAL MAXILLOFACIAL, AND ORTHODONTIA SERVICES .....	4
18-07	CORNEAL TISSUE REVENUE CODE .....	5
18-08	SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY SERVICES MANUAL UPDATE .....	5
18-09	OTHER COVERED SPEECH-LANGUAGE SERVICES .....	5
18-10	SUBLUXATION POLICY REMOVED .....	6
18-11	CODE UPDATES .....	6
18-12	PULSE OXIMETER POLICY UPDATE .....	11
18-13	MENTAL HEALTH EVALUATIONS AND PSYCHOLOGICAL TESTING FOR PHYSICAL HEALTH PURPOSES .....	11
18-14	TARGETED ADULT MEDICAID MEMBERS – ELIGIBLE FOR REHABILITATIVE MENTAL HEALTH AND SUBSTANCE USE DISORDER (SUD) SERVICES .....	12
18-15	LICENSED SUD RESIDENTIAL TREATMENT PROGRAMS WITH 17 OR MORE BEDS ELIGIBLE FOR MEDICAID REIMBURSEMENT .....	13
18-16	NON-TRADITIONAL MEDICAID MEMBERS – DELETION OF LIMITS ON REHABILITATIVE MENTAL HEALTH SERVICES AND TARGETED CASE MANAGEMENT FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS .....	15
18-17	MENTAL HEALTH PROVIDERS – ADDITION OF PSYCHOLOGICAL TESTING PROCEDURE CODES .....	16
18-18	RESTRICTION PROGRAM PCP REQUEST .....	16
18-19	PHARMACY PRIOR AUTHORIZATION (PA) PROCESS .....	17
18-20	2018 CODE UPDATES .....	17
18-21	PREFERRED DRUG LIST .....	28
18-22	PROVIDER ADMINISTERED DRUGS FOR THE TREATMENT OF OPIOID USE DISORDERS .....	29
18-23	DRUG UTILIZATION REVIEW BOARD ACTIVITY UPDATE .....	29
18-24	DRUG UTILIZATION REVIEW BOARD VACANCIES .....	29
18-25	PHARMACY MANUAL UPDATE .....	29
18-26	PHARMACY RESOURCE CORNER .....	30
18-27	AUTISM SPECTRUM DISORDER RELATED SERVICES FOR EPSDT ELIGIBLE INDIVIDUALS PROVIDER MANUAL AND AUTISM SPECTRUM DISORDER DIAGNOSTIC CONFIRMATION FORM UPDATE .....	31
18-28	UTAH MEDICAID SECTION I PROVIDER MANUAL UPDATE .....	31
18-29	CLIA (CLINICAL LABORATORY IMPROVEMENT AMENDMENT) CERTIFICATION NUMBER .....	32
18-30	HOME AND COMMUNITY-BASED SERVICES WAIVER FOR MEDICALLY COMPLEX CHILDREN MANUAL UPDATED .....	32
18-31	MEDICAID HOME AND COMMUNITY-BASED ACQUIRED BRAIN INJURY WAIVER AMENDMENT .....	32
18-32	MOLINA HEALTHCARE OF UTAH COMMERCIAL MARKETPLACE PLAN AND MEDICAID AND CHIP PLANS .....	33
18-33	ACCOUNTABLE CARE ORGANIZATION (ACO) COUNTY UPDATE .....	33

#### 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:

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By Mail: Division of Medicaid and Health Financing  
PO Box 143106, Salt Lake City, UT 84114

Unless otherwise noted, all changes take effect on January 1, 2018

## 18-01 Documentation for Eligible Facilities for E&M

Facilities that are eligible to receive reimbursement for the evaluation and management (E&M) codes must submit the approval letter from CMS, and any other documentation necessary for the approval, to the Bureau of Coverage and Reimbursement Policy. The address to submit the documentation is:

Via US Post Office:  
E&M (Evaluation and Management)  
Utah Department of Health  
DHCF, BCRP  
Attn: Reimbursement  
PO Box 143102  
Salt Lake City, UT 84114-3102

Via UPS or FedEx:  
E&M (Evaluation and Management)  
Utah Department of Health  
DHCF, BCRP  
Attn: Reimbursement  
288 North 1460 West  
Salt Lake City, UT 84116-3231

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## 18-02 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](#).

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## 18-03 Telemedicine Services

Covered services may be delivered by means of telemedicine, as clinically appropriate. Services include, but are not limited to, consultation services, evaluation and management services, mental health services, and substance use disorder services.

Limitations:

- Telemedicine encounters must comply with HIPAA privacy and security measures to ensure that all patient communications and records, including recordings of telemedicine encounters, are secure and remain confidential. The provider is responsible for determining if the encounter is HIPAA compliant.

Unless otherwise noted, all changes take effect on January 1, 2018

Security measures for transmission may include password protection, encryption, and other reliable authentication techniques.

- Compliance with the Utah Health Information Network (UHIN) Standards for Telehealth must be maintained. These standards provide a uniform standard of billing for claims and encounters delivered via telemedicine.
- The provider at the originating site receives no additional reimbursement for the use of telemedicine.

Modifiers:

GT - This modifier is required to indicate the service was provided through telemedicine.

GQ - This modifier is not a covered service. It is used for transmission of data.

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## **18-04 Telehealth Skilled Nurse Pilot Project for Beneficiaries in Rural Areas**

This policy has been removed from the Home Health Services Manual. Telemedicine services are an additional method of delivering health care to patients. For more information, refer to Section I: General Information, Chapter 8-4.2, Telemedicine. R414-42 Telehealth Home Health Services has been repealed and replaced with R414-42 Telemedicine Services.

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## **18-05 Medicaid Policy for Reconstructive and Cosmetic Procedures**

Effective January 1, 2018, R414-1-29 has been revised to the following:

### **R414-1-29, Medicaid Policy for Reconstructive and Cosmetic Procedures**

(1) Reconstructive or restorative services are medically necessary; and

- (a) performed on abnormal structures of the body to improve and restore bodily function; or
- (b) performed to correct deformity resulting from disease, trauma, congenital anomaly, or previous therapeutic intervention.

(2) Medicaid does not cover cosmetic procedures performed with the primary intent to improve appearance, nor does it cover non-medically necessary procedures performed in the same episode as a covered procedure.

(3) Coverage for reconstructive breast procedures related to cancer includes:

- (a) reconstruction of the breast on which the procedure is performed; and
- (b) reconstruction of the breast on which the procedure is not performed to produce a symmetrical appearance and prostheses.

(4) Medicaid limits reconstructive breast procedures to initial occurrences that may include multi-step procedures.

Unless otherwise noted, all changes take effect on January 1, 2018

(5) Medicaid does not cover repeat reconstructive breast procedures.

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## **18-06 Dental, Oral Maxillofacial, and Orthodontia Services**

### **Provider Manual Update**

The [Dental, Oral Maxillofacial, and Orthodontia Services Provider Manual](#) has been updated to include clarification regarding criteria for full dentures.

Full dentures may be allowed with prior authorization for the replacement of permanent teeth under the following conditions: Patient is either edentulous, has a dental or medical condition that indicates extraction of remaining teeth, or documentation of a prior appliance.

Additional information on coverage requirements and limitations of denture services is found in the [Coverage and Reimbursement Lookup Tool](#).

### **Anesthesia Services- Dental**

Utah Medicaid has designated CPT code 41899 as general anesthesia in an ambulatory surgical center (ASC). It is open to provider types 01 (general hospital) and 55 (free-standing ambulatory surgical center). It is covered in Traditional Medicaid for members with the eligibility type of EPSDT, blind, disabled, or pregnant only.

Prior authorization is not required for EPSDT eligible members provided there is a documented condition that justifies the use of general anesthesia.

A prior authorization is required for members with the eligibility type of blind, disabled, or pregnant. Criteria is as follows:

- For members with a physical or mental disability, document the physical or mental disability that justifies the use of general anesthesia
- For patients without a physical disability, the patient must have a documented condition, such as treatment failure and/or the inability to treat when using a premedication, which justifies the uses of general anesthesia
- The provider must send X-rays when applicable

## 18-07 Corneal Tissue Revenue Code

Revenue Code 0810 is open to provider type 01, General Hospital, and 91, Indian Health Services, for the purposes of billing for corneal tissue processing, preserving, and transporting. HCPCS code V2785 must be reported in conjunction with this revenue code.

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## 18-08 Speech-Language Pathology and Audiology Services Manual Update

The Speech-Language Pathology and Audiology Services Manual has been updated. Language regarding dysphagia has been removed from the manual. The prior authorization requirement for feeding therapy has been removed for EPSDT eligible members and pregnant adults. Treatment for swallowing dysfunction and/or oral function for feeding is covered for eligible members.

For EPSDT eligible members, all therapeutic services for speech are limited to a combined 24 sessions in a 6-month period.

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## 18-09 Other Covered Speech-Language Services

Speech-Language services are available for:

- A diagnosis of Cerebral Vascular Accident (CVA) - Treatment must begin within 90 days of the incident
- A diagnosis of Traumatic Brain Injury (TBI) - Treatment must begin within 18 months of the injury
- Use of a speech generating device
- Treatment for swallowing dysfunction and/or oral function for feeding

Speech therapy for cognitive purposes must be ordered by a physician and must include a plan of care.

Speech therapy for cognitive purposes is limited to 15 visits per 12-month period. Use code 92507 for reporting.

Speech therapy for the use of a speech-generating device is limited to eight visits per 12-month period.

Treatment for swallowing dysfunction and/or oral function is limited to 10 per 180-day period; non-pregnant adults require prior authorization.

For more information, please refer to the [Speech-Language Pathology and Audiology Services Provider Manual](#).

For specific code information, please refer to the [Coverage and Reimbursement Code Lookup](#).

Unless otherwise noted, all changes take effect on January 1, 2018

## 18-10 Subluxation Policy Removed

The [Physician Services Manual](#) has been updated. Language regarding treatment and evaluations of subluxation or flat feet has been removed.

The [Podiatric Services Manual](#) has been updated. Language regarding treatment and evaluations of subluxation or flat feet has been removed.

## 18-11 Code Updates

### Open

- 64568 Incision for implantation of cranial nerve (e.g., vagus nerve) neurostimulator electrode array and pulse generator – *age restricted greater than four years of age*
- 64611 Chemodenerivation of parotid and submandibular salivary glands, bilateral
- 96102 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
- 96103 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI), administered by a computer, with qualified health care professional interpretation and report
- 96119 Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
- 96120 Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report
- A7002 Tubing, used with suction pump, each - *reimbursement is limited to member owned equipment*
- A7007 Large volume nebulizer, disposable, unfilled, used with aerosol compressor - *reimbursement is limited to member owned equipment*
- A7046 Water chamber for humidifier, used with positive airway pressure device, replacement, each - *reimbursement is limited to member owned equipment*
- D1575 Distal shoe space maintainer – fixed unilateral
- D4342 Periodontal scaling and root planing - one to three teeth per quadrant;



Unless otherwise noted, all changes take effect on January 1, 2018

Q9988 Platelets, pheresis, pathogen reduced, each unit - *only open to provider type 01 – hospital*

### **Prior Authorization Required**

- 31295 Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (e.g., balloon dilation), transnasal or via canine fossa
- 31296 Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (e.g., balloon dilation)
- 31297 Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (e.g., balloon dilation)
- 36475 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
- 36476 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
- 36478 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
- 36479 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
- 52601 Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
- 59121 Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy
- 63265 Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical
- 63266 Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic
- 63267 Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar
- 63272 Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar
- 63301 Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach
- 63305 Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach
- 64565 Percutaneous implantation of neurostimulator electrode array; neuromuscular

Unless otherwise noted, all changes take effect on January 1, 2018

- 64569 Revision or replacement of cranial nerve (e.g., vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
- 64580 Incision for implantation of neurostimulator electrode array; neuromuscular
- 81203 APC (adenomatous polyposis coli) (e.g., familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants
- 81206 BCR/ABL1 (t(9;22)) (e.g., chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative
- 81207 BCR/ABL1 (t(9;22)) (e.g., chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative
- 81208 BCR/ABL1 (t(9;22)) (e.g., chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative
- 81210 BRAF (B-Raf proto-oncogene, serine/threonine kinase) (e.g., colon cancer, melanoma), gene analysis, V600 variant(s)
- 81270 JAK2 (Janus kinase 2) (e.g., myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant
- 81272 KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (e.g., gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (e.g., exons 8, 11, 13, 17, 18)
- 81273 KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (e.g., mastocytosis), gene analysis, D816 variant(s)
- 81276 KRAS (Kirsten rat sarcoma viral oncogene homolog) (e.g., carcinoma) gene analysis; additional variant(s) (e.g., codon 61, codon 146)
- 81311 NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (e.g., colorectal carcinoma), gene analysis, variants in exon 2 (e.g., codons 12 and 13) and exon 3 (e.g., codon 61)
- 81450 Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (e.g., BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed
- 81455 Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (e.g., ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed
- 81519 Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score



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- 81538 Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival
- 88237 Tissue culture for neoplastic disorders; bone marrow, blood cells
- 88264 Chromosome analysis; analyze 20-25 cells
- 88271 Molecular cytogenetics; DNA probe, each (e.g., FISH)
- 88272 Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (e.g., for derivatives and markers)
- 88275 Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells
- 88280 Chromosome analysis; additional karyotypes, each study
- 88285 Chromosome analysis; additional cells counted, each study
- 88291 Cytogenetics and molecular cytogenetics, interpretation and report

#### **Prior Authorization Removed**

- 31574 Laryngoscopy, flexible; with injection(s) for augmentation (e.g., percutaneous, transoral), unilateral
- 40820 Destruction of lesion or scar of vestibule of mouth by physical methods (e.g., laser, thermal, cryo, chemical)
- 56625 Vulvectomy simple; complete
- 64615 Chemodeneration of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (e.g., for chronic migraine)
- 92526 Treatment of swallowing dysfunction and/or oral function for feeding - *PA removed for EPSDT eligible and pregnant adults*

#### **Manual Review Removed**

- 55860 Exposure of prostate, any approach, for insertion of radioactive substance;
- 55875 Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
- 55876 Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple
- 76873 Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)

Unless otherwise noted, all changes take effect on January 1, 2018

76965 Ultrasonic guidance for interstitial radioelement application

### **Quantity Limit Updated**

92526 Treatment of swallowing dysfunction and/or oral function for feeding - *10 per 180-day period EPSDT eligible and pregnant adults; 10 per 180-day period non-pregnant adults with prior authorization*

92609 Therapeutic services for the use of speech-generating device, including programming and modification - *eight units per 12-month period for non-EPSDT eligible*

A4606 Oxygen probe for use with oximeter device, replacement - *three per 30-day for patient owed oximeter*

D1575 Distal shoe space maintainer – fixed unilateral – *one every three years, per quadrant*

E0445 Oximeter device for measuring blood oxygen levels noninvasively – *seven daily units per 90-day period without a prior authorization; prior authorization required for additional units*

E0471 Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) – *capped rental*

V2020 Frames, purchases – *one per 12-month period*

### **Provider Type 47 – Nurse Practitioner Added**

11976 Removal, implantable contraceptive capsules

20526 Injection, therapeutic (e.g., local anesthetic, corticosteroid), carpal tunnel

20527 Injection, enzyme (e.g., collagenase), palmar fascial cord (i.e., Dupuytren's contracture)

20550 Injection(s); single tendon sheath, or ligament, aponeurosis (e.g., plantar "fascia")

20551 Injection(s); single tendon origin/insertion

20552 Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)

20553 Injection(s); single or multiple trigger point(s), 3 or more muscles

### **Provider Type 30 – Podiatrist Added**

15275 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area

+15276 Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)

Unless otherwise noted, all changes take effect on January 1, 2018

**Provider Type 51 Public Health Department Clinic Added**

96161 Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument

**Closed**

D7670 Alveolus – closed reduction, may include stabilization of teeth

D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician

K0553 Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit of Service

K0554 Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system

Q9987 Pathogen(s) test for platelets

**18-12 Pulse Oximeter Policy Update**

Quantity limits and prior authorization requirements have been updated for HCPCS code E0445: Oximeter device for measuring blood oxygen levels noninvasively.

- Quantity limit of 7 days per 90-day period without prior authorization
- Quantities exceeding this limit require prior authorization
- Unit limit is a daily rental, capped after a 12-month period

Prior to January 1, 2018, a prior authorization approval was required in order to receive reimbursement for the daily unit rental.

**18-13 Mental Health Evaluations and Psychological Testing for Physical Health Purposes**

When mental health evaluations or psychological testing are performed for physical health purposes, including prior to medical procedures, or for the purpose of diagnosing intellectual or developmental disabilities, or organic

Unless otherwise noted, all changes take effect on January 1, 2018

disorders, they are carved out from the Accountable Care Organizations (ACOs), and from the Prepaid Mental Health Plan (PMHP).

Effective January 1, 2018, when these services are performed for the purposes stated above, providers must bill the services to Medicaid on a fee-for-service basis. Providers must include the UC modifier with the procedure code. If the UC modifier is not included with the procedure code, the line will be denied.

The carve-out policy does not apply to: (1) developmental screenings performed as part of a preventive EPSDT (CHEC) service (see the [Utah Medicaid Provider Manual for CHEC Services](#)); and (2) psychiatric consultations performed during a physical health inpatient hospitalization. The ACOs remain responsible for these services.

The carve-out policy does not apply to mental health evaluations and psychological testing for the primary purpose of diagnosing or treating mental health or substance use disorders. The PMHPs remain responsible for these services.

The carve-out policy does not apply to Medicaid members enrolled in the HOME program.

#### Provider manual updates:

Updates regarding this carve-out policy have been made in the [Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services](#) (see Chapter 1-3, Medicaid Behavioral Health Service Delivery System, Evaluations Not Covered by the PMHP), the [Utah Medicaid Provider Manual for Physician Services](#), and the [Utah Medicaid Provider Manual for Autism Spectrum Disorder Related Services for EPSDT Eligible Individuals](#).

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

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## **18-14 Targeted Adult Medicaid Members – Eligible for Rehabilitative Mental Health and Substance Use Disorder (SUD) Services**

Effective November 1, 2017, Targeted Adult Medicaid Members are eligible for rehabilitative mental health and SUD services specified in the [Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services](#).

Updates have been made to this provider manual as follows:

Chapter 1-2, Definitions, has been updated to include the definition of this new population.

Targeted Adult Medicaid Members are not enrolled in the Prepaid Mental Health Plan (PMHP). Providers may obtain reimbursement for services from Medicaid on a fee-for-service basis.

Chapter 1-3 Medicaid Behavioral Health Services Delivery System, Exceptions to PMHP Enrollment, has been updated to add Targeted Adult Medicaid Members as an exception.

Unless otherwise noted, all changes take effect on January 1, 2018

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

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## **18-15 Licensed SUD Residential Treatment Programs with 17 or More Beds Eligible for Medicaid Reimbursement**

Effective November 9, 2017, Medicaid's 1115 Primary Care Network Demonstration Waiver waives the federal Institution for Mental Diseases (IMD) exclusions for SUD residential treatment programs with 17 or more beds. This means that licensed SUD residential treatment programs with 17 or more beds are eligible for Medicaid reimbursement. This also means that Medicaid members age 22 through 64 in these larger programs are now eligible for Medicaid reimbursement. These programs are eligible for reimbursement for dates of service on or after November 9, 2017.

Residential treatment in these programs is limited to treatment of documented SUD diagnoses for Medicaid members age 12 or older. Services must be provided in accordance with the *Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services*. (See link to this provider manual at the end of this article.)

The *Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services* has been updated as follows:

Chapter 1-2, Definitions, has been updated to include the definition of Institution for Mental Diseases.

A new Chapter 2-13, Substance Use Disorder Residential Treatment in Licensed Residential Treatment Programs with 17 or More Beds, has been added. Chapter 2-13 has complete information on this service, including provider qualifications, service limitations, and documentation requirements.

### **Reimbursement**

**Per diem reimbursement** - SUD residential treatment is reimbursed on a per diem basis. All services included in the *Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services* are included in the per diem rate. None of the services may be billed separately.

Targeted case management services specified in the *Utah Medicaid Provider Manual for Targeted Case Management for Individuals with Serious Mental Illness* are not included in the per diem rate. Targeted case management is the only service that may be reimbursed separately. (See link to this provider manual at the end of this article.)

Unless otherwise noted, all changes take effect on January 1, 2018

**Procedure code – H0018**

Programs must use procedure code H0018 - Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem (Alcohol and/or drug services).

Programs may not report any part of an admission under any other procedure codes.

**Medicaid members enrolled in the Prepaid Mental Health Plan (PMHP)** - Programs must provide treatment through each member's PMHP. Programs will not be reimbursed by Medicaid on a fee-for-service basis.

**Medicaid members not enrolled in the PMHP, including Targeted Adult Members** -Programs may receive reimbursement from Medicaid on a fee-for-service basis.

**Day Limits** -Reimbursement is limited to 30 days per rolling year for adolescents/youth age 12 through age 18, and to 60 days per rolling year for adults age 19 and older. Additional days based on documented medical necessity may be approved based on prior authorization.

When day limits are met, or when requested prior authorization for additional days beyond the applicable limit is not granted, then the waiver of the IMD exclusions no longer applies. Medicaid reimbursement is no longer available to these programs even if the Medicaid member remains in the program. Also, the IMD exclusion pertaining to adults age 22 through age 64 in IMDs applies. These individuals no longer qualify for Medicaid if they remain in the program. Programs may not then bill for residential treatment using other procedure codes.

**Prior Authorization**

Additional days based on documented medical necessity may be approved based on prior authorization.

For adolescent/youth Medicaid members age 12 through age 18, no more than 30 additional days will be prior authorized at a time. For adult Medicaid members age 19 and older, no more than 60 additional days will be prior authorized at a time additional.

For Medicaid members enrolled in the PMHP, programs must follow the member's PMHP prior authorization requirements. PMHPs may require prior authorization **before** admission to the program. Contact the PMHPs for information regarding their prior authorization requirements.

For Medicaid members not enrolled in the PMHP, including Targeted Adult Members, prior authorization for days beyond the day limits specified above must be requested through Medicaid's Prior Authorization Unit.

**Licensed SUD residential treatment programs with 16 or fewer beds**

The policy above for licensed SUD residential treatment programs with 17 or more beds does not apply to licensed SUD residential treatment programs with 16 or fewer beds.

These programs must continue to follow current policy of providing and billing the discrete rehabilitative services contained in the *Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services*, Chapter 2-2 through Chapter 2-12. These programs may not bill services with the per diem procedure code.



Unless otherwise noted, all changes take effect on January 1, 2018

For Medicaid members enrolled in the PMHP, programs must continue to provide treatment through the member's PMHP. For Medicaid members not enrolled in the PMHP, including Targeted Adult Members, these programs may receive reimbursement from Medicaid on a fee-for-service basis.

**Provider Manuals:**

[Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services](#)

[Utah Medicaid Provider Manual for Targeted Case Management Services for Individuals with Serious Mental Illness](#)

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

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## **18-16 Non-Traditional Medicaid Members – Deletion of Limits on Rehabilitative Mental Health Services and Targeted Case Management for Individuals With Serious Mental Illness**

Effective November 1, 2017, limits on rehabilitative mental health services for Non-Traditional Medicaid members are removed. Coverage of rehabilitative mental health services is now the same for Traditional Medicaid and Non-Traditional Medicaid members.

Updates have been made to the [Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services](#) as follows:

In Chapter 1-2, in the definition of Non-Traditional Medicaid, and in Chapter 2-1, General Limitations, service limits have been deleted.

In addition, Non-Traditional members receiving treatment for substance use disorders are now eligible for targeted case management services under the target group of individuals with serious mental illness. Coverage of targeted case management is now the same for Traditional Medicaid members and Non-Traditional Medicaid members.

Updates have been made to the [Utah Medicaid Provider Manual for Targeted Case Management Services for Individuals with Serious Mental Illness](#) as follows:

In Chapter 1-2, Target Group, in A., the targeted case management exclusion for Non-Traditional Members being treated for substance use disorders has been deleted.

Chapter 1-4, General Limitations-- This contained provisions about the Non-Traditional Medicaid limitations, and an unnecessary provision about other populations ineligible for this service. However, when these populations do not have Medicaid, then no Medicaid benefits are available, not just targeted case management. Therefore Chapter 1-4 has been deleted. In conjunction with this change, in Chapter 1-3, the definition of an inmate of a public institution is deleted.

Unless otherwise noted, all changes take effect on January 1, 2018

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

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## **18-17 Mental Health Providers – Addition of Psychological Testing Procedure Codes**

Effective January 1, 2018, the following psychological testing procedure codes are covered under Medicaid: 96102, 96103, 96119, 96120.

Chapter 2-4, Psychological Testing, of the [Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services](#), has been updated to include this coverage.

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

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## **18-18 Restriction Program PCP Request**

### **Primacy Care Providers Needed:**

Medicaid is reaching out to Medicaid PCPs who are willing to accept patients enrolled in the Medicaid Restriction Program.

### **What is the Restriction Program?**

The purpose of the Restriction Program is to safeguard against inappropriate and excessive use of Medicaid services. This program can assist in the wise use of Medicaid resources by assigning members to one PCP and one pharmacy. Medicaid members enrolled in the Restriction Program must use their assigned PCP, specialty providers approved by the PCP, and their assigned pharmacy in order for Medicaid to pay the restricted members' outpatient medical claims.

### **How are Medicaid Members Selected for the Restriction Program?**

Members are enrolled in the Restriction Program if they are found to access Medicaid services at a greater rate than is considered customary for reported diagnoses. This determination is made based on surveillance and reviews of the members' use of:

- Primary care and specialty providers
- Abuse potential medications
- Pharmacies
- Non-emergent ED visits

**What Do PCPs Do for Restricted Patients?**

- Oversee medical care for their Restriction patients
- Educate and assist restricted patients in the appropriate use medical resources to facilitate quality care and cost containment
- Refer to specialty providers/prescribers as needed
- Refer to Pain Management Providers as needed

PCPs can be the key to medically appropriate and cost-efficient care for Medicaid restricted members.

If PCPs are willing to provide care for restricted Medicaid members or have further questions, please contact Debbie Bennion at (801) 538-6543.

**18-19 Pharmacy Prior Authorization (PA) Process**

Prior authorization requests received for medical and pharmacy services must be complete upon submission. Denials may result when incomplete requests are made. An incomplete submission means there is required information that is missing. Incomplete requests are returned to the providers for completion and can be re-submitted with the required information for determination.

Some providers are requesting hearings instead of submitting a complete request for consideration. Time may be lost as the request moves through the hearing process instead of through the prior authorization process. Providers may want to consider sending a complete request for prior authorization review rather than requesting a hearing to review missing documentation.

In all cases, providers should always submit prior authorization requests using the most current form available on the Utah Medicaid website, complete all mandatory fields legibly, and include all supporting documentation required in the criteria for the service requested. Doing so will facilitate an expeditious review.

**18-20 2018 Code Updates**

Open

00731 Anesthesia for procedure on esophagus, stomach, and/or upper small bowel using an endoscope

00732 Anesthesia for diagnostic examination of gallbladder and pancreatic, liver, and bile ducts using an endoscope

Unless otherwise noted, all changes take effect on January 1, 2018

- 00811 Anesthesia for procedure on large bowel using an endoscope
- 00812 Anesthesia for diagnostic examination of large bowel using an endoscope
- 00813 Anesthesia for procedure on esophagus, stomach, small bowel, and/or large bowel using an endoscope
- 15730 Creation of flap graft to midface
- 15733 Creation of flap graft to head and/or neck
- 19294 Preparation of tumor cavity and placement of radiation therapy applicator into breast for radiation therapy concurrent with partial breast removal
- 20939 Harvest of bone marrow for spine surgery graft
- 31241 Tying of sphenopalatine artery using an endoscope
- 31253 Complete examination of nose and sinuses using an endoscope
- 31257 Complete examination of nose and sinuses and removal of nasal sinus using an endoscope
- 31259 Removal of tissue from sphenoid sinus using an endoscope
- 34701 Placement of graft for repair of aorta including radiological supervision and interpretation
- 34702 Placement of graft for repair of aorta including radiological supervision and interpretation
- 34703 Placement of graft for repair of aorta and groin artery including radiological supervision and interpretation
- 34704 Placement of graft for repair of aorta and groin artery including radiological supervision and interpretation
- 34705 Placement of graft for repair of aorta and groin arteries including radiological supervision and interpretation
- 34706 Placement of graft for repair of aorta and groin arteries including radiological supervision and interpretation
- 34707 Placement of graft for repair of groin artery including radiological supervision and interpretation
- 34708 Placement of graft for repair of groin artery including radiological supervision and interpretation
- 34709 Insertion of prosthesis for repair of abdominal or groin artery including radiological supervision and interpretation
- 34710 Delayed insertion of prosthesis for repair of abdominal or groin artery
- 34711 Delayed insertion of prosthesis for repair of abdominal or groin artery
- 34712 Delivery of fixation device to graft via catheter including radiological supervision and interpretation
- 34713 Exposure of one groin artery for delivery of graft, accessed through the skin
- 34714 Exposure of one groin artery with creation of conduit, open procedure

Unless otherwise noted, all changes take effect on January 1, 2018

34715 Exposure of one underarm or upper chest artery for delivery of prosthesis, open procedure

34716 Exposure of one underarm or upper chest artery with creation of conduit

38222 Bone marrow biopsy and aspiration

38573 Removal of all lymph nodes of both sides of pelvis using an endoscope

43286 Removal of esophagus and partial removal of stomach using an endoscope

43287 Removal of lower esophagus and partial removal of stomach using an endoscope

43288 Removal of esophagus using an endoscope

64912 Repair of nerve using nerve graft

64913 Repair of nerve using nerve graft

71045 X-ray of chest, 1 view

71046 X-ray of chest, 2 views

71047 X-ray of chest, 3 views

71048 X-ray of chest, minimum of 4 views

74018 X-ray of abdomen, 1 view

74019 X-ray of abdomen, 2 views

74021 Radiologic examination, abdomen; 3 or more views

81105 Gene analysis (Human Platelet Antigen 1) for common variant

81106 Gene analysis (Human Platelet Antigen 2) for common variant

81107 Gene analysis (Human Platelet Antigen 3) for common variant

81108 Gene analysis (Human Platelet Antigen 4) for common variant

81109 Gene analysis (Human Platelet Antigen 5) for common variant

81110 Gene analysis (Human Platelet Antigen 6) for common variant

81111 Gene analysis (Human Platelet Antigen 9) for common variant

81112 Gene analysis (Human Platelet Antigen 15) for common variant

81120 Gene analysis (isocitrate dehydrogenase 1 [NADP+], soluble) for common variants

Unless otherwise noted, all changes take effect on January 1, 2018

- 81121 Gene analysis (isocitrate dehydrogenase 2 [NADP+], mitochondrial) for common variants
- 81238 Gene analysis (coagulation factor IX) full sequence analysis
- 86794 Analysis for antibody to Zika virus
- 87634 Detection test for respiratory syncytial virus
- 87662 Detection test for Zika virus
- 90587 Vaccine for dengue for injection under skin
- 94617 Exercise test for spasm of lung airways
- 94618 Test for exercise-induced lung stress
- 95249 Continuous monitoring of glucose in tissue fluid using sensor under skin
- 99483 Assessment of and care planning for patient with impaired thought processing, typically 50 minutes
- 99484 Care management services for behavioral health conditions, at least 20 minutes clinical staff time
- 99492 Initial psychiatric collaborative care management, first 70 minutes in the first calendar month
- 99493 Subsequent psychiatric collaborative care management, first 60 minutes in subsequent month of behavioral health care manager activities
- 99494 Initial or subsequent psychiatric collaborative care management, additional 30 minutes in the first calendar month
- D5511 Repair broken complete denture base, mandibular
- D5512 Repair broken complete denture base, maxillary
- D5611 Repair resin partial denture base, mandibular
- D5612 Repair resin partial denture base, maxillary
- D5621 Repair cast partial framework, mandibular
- D5622 Repair cast partial framework, maxillary
- D9222 Deep sedation/general anesthesia - first 15 minutes
- D9239 Intravenous moderate (conscious) sedation/analgesia - first 15 minutes
- G0516 Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)
- G0517 Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)



Unless otherwise noted, all changes take effect on January 1, 2018

- G0518 Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)
- L3761 Elbow orthosis (eo), with adjustable position locking joint(s), prefabricated, off-the-shelf
- L7700 Gasket or seal, for use with prosthetic socket insert, any type, each
- L8694 Auditory osseointegrated device, transducer/actuator, replacement only, each
- P9073 Platelets, pheresis, pathogen-reduced, each unit
- Q0477 Power module patient cable for use with electric or electric/pneumatic ventricular assist device, replacement only

### **Prior Authorization Required**

- 31298 Dilation of nasal sinus using an endoscope
- 36465 Injection of chemical agent into single incompetent vein of leg using ultrasound guidance
- 36466 Injection of chemical agent into multiple incompetent veins of same leg using ultrasound guidance
- 58575 Removal of uterus for tumor debulking using a laparoscope
- 81247 Gene analysis (glucose-6-phosphate dehydrogenase) for common variant
- 81248 Gene analysis (glucose-6-phosphate dehydrogenase) for known familial variant
- 81249 Gene analysis (glucose-6-phosphate dehydrogenase) full sequence analysis
- 81448 Gene analysis panel for hereditary disorders of the peripheral nervous system
- 81520 Gene analysis of breast tumor tissue
- Q4182 Transcyte, per square centimeter

### **Revision**

- D4355 Full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit

### **Closed**

- 0473T Evaluation and reprogramming of retinal prosthesis with patient training, review and report
- 0474T Insertion of drainage device and creation of fluid reservoir in front chamber of eye
- 0475T Recording of fetal magnetic heart signal with technical analysis and interpretation of report

Unless otherwise noted, all changes take effect on January 1, 2018

- 0476T Recording of fetal magnetic heart signal with electronic signal transfer of data and storage
- 0477T Recording of fetal magnetic heart signal with signal extraction, technical analysis, and result
- 0478T Recording of fetal magnetic heart signal with review and interpretation of report
- 0479T Laser destruction of scar tissue
- 0480T Laser destruction of scar tissue
- 0481T Injection of patient's own white blood cell concentrate
- 0482T Measurement of blood flow in heart muscle at rest and under stress
- 0483T Insertion of artificial valve between left heart chambers, accessed through the skin
- 0484T Insertion of artificial valve between left heart chambers, open chest procedure
- 0485T OCT scan of one ear
- 0486T OCT scan of both ears
- 0487T Biomechanical mapping accessed through the vagina
- 0488T Online/electronic program for prevention of diabetes using standardized diabetes prevention program curriculum
- 0489T Harvesting and preparation of patient's own fat cells for cell therapy for scleroderma of hands
- 0490T Cell therapy for scleroderma of hands using patient's own fat cells
- 0491T Laser treatment of open wound
- 0492T Laser treatment of open wound
- 0493T Near-infrared spectroscopy of leg wound
- 0494T Preparation and storage of donor lung
- 0495T Initiation and monitoring of circulation in donor lung
- 0496T Initiation and monitoring of circulation in donor lung
- 0497T Connection of external patient-activated EKG event recorder
- 0498T Review and interpretation of external patient-activated EKG event recordings
- 0499T Examination of bladder and urethra with mechanical dilation and drug delivery for narrowing of urethra using an endoscope
- 0500T Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV)

Unless otherwise noted, all changes take effect on January 1, 2018

- 0501T Analysis of data from CT study of heart blood vessels to assess severity of heart artery disease, with interpretation and report
- 0502T Analysis of data from CT study of heart blood vessels to assess severity of heart artery disease
- 0503T Analysis of data from CT study of heart blood vessels to assess severity of heart artery disease
- 0504T Analysis of data from CT study of heart blood vessels to assess severity of heart artery disease
- 0001U Rbc dna hea 35 ag 11 bld grp
- 0002U Onc clrct 3 ur metab alg plp
- 0003U Onc ovar 5 prtn ser alg scor
- 0004U Nfct ds dna 27 resist genes
- 0005U Onco prst8 3 gene ur alg
- 0006U Rx mntr 120+ drugs & sbsts
- 0007U Rx test prsmv ur w/def conf
- 0008U Hpylori detcj abx rstnc dna
- 0009U Onc brst ca erbb2 amp/nonamp
- 0010U Nfct ds strn typ whl gen seq
- 0011U Rx mntr lc-ms/ms oral fluid
- 0012U Germln do gene reargmt detcj
- 0013U Onc sld org neo gene reargmt
- 0014U Hem hmtlmf neo gene reargmt
- 0015U Rx metab advrs rx rxn dna
- 0016U Onc hmtlmf neo rna bcr/abl1
- 0017U Onc hmtlmf neo jak2 mut dna
- 0018U Onc thyr 10 micrna seq alg
- 0019U Onc rna tiss predict alg
- 0020U Rx test prsmv ur w/def conf
- 0021U Onc prst8 detcj 8 autoantb
- 0022U Trgt gen seq dna&rna 23 gene
- 0023U Onc aml dna detcj/nondetcj
- 32994 Ablate pulm tumor perq crybl

Unless otherwise noted, all changes take effect on January 1, 2018

33927 Impltj tot rplcmt hrt sys  
33928 Rmvl & rplcmt tot hrt sys  
33929 Rmvl rplcmt hrt sys f/trnspl  
36482 Endoven ther chem adhes 1st  
36483 Endoven ther chem adhes sbsq  
55874 Tprnl plmt biodegrdabl matr  
81175 Asxl1 full gene sequence  
81176 Asxl1 gene target seq alys  
81230 Cyp3a4 gene common variants  
81231 Cyp3a5 gene common variants  
81232 Dpyd gene common variants  
81258 Hba1/hba2 gene fam vrnt  
81259 Hba1/hba2 full gene sequence  
81269 Hba1/hba2 gene dup/del vrnts  
81283 Ifnl3 gene  
81328 Slco1b1 gene com variants  
81334 Runx1 gene targeted seq alys  
81335 Tpmt gene com variants  
81346 TYMS gene com variant(s)  
81361 Hbb gene com variants  
81362 Hbb gene known fam variant  
81363 Hbb gene dup/del variants  
81364 Hbb full gene sequence  
81521 Onc breast mrna 70 genes  
81541 Onc prostate mrna 46 genes  
81551 Onc prostate 3 genes  
86008 Allg spec ige recomb ea  
96573 Pdt dstr prmlg les phys/qhp  
96574 Dbrdmt prmlg les w/pdt

Unless otherwise noted, all changes take effect on January 1, 2018

97127 Ther ivntj w/focus cog funcj  
97763 Orthc/prostc mgmt sbsq enc  
C9738 Blue light cysto imag agent  
C9745 Nasal endo eustachian tube  
C9746 Trans imp balloon cont  
C9747 Ablation, hifu, prostate  
D0411 Hba1c in office testing  
D6096 Remove broken imp ret screw  
D6118 Imp/abut int fixed dent man  
D6119 Int/abut int fixed dent max  
D7296 Corticotomy, 1-3 teeth  
D7297 Corticotomy, 4 or more teeth  
D7979 Non-surgical sialolithotomy  
D8695 Remove fixed ortho appliance  
D9995 Teledentistry real-time  
D9996 Teledentistry dent review  
G0511 Ccm/bhi by rhc/fqhc 20min mo  
G0512 Cocm by rhc/fqhc 60 min mo  
G0513 Prolong prev svcs, first 30m  
G0514 Prolong prev svcs, addl 30m  
G0515 Cognitive skills development  
G9890 Mac exam perf  
G9891 Doc med rsn no dil mac exam  
G9892 Doc pt rsn no dil mac exam  
G9893 No mac exam  
G9894 Adr dep thrpy prescribed  
G9895 Doc med rsn no adr dep thrpy  
G9896 Doc pt rsn no adr dep thrpy  
G9897 Pt nt prsc adr dep thrpy rng

Unless otherwise noted, all changes take effect on January 1, 2018

G9898 Snp/lg trm cre pt w/pos cde

G9899 Scrn mam perf rsIts doc

G9900 Scrn mam perf rsIts not doc

G9901 Snp/lg trm cre pt w/pos cde

G9902 Pt scrn tbco and id as user

G9903 Pt scrn tbco id as non user

G9904 Doc med rsn no tbco scrn

G9905 No pt tbco scrn rng

G9906 Pt recv tbco cess interv

G9907 Doc med rsn no tbco interv

G9908 No pt tbco cess interv rng

G9909 Doc med rsn no tbco interv

G9910 Snp/lg trm cre pt w/pos cde

G9911 Node neg pre/post syst ther

G9912 Hbv status assesed and int

G9913 No hbv status assesd and int

G9914 Pt receiving anti-tnf agent

G9915 No documntd hbv results rcd

G9916 Funct status past 12 months

G9917 Doc med rsn no funct status

G9918 No funct stat perf, rsn nos

G9919 Scrn nd pos nd prov of rec

G9920 Scrning perf and negative

G9921 No or part scrn nd rng or os

G9922 Sfty cncrns scrn nd mit recs

G9923 Safty cncrns scrn and neg

G9924 Doc med rsn no scrn or recs

G9925 No scrn prov rsn nos

G9926 Sfty cncrns scrn but no recs



Unless otherwise noted, all changes take effect on January 1, 2018

G9927 Doc no warf /fda pt trial  
G9928 No warf or fda drug presc  
G9929 Trs/rev af  
G9930 Com care  
G9931 No chad or chad scr 0 or 1  
G9932 Doc pt rsn no tb scrn recrds  
G9933 Canc detectd during col scrn  
G9934 Doc rsn not detecting cancer  
G9935 Canc not detectd during srcn  
G9936 Pmh plyp/neo co/rect/jun/ans  
G9937 Dig or surv colsco  
G9938 Snp/lg trm cre pt w/pos cde  
G9939 Same path/derm perf biopsy  
G9940 Doc reas no statin therapy  
G9941 Pre and post vas wthn 3 mos  
G9942 Adtl spine proc on same date  
G9943 Bk pn nt msr vas scl pre/pst  
G9944 Vas 3 mon pre and 1 yr post  
G9945 Pt w/cancer scoliosis  
G9946 Bk pn nt msr vas pre-pst 1y  
G9947 Pre and post vas wthn 3 mos  
G9948 Adtl spine proc on same date  
G9949 Lg pn nt msr vas scl pre/pst  
G9954 Pt >2 rsk fac post-op vomit  
G9955 Inhlnt anesth only for induc  
G9956 Combo thrpy of >= 2 prophly  
G9957 Doc med rsn no combo thrpy  
G9958 No combo prohpyl thrp for pt  
G9959 Systemic antimicro not presc

Unless otherwise noted, all changes take effect on January 1, 2018

G9960 Med rsn sys antimicro rx  
G9961 Systemic antimicro presc  
G9962 Embolization doc separately  
G9963 Embolization not doc separat  
G9964 Pt recv >=1 well-child visit  
G9965 No well-child vist recv by pt  
G9966 Scrn, inter, report child  
G9967 No scrn, inter, rept child  
G9968 Pt refrd 2 pvdr/spclst in pp  
G9969 Pvdr rfrd pt rpt rcvd  
G9970 Pvdr rfrd pt no rpt rcvd  
G9974 Dil mac exam performed  
G9975 Doc med rsn no mac exm perf  
G9976 Doc pat rsn no mac exm perf  
G9977 Dil mac exam no perf rsn nos  
P9100 Pathogen test for platelets  
Q4176 Neopatch, per sq centimeter  
Q4177 Floweramnioflo, 0.1 cc  
Q4178 Floweramniopatch, per sq cm  
Q4179 Flowerderm, per sq cm  
Q4180 Revita, per sq cm  
Q4181 Amnio wound, per square cm

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## **18-21 Preferred Drug List**

Due to changes in pricing, rebates and drug utilization, all PDL classes are subject to changes effective January 1, 2018, as part of our annual PDL review process.

Unless otherwise noted, all changes take effect on January 1, 2018

The Pharmacy and Therapeutics (P&T) Committee recently reviewed treatments for opioid use disorders, and combination treatments for asthma. Additions and updates to these classes have been made to the [Utah Medicaid Preferred Drug List \(PDL\)](#) based upon recommendations from the P&T Committee.

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## **18-22 Provider Administered Drugs for the Treatment of Opioid Use Disorders**

Effective January 1, 2018, long acting injectable drugs for the treatment of opioid use disorders may be dispensed by pharmacies (subject to prior authorization approval). Any provider administered drug for the treatment of an opioid use disorder that is covered as a pharmacy benefit may be billed by a pharmacy only if it is not dispensed directly to the patient. The drug must be released only to the administering provider or administering provider's staff.

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## **18-23 Drug Utilization Review Board Activity Update**

The Drug Utilization Review Board recently revisited Hepatitis C treatments and reviewed treatments for Duchenne Muscular Dystrophy. Pediatric use of both codeine and tramadol, pediatric over-use of antibiotics, and orphan drugs were also discussed. Any new prior authorization requirements can be found online at <https://medicaid.utah.gov/pharmacy/prior-authorization>.

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## **18-24 Drug Utilization Review Board Vacancies**

The Department of Health is seeking a practicing pharmacist and two academic pharmacists to join the Board. The Board meets on the second Thursday of each month from 7:15 a.m. to 8:30 a.m. For more information regarding Board activities and responsibilities, see <https://medicaid.utah.gov/pharmacy/drug-utilization-review-board>. Please contact the Board Manager, Dr. Robyn Seely, via email at [rmseely@utah.gov](mailto:rmseely@utah.gov) if you are interested in participating.

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## **18-25 Pharmacy Manual Update**

The Utah Medicaid Pharmacy Services Provider Manual is updated in the following sections:

Unless otherwise noted, all changes take effect on January 1, 2018

- 1-4 Procedure Codes: Provider administered drugs require correct CPT or HCPCS code plus National Drug Code (NDC).
- 4-1 Federal Medicaid Drug Rebate Program participation section was clarified.
- 4-2 Mandatory Generic Drug Policy section was clarified.
- 4-5 Preferred Drug List for Psychotropic Medications only: Brand-name version of a multisource drug that is listed as non-preferred requires a prescriber to submit a prior authorization request.
- 4-7 Dual Eligible Clients (Medicare Part B) – For billing Medicare/Medicaid crossover claims, please see Section I: General Information in Utah Provider Manual, 11-5.1 Medicare Crossover for more information.
- 4-9 New Products: Prior authorization form for New-to-Market Drugs is available online at <https://medicaid.utah.gov/pharmacy/priorauthorization/pdf/New%20Drugs.pdf>.
- 4-12 Compounded Prescriptions: Dispensing fee for compounded prescriptions includes the preparation costs.
- 4-14 Glucose Monitors and Test Strips: Prescriptions for more than 200 test strips requires a prior authorization using the Quantity Override Request form that is available online at <https://medicaid.utah.gov/pharmacy/priorauthorization/pdf/Quantity%20Limits.pdf>.
- New Section Added: 4-18 Tobacco Cessation Products
- 5-8 Drugs Requiring Diagnosis Codes section was clarified.
- 6-2 Decimal Quantities was clarified.
- 6-7 Provider Administered Drug (“J-Code”) Billing – For provider administered drugs used for the treatment of an opioid use disorder, a pharmacy may bill Medicaid. The pharmacy may only release this provider administered drug used for the treatment of an opioid disorder to the administering provider or provider’s staff for treatment.

Note: On February 1, 2018, the list of select generic medications available for 90-day supply will be updated and available online at <https://medicaid.utah.gov/pharmacy/resource-library>.

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## 18-26 Pharmacy Resource Corner

The Utah Medicaid Pharmacy Program has helpful information available online at <https://medicaid.utah.gov/pharmacy/resource-library>.

- Drug Criteria Limits is a quick reference that is updated quarterly with quantity limitations and prior authorization criteria on drugs, including injectables.
- 90 Day Supply Reference is a list of select generic medications available for a three (3) month supply.
- ICD 10 Neoplasms is a list of ICD codes used on pharmacy claims that require a *current valid diagnosis* code to waive cumulative limits on narcotic analgesics.
- OTC Drug List contains approved OTC drugs available on the Medicaid FFS Pharmacy Program.
- Other helpful information links:
  - Accountable Care Organization
  - Medicaid Provider Manuals

Unless otherwise noted, all changes take effect on January 1, 2018

- Medicaid Information Bulletins (MIBs)
- Reimbursement schedules on HCPCS codes

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## **18-27 Autism Spectrum Disorder Related Services for EPSDT Eligible Individuals Provider Manual and Autism Spectrum Disorder Diagnostic Confirmation Form Update**

In addition to minor technical and grammatical changes to the Utah Medicaid Provider Manual for Autism Spectrum Disorder Related Services for EPSDT Eligible Individuals, the following updates have been made:

1. *Section 2-2 Provider Credentials* was updated to clarify the role of the Behavior Analyst in Training and to update the time requirement for new Registered Behavior Technicians to pass the RBT Competency Assessment.
2. *Section 3-1 Establishing Medical Necessity* was modified to include changes to diagnostic requirements and the addition of the *Autism Spectrum Disorder Diagnostic Confirmation Sheet* and when it is required.
3. *Section 4-1 General- the Table for Procedure Codes for Individual Treatment* was updated. This section was also updated to reflect the new UC modifier requirement when billing mental health evaluations and psychological testing that is performed for the purpose of diagnosing developmental disorders.
4. *Section 4-2 Service Delivery Specifications- Psychologist or Behavior Analyst Supervision Requirements of Assistant Behavior Analyst or Registered Behavior Technician* was modified to include updates to the allowable amount of case supervision.
5. *Section 6 Billing, Section 7-1 Initial Prior Authorization Request for Behavioral Assessment and Treatment Plan Development and Section 7-3 Prior Authorization Request for Revision of Treatment Plan or 26 Week Recertification* were updated to clarify the requirements for members with other insurance coverage.
6. All instances in the manual that were previously referred to as a 180 day period have been changed to 26 weeks.

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## **18-28 Utah Medicaid Section I Provider Manual Update**

The Utah Medicaid Provider Manual, General Information Section I, has been modified to include updates to Chapter 10-3 Retroactive Authorization. The revision includes updates to the length of time allowed for providers to submit a retroactive prior authorization request.

## **18-29 CLIA (Clinical Laboratory Improvement Amendment) Certification Number**

The CLIA certification number must be submitted on all claims as this determines whether or not the claim is eligible for payment. The level of CLIA certification awarded dictates the type of laboratory services that can be performed and billed to Medicaid. In accordance with the TR3 Implementation Guide, the CLIA number is to be reported at the claim level (Loop 2300). For paper claims, the CLIA number is to be reported in Box 23.

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## **18-30 Home and Community-Based Services Waiver for Medically Complex Children Manual Updated**

Manual updates have been made to include information on: Rights to a Fair Hearing; Incident Reporting Protocol; Disenrollments; and Billing/Coding information for Providers. It also includes clarifications on dental plan coverage, background check requirements, and application processing.

If you have any questions, please contact Stacie Downs at (801) 538-6578 or [sdowns@utah.gov](mailto:sdowns@utah.gov).

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

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## **18-31 Medicaid Home and Community-Based Acquired Brain Injury Waiver Amendment**

The purpose of this amendment is to adjust the eligible scoring range of the Comprehensive Brain Injury Assessment (CBIA) tool that determines when a waiver participant meets level of care. The scoring range that previously demonstrated level of care was between 40 and 120. That range has now been adjusted to between 36 and 136, reflecting a revision to the current CBIA.

The amended application was submitted to CMS by November 30, 2017. The full text of the proposed amendment is available on the Medicaid website at <http://health.utah.gov/lc>.



Unless otherwise noted, all changes take effect on January 1, 2018

## **18-32 Molina Healthcare of Utah Commercial Marketplace Plan and Medicaid and CHIP Plans**

Molina Healthcare of Utah recently announced that they would no longer offer their commercial marketplace product under the Affordable Care Act for the State of Utah in 2018. This change does not effect Molina Medicaid or Molina CHIP members. Molina Healthcare of Utah will continue to cover Medicaid and CHIP members in Utah.

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## **18-33 Accountable Care Organization (ACO) County Update**

Effective January 1, 2018, the SelectHealth Medicaid ACO plan will be available in Morgan, Rich, and Tooele counties. These are mandatory enrollment counties. As a reminder, Medicaid members living in voluntary counties have the option to choose an available ACO health plan or use the Fee for Service network, while those living in mandatory counties must choose an ACO health plan or be assigned to one. An updated ACO plan chart by county, effective January 1, 2018, is listed on the following page.

County*	Health Choice Utah	Healthy U	Molina	SelectHealth Community Care	Fee for Service Network
Beaver	•	•	•		•
Box Elder	•	•	•	•	
Cache	•	•	•	•	
Carbon		•	•		•
Daggett		•	•		•
Davis	•	•	•	•	
Duchesne		•	•		•
Emery		•	•		•
Garfield		•	•		•
Grand		•	•		•
Iron	•	•	•	•	
Juab	•	•	•		•
Kane		•	•		•
Millard	•	•	•		•
Morgan	•	•	•	•	
Piute		•	•		•
Rich	•	•	•	•	
Salt Lake	•	•	•	•	
San Juan		•	•		•
Sanpete	•	•	•		•
Sevier	•	•	•		•
Summit	•	•	•	•	
Tooele	•	•	•	•	
Uintah		•	•		•
Utah	•	•	•	•	
Wasatch	•	•	•	•	
Washington	•	•	•	•	
Wayne		•	•		•
Weber	•	•	•	•	
<p>*Effective January 1, 2018                      Members living in highlighted counties <b><i>must</i></b> have a health plan.                      Members living in counties not highlighted can choose a health plan (ACO) or use the Fee for Service Network.</p>					