Medicaid Information Bulletin
October 2018

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TABLE OF CONTENTS

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18-89   Provider Re-Credentialing

For providers who are due to re-credential in 2018, Utah Medicaid will send written notice to the provider's 'pay to' address on file in the PRISM system. The periodic re-credentialing requirement is in accordance with federal regulation, 42 CFR 455.414, and requires Utah Medicaid providers to re-credential every three to five years, based on the CMS-defined level of risk.

Failure to comply may result in suspension of payment, and may also result in termination as a provider with Utah Medicaid. We strongly encourage providers to re-credential with Medicaid in a timely manner. You can find more information about Medicaid Provider Enrollment at https://medicaid.utah.gov/become-medicaid-provider.

18-90   Introduction to the Utah Medicaid Electronic Health Record (EHR) Post-Payment Audit

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF) is pleased to announce that Myers and Stauffer, an independent auditing firm, was selected to provide auditing services for Utah's Electronic Health Records (EHR) Incentive Program. Myers and Stauffer will be responsible for conducting post-payment audits to ensure that state and federal funds are expended appropriately and accounted for in a transparent manner.

Myers and Stauffer has over 40 years of experience providing accounting, consulting, data management and program integrity services to state Medicaid agencies, the Centers for Medicare and Medicaid Services (CMS), and the United States Department of Justice.

Providers who are selected for audit will be notified by Myers and Stauffer directly. Any questions about the audit documentation requests should be directed to Myers and Stauffer at (800) 336-7721, or by email to UtahEHR@mslc.com.

18-91   Provider Education Corner

Utah Medicaid continues to make changes to the provider manuals by moving policy from the provider manuals to the appropriate Utah Administrative Rule within R414, Health, Health Care Financing, Coverage and Reimbursement Policy. We anticipate this process to continue for several quarters.

Specific changes are detailed in the Utah State Bulletin as the changes go through the rule-making process. Providers are encouraged to become familiar with the Utah Administrative Rule in order to find Medicaid coverage policy for specific services.

Specific coverage on CPT or HCPCS codes are found in the Utah Medicaid Coverage and Reimbursement Code Lookup. The Coverage and Reimbursement Code Lookup allows providers to search for coverage and reimbursement information by procedure code, date of service, and provider type.

Information regarding modifiers can be found in the Utah Medicaid Provider Manual Section I: General Information.

Providers are encouraged to become familiar with the updated rules and manuals noting changes in the structure, formatting, and content of the manuals.

18-92   Procedure Code Updates

Manual Review Removed

77301 Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications

Provider Type 29, Certified Social Worker, Removed

96101 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

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

96105 Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour

96111 Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report

Open

38241 Hematopoietic progenitor cell (HPC); autologous transplantation

Prior Authorization Removed

21235 Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)

18-93   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.

18-94   Medical Supplies and Durable Medical Equipment Services Manual Update

The Medical Supplies and Durable Medical Equipment Manual has been updated. Section 3-5.8 *Customized Manual Wheelchair* is used by Medicaid to define a custom manual wheelchair. As a result of the definition, Section 3-5.10 will be updated to align with Section 3-5.8. Medicaid defines a customized manual wheelchair as one which has been uniquely constructed or substantially modified for a specific person. There must be customization of the frame for the wheelchair to be considered customized. The assembly of a wheelchair from modular components or the use of customized options or accessories, does not meet the requirements of a customized wheelchair. Providers are encouraged to become familiar with the updated manual.

As a reminder, information regarding wheelchairs in skilled nursing and intermediate care facilities is found in the Utah State Plan, Attachment 4.19-D. Section 420(4). It states that wheelchairs are part of the routine services covered in the per diem rate. Section 430(11) further states that only customized (Medicaid definition – which is found in the Medical Supplies and Durable Medical Equipment Manual) and motorized wheelchairs are considered ancillary to the daily rate.

18-95   Code H0018 Prior Authorization Review Process For Residential Treatment for Individuals with a Substance Use Disorder (SUD)

H0018 – Behavioral Health; Short-term Residential (Non-hospital Residential Treatment Program), Without Room and Board – Per Diem (Alcohol and/or Drug Services), per Medicaid Member

In order to prevent the delivery of unnecessary and inappropriate care to members and to establish both necessity for care and appropriateness of care requests, Utah Medicaid requires a prior authorization (PA) process to review residential substance abuse treatment, ASAM level of care 3.1, 3.3, 3.5, 3.7, in facilities with 17+ beds, for fee for service members. In order to accomplish this there is a two part process. First, providers must submit an initial, nonclinical PA request within three business days of admission. Second, providers must submit a clinical PA request, with appropriate documentation, at least five calendar days before the end of the initial PA approved period.

Initial PA Request

1. Submit the "SUD Residential Treatment Services Prior Authorization Request Form"

   a. Form is found at: https://medicaid.utah.gov/forms

   b. Fax to: 801-323-1587

   c. Fax within 3 business days of admission

2. Receive a PA number from Medicaid via fax for billing

3. Treatment episode can be approved for up to 60 calendar days for adults and 30 calendar days for adolescents

4. No other documents are needed

Clinical PA Request

1. Submit the "SUD Residential Treatment Services Prior Authorization Request Form"
   a. Form is found at: https://medicaid.utah.gov/forms
2. Submit Clinical Documents:
   a. ASAM assessment
      i. Must be completed, with updated ASAM ratings in each dimension, no more than 10 calendar days prior to the requested PA start date
   b. Updated treatment goals (treatment/service plan)
   c. Estimated length of stay
   d. Discharge plan
   e. Documentation must clearly articulate how the member meets the diagnostic and dimensional admission criteria found in *The ASAM Criteria* book for the requested level of care

3. Fax all documents to: 801-323-1587

4. Fax must be submitted within five calendar days prior to the end of the initial treatment episode

5. Treatment episode can be approved for up to 60 calendar days for adults and 30 calendar days for adolescents

The PA team will review the request and the attached clinical documentation for appropriateness and approve or deny the request based on medical necessity and the information provided. If the PA team has any concerns with the PA request or documentation, they will either contact the treatment provider at the number listed on the PA request form to address the concerns or return the request to the provider and will return documentation to identify the corrections needed in order to process the request. Please see Section 1 of the Provider Manual for information on Hearings and Administrative Review processes:
https://medicaid.utah.gov/Documents/pdfs/SECTION1.pdf.

PA requests will be approved for the following situations: (*The ASAM Criteria* pg. 300)

1. The patient is making progress, but not yet achieved goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue to work toward his or her treatment goals.
2. The patient is not yet making progress, but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at present level of care is assessed as necessary to permit the patient to continue to work toward his or her treatment goals.
3. New problems have been identified that are appropriately treated at present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care in which the patient is receiving treatment is therefore the least intensive level at which the patient's new problems can be addressed effectively.

Adults: A prior authorization request can be approved for up to 60 additional calendar days at a time based upon medical necessity. Providers must submit prior authorization requests to the PA team within at least 5 calendar days prior to the 61st calendar day of treatment and all subsequent requests must be submitted within at least 5 calendar days prior to the end of the previous prior authorization period. Each request must include a completed SUD Residential Treatment Services Prior Authorization Request Form and updated clinical documentation.

Adolescents/Youth (12-18): A prior authorization request can be approved for up to 30 additional days at a time based upon medical necessity. Providers must submit prior authorization requests to the PA team within at least 5 calendar days prior to the 31st calendar day of treatment and all subsequent requests must be submitted within at least 5 calendar days prior to the end of the previous prior authorization period. Each request must include a completed SUD Residential Treatment Services Prior Authorization Request Form and updated clinical documentation.

PA request will be denied for the following situations: (*The ASAM Criteria* pg. 303)

1. The patient has achieved the goals articulated in his or her individualized treatment plan, thus resolving the problem(s) that justified admission to the current level of care.

2. The patient has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to the treatment plan. Treatment at another level of care or type of service therefore is indicated.
3. The patient has demonstrated a lack of capacity to resolve his or her problem(s). Treatment at another level of care or type of service therefore is indicated.
4. The patient has experienced an intensification of his or her problem(s), or has developed a new problem(s), and can be treated effectively only at a more intensive level of care.

In situations where the member no longer meets medical necessity criteria, 14 transitional calendar days may be authorized to allow time to transition the member to a more appropriate ASAM level of care.

In situations where the member leaves treatment, by either transitioning to a different level of care, whether higher or lower, or leaves against medical advice, a new non-clinical PA will be required if the break in treatment is more than three calendar days. If the break in treatment is less than three calendar days, the provider will use the PA already in place.

18-96   Clarification of April MIB Article, Laboratory Claims for Drug Analytes Related to Substance Use Disorder (SUD) Treatment

The April 2018 MIB Article 18-38 on ACO carve-out policy for laboratory services applies only to laboratory claims from independent laboratories enrolled under the Medicaid laboratory provider type.

The ACO carve-out policy does not apply to any other ACO-covered Medicaid providers that perform drug assays.

18-97   Utah Medicaid Pharmacy Program Updates

<u>Pharmacy Prior Authorizations Reminder</u>

There have been prior authorization (PA) requests that have been submitted with incomplete information, which causes a delay in processing. "Incomplete" means that required PA criteria is missing when submitted with the original request. When an incomplete PA request is received, the PA reviewer must return the request to the prescriber as "incomplete", and request the missing information. Rather than resubmitting the PA request with the missing information, some providers are submitting hearing requests. While the provider has the right to request a hearing request rather than submit the missing information to the PA reviewer, this pathway will cause a significant delay in processing the request. In order to get a PA decision in the most timely manner, providers are

encouraged to submit all required information the first time and, if something is found to be missing, consider resubmitting the PA with the complete information in lieu of requesting a fair hearing.

To facilitate PA review, always submit a current copy of the PA request form, found on the Utah Medicaid Pharmacy website, with all of the mandatory fields completed correctly and legibly, including all supporting documentation that is required in the criteria for the service that is being requested.

Pharmacy Provider Portal

The Utah Medicaid Pharmacy Portal is a one stop shop to review the Preferred Drug List, submit and manage prior authorizations, and more!

The portal is designed to improve member care and can be accessed via any device that can run a web browser, including tablets and smartphones. It is anticipated that these new features will encourage prescribers to take advantage of the online portal and will improve member care through more efficient and accurate health care. The portal may be found at http://www.utahrxportal.org.

All Utah Medicaid prescribers are encouraged to register with the pharmacy portal http://www.utahrxportal.org. Once registered with the pharmacy portal, prescribers may submit and manage Prior Authorizations (PA) within the Utah Pharmacy Provider Portal interface. Once logged into the portal, the prescriber can select the Web PA option on the site. The provider can then select the patient name, drug, diagnosis code, and pharmacy. If the drug requires a PA, the prescriber can either fax or submit the PA online and obtain a PA tracking number. Once the PA has a tracking number, pertinent documents (including .doc, .pdf, .jpg and other formats) relating to the PA can be uploaded to the portal. In addition, providers can choose how they wish to be contacted concerning updates on the status of the submitted PA, including email, fax, or even text message.

In the event that a PA is denied or returned as incomplete, additional documentation can be submitted, for additional review, to the existing PA using the tracking number found in the patient profile in the portal. All attachments are thoroughly inspected for malware or viruses to ensure data security of Utah Medicaid's computer systems and personal health information (PHI) is secure.

Managing a Medication Dose Change at the Point of Sale

Effective October 3, 2018, when a member presents to the pharmacy with a dose change on an existing medication prescription, the pharmacist will use a submission clarification code = 05 on the claim to identify when the prescription can be refilled again. The system will identify the date of the dose change, calculate the number of days of the existing prescription that can be used at the new dose, and identify the date that the new prescription can be filled. The system will prompt the pharmacist with a message "Refill too soon- Next Fill Available on xx/xx/xx".

Non-Opioid Alternatives for Pain Management

There is an epidemic of opioid deaths in the United States with the number of deaths from opioid overdose exceeding those from suicides or auto accidents.[1] Over half of opioid overdose deaths are related to medications obtained legally through a prescription.[2] Excessive opioid prescribing (higher than needed quantity), high-dose prescriptions and chronic use increase the risk for opioid dependency, overdose and death.

Several studies fail to show the benefits of long-term opioid therapy; and the first and only long-term study (> 12 months) evaluating opioid versus non-opioid therapies for chronic pain found no evidence of opioid superiority for either function or pain intensity.[3] The Centers for Disease Control Guidelines for Prescribing Opioids for Chronic Pain recommend non-opioid analgesics, antidepressants and anti-seizures for the treatment of some forms of chronic pain.[4]

Utah Medicaid supports these guidelines and encourages providers to engage in prescribing patterns that support evidence-based safety standards.

The Utah Medicaid Preferred Drug List (PDL) has a variety of recommended, non-opioid treatment options for pain available for Utah Medicaid members, and many are available as a 90 day supply. (See table below. Yellow denotes fillable for 90 day supply.)

Utah Medicaid Preferred Drug List (PDL) Non-Opioid Alternatives				
NSAIDs				
celecoxib	diclofenac potassium	diclofenac Na DR 50, 75mg	diclofenac Na SR	etodolac 200, 400, 500mg
Flector patch (topical)	flurbiprofen	ibuprofen	Indocin susp	indomethacin [non-CR]
ketoprofen	ketorolac	meloxicam tab#	nabumetone	naproxen Na
naproxen tab, EC, susp	Pennsaid (topical)	sulindac	Voltaren gel (topical)	
Antidepressant SSRI/SNRI		**Antihypertensives (Migraine prophylaxis)**		
duloxetine 20, 30, 60mg	Savella	propranolol	timolol	verapamil (off-label, but effective and widely used)
Anticonvulsants (migraine prophylaxis)		**Anticonvulsants (neuropathic pain)**		**TCAs (neuropathic pain)**
divalproex	topiramate	gabapentin	Lyrica	amitriptyline
Migraine Agents				**Local Anesthetic Agents**
Relpax	rizatriptan	sumatriptan tab	Sumavel	lidocaine patch (topical) (**non-preferred**)
Muscle Relaxants				**CGRP Inhibitors (migraine prophylaxis)**
chlorzoxazone 500mg (antispasmodic)	cyclobenzaprine 5, 10mg (antispasmodic)	baclofen (antispasticity agent)	tizanidine tab‡ (antispasticity agent)	Aimovig (not on PDL, requires PA; injectable SQ)
Gout Agents				
colchicine cap (acute)	allopurinol (chronic)			probenecid (chronic)
Please see for the most recent version of the Utah Medicaid PDL at https://medicaid.utah.gov/pharmacy/preferred-drug-list				

References:

1. Rudd R. 2016. Increases in drug and opioid overdose deaths – United States, 2000-2014. Morbidity and Mortality Weekly Report (MMWR) 64(50);1378-82. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm. Accessed July 16, 2018.
2. Kolodny A. 2015. The prescription opioid and heroin crisis: A public health approach to an epidemic of addition. Annual Review Public Health 36:559-574, http://annualreviews.org/doi/pdf/10.1146/annurev-publhealth-031914-122957. Accessed July 18, 2018.
3. Krebs E, et al. 2017. Effectiveness of opioid therapy vs. non-opioid medication therapy for chronic back and osteoarthritis pain over 12 months: A pragmatic randomized trial. Washington DC: Society for General Internal Medicine.
4. CDC (Centers for Disease Control and Prevention). Guidelines for Prescribing Opioids for Chronic Pain. https://cdc.gov/drugoverdose/prescribing/guidelines.html.

340B Provider Administered Drug (J-Code) Billing

Effective July 1, 2018, for dual-eligible members who participate in both the Medicare and Medicaid programs, when a 340B covered entity submits a crossover drug claim to Utah Medicaid, it must contain a "JG" or "TB" modifier.

When applicable, providers are required to report either modifier "JG" or "TB" on OPPS claims (bill type 13X). Though modifier "TB" is an informational modifier, reporting is mandatory for following providers:

Hospital Type (determined by CMS)	Pass-through Drug (SI "G")	Separately Payable Drug (SI "K")	Vaccine (SI "F" "L" or "M")	Packaged Drug (SI "N")
Not Paid under OPPS				
CAH	TB, Optional	TB, Optional	N/A	TB or JG, Optional
Non-Excepted Off-Campus PBD	TB	TB	N/A	TB or JG, Optional
Paid under the OPPS, Excepted from the 340B Payment Adjustment for 2018				
Children's Hospital	TB	TB	N/A	TB or JG, Optional
PPS-Exempt Cancer Hospital	TB	TB	N/A	TB or JG, Optional

Utah Medicaid Pharmacy Services Manual Update

The *Utah Medicaid Pharmacy Services Manual* has been updated to clarify policy regarding drugs that are not available in the marketplace.

When making a determination about whether to cover a non-preferred product due to a lack of availability of a preferred product, Utah Medicaid relies primarily on the FDA Drug Shortages database and the ASHP Drug Shortages List. If a drug is not listed on either of these websites as being unavailable, the onus is on the pharmacy to demonstrate to Medicaid that a product is unavailable in the marketplace. This can be demonstrated by providing to Medicaid an invoice from a wholesaler that shows that the product is unavailable in the marketplace along with a brief description (e.g. discontinued, on backorder with expected availability date, etc.). Sensitive data may be redacted or obscured. In the case of a particular wholesaler not having a product, but the product is available in the marketplace, the expectation is that a different wholesaler would be capable of providing the product.

Other acceptable documentation that a product is unavailable on the market would include any official written communication from a manufacturer or a wholesaler indicating that a product has been discontinued, is currently on shortage (with expected date of availability), or other statement that there are no commercially available preparations.

Utah Medicaid Pharmacy Services Manual Attachments Update

The Utah Medicaid Drug Criteria Limits Attachment has been updated. One notable change is that the quantity limit for Fentanyl patches has changed from 12 per month to 10 per month effective October 1, 2018. Providers are encouraged to become familiar with this and all other pharmacy attachments located in the Pharmacy Resource Library located here. The formatting of most Pharmacy Services Manual Attachments has been updated to make these references easier to use.

Pharmacy & Therapeutics Committee Update

The Pharmacy and Therapeutics (P&T) Committee recently reviewed Hemophilia Factors.

Preferred Drug List Update

Based upon P&T Committee recommendations, Hemophilia Factors have been added to the Preferred Drug List (PDL) effective October 1, 2018.

Drug Utilization Review Board Update

This quarter, the Board reviewed and updated clinical criteria for Synagis and established clinical prior authorization for Spinraza, Luxturna, and Sublocade. Board meeting minutes can be found online at:

https://medicaid.utah.gov/pharmacy/drug-utilization-review-board?p=DUR%20Board%20Minutes/

18-98   Enteral Formula Prior Authorization Request Form

Effective October 1, 2018, prior authorization (PA) requests for enteral formula should be sent to the pharmacy PA team using the updated fax number on the updated Enteral Formula PA Request Form. The updated form is located in the Prior Authorization Section of the Medicaid website. Requests received after January 1, 2019, that have been submitted to the previous fax number, or using an outdated or inappropriate request form, will be returned. The date in which a complete request is received, will be the date posted for the PA request. This includes using a current PA request form.

18-99   Home Health Services Prior Authorization Request Form

Effective October 1, 2018, a new Home Health Services Prior Authorization Request Form will be posted in the Prior Authorization Section of the Medicaid website. This form should be used to request skilled nursing services, private duty nursing services, home health aide services, and personal care services, as well as physical, occupational, and speech therapy services to be provided in the home. The general prior authorization form will not be accepted after January 1, 2019.

Requests received after January 1, 2019, that have been submitted using an outdated request form will be returned. As stated in the *Utah Medicaid Physician Services Provider Manual*, "PA requests must be sent with complete documentation or the request will be returned with a letter indicating what is missing. The date in which a complete request, with all necessary supporting documentation, is received will be the date posted for the PA request." This includes a current prior authorization request form.

18-100   Dental Benefits

Full dental benefits are only available to children, pregnant women, and adults 21 years of age or older who are eligible for Medicaid due to a disability or visual impairment.

If the Medicaid member is eligible for full dental benefits and the member lives in Weber, Davis, Salt Lake, or Utah counties, the member must enroll in a dental plan. The dental plans available are MCNA and Premier Access.

However, even if a member is enrolled in a dental plan, a member may still choose to receive dental services from the University of Utah School of Dentistry at the U of U campus or any of its clinic locations.

Medicaid members are allowed to select the School of Dentistry as their principal dental provider even though the member is enrolled with Premier Access or MCNA. The School of Dentistry will bill Medicaid directly for the services they provide. For more information, see https://healthcare.utah.edu/dentistry/ or call (801) 587-6453.