UTAH DEPARTMENT OF HEALTH MEDICAID

Medicaid Information Bulletin
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Medicaid Information: 1-800-662-9651 | www.medicaid.utah.gov

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19-21 Dental Services for Targeted Adult Medicaid (TAM) Members with Substance Use Disorders

Dental services are available to eligible Targeted Adult Medicaid (TAM) members who are actively receiving treatment in a substance abuse treatment program as defined in Utah State Code Section 62A-2-101, licensed under Title 62A, Chapter 2, Licensure of Programs and Facilities.

Dental services for this population shall be provided through the University of Utah School of Dentistry and their statewide network of contracted dentists.

Program coverage and limitations will be updated and available in Utah Administrative Rule R414-49, Utah Medicaid Provider Manual: Dental, Oral Maxillofacial, and Orthodontia Services, and the Utah Medicaid Coverage and Reimbursement Code Lookup.

19-22 340B Pharmacy Claims

REMINDER: Covered entities participating in the 340B program must comply with all 340B program requirements (https://www.hrsa.gov/opa/program-requirements/index.html). States have an obligation to collect Medicaid rebates for covered outpatient drugs, unless the drug was subject to a 340B drug discount program discount (42 U.S.C. § 1396r-8(j)(1)) and indicated as such per the state's policies. Medicaid excludes claims from drug rebate invoicing if the provider indicates on the claim that a 340B drug was dispensed.

For medications purchased through the 340B program, Medicaid claims must be submitted as follows:

- For point of sale claims,
  - claims must be submitted with the provider's 340B actual acquisition cost in the Ingredient Cost field,
  - a value of "8" in the Basis of Cost field, and
  - a value of "20" in the Submission Clarification Code field.
- For provider administered claims,
  - claims must be submitted with the provider's 340B actual acquisition cost in the Ingredient Cost field, and
  - the "UD" modifier after the HCPCS code on each claim line.
- For provider administered Medicare crossover claims,
  - claims must be submitted with the provider's 340B actual acquisition cost in the Ingredient Cost field, and
  - a "JG" or "TB" modifier after the HCPCS code on each claim line.

Claims submitted without the provider's 340B actual acquisition cost in the Ingredient Cost field and appropriate modifiers on the claim indicate that the covered entity purchased the medication outside the 340B program. Accordingly, Utah Medicaid will pursue the federal Medicaid drug rebate and, as appropriate, supplemental rebate on those claims.

340B program compliance rests entirely on the covered entity. 340B-covered entities can be sanctioned for causing duplicate discounts or drug diversion (42 U.S.C. § 256B).

Each 340B-covered entity should carefully review its claims to ensure the indicators and actual acquisition costs were correctly billed. A covered entity identifying 340B claims that were billed inappropriately should resubmit claims to Medicaid to correct the 340B indicator(s) or correct the actual acquisition cost submitted within timely filing.

If the covered entity is unable (due to timely filing or otherwise) or unwilling to submit a corrected claim, the 340B-covered entity must work directly with the manufacturer to resolve the duplicate discount issue that resulted from its actions.

See Utah MIB article 18-102 from November 2018 and other previous MIB articles on the subject for more information. Additionally, information related to the 340B program billing for Utah Medicaid may be found in Section 7.8 and 7.9 of the Utah Medicaid Pharmacy Provider Manual at:

https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Pharmacy/Pharmacy.pdf

19-23 Substance Use Disorder Residential Treatment Services Prior Authorization Request Form Update

Effective February 1, 2019, prior authorization requests for substance use disorder residential treatment services should be sent using the updated form (updated December 2018). The form is located in the Prior Authorization Section of the Medicaid website. Changes to the form include the addition of an email address for submission of requests as well as a field for the provider's email address. There has also been a change to the instructions (page 2) for submitting requests. Requests received after March 1, 2019, which have been submitted using an outdated or inappropriate request form, will be returned. The date on which a complete request is received will be the date posted for the PA request.

19-24 Electronic Visit Verification Requirement for All Personal Care and Home Health Providers

Electronic visit verification (EVV) requirements, defined in section 12006 of the 21st Century Cures Act, apply to all personal care services and home health services provided under the State Plan or a 1915 (c) Home and Community Based Waiver. Disallowance for claims with incomplete records will not occur until January 1, 2020, for personal care services and January 1, 2023, for home health services.

Starting July 1, 2019, for both personal care and home health services, the Division of Medicaid and Health Financing will begin to collect and monitor EVV records from providers. The early collection and monitoring of EVV records will give providers an opportunity to test records submission processes to ensure compliance with the federal requirements prior to the mandatory compliance effective dates.

Providers must select their own EVV service provider and make records available to the state for review upon request on or after July 1, 2019. All systems must be compliant with the 21st Century Cures Act requirements including:

(i) type of service performed;
(ii) individual receiving the service;
(iii) date of the service;
(iv) location of service delivery;
(v) individual providing the service; and
(vi) time the service begins and ends.

Utah Medicaid will promulgate an administrative rule outlining the process of evaluating ongoing provider compliance with EVV requirements.

19-25 Autism Spectrum Disorder Related Services for EPSDT Eligible Individuals Provider Manual Update, Effective March 1, 2019

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 4-1 ASD Diagnostic Services was updated. The CPT codes and definitions were outdated and therefore removed. There is now a referral and link to the Utah Medicaid Provider Manual Rehabilitative Mental Health and Substance Use Disorders Services Manual, where the appropriate codes and definitions will remain.
2. The CPT code information in the table listed on pages 10-14 have been updated to incorporate the new category I CPT codes, definitions, time increments and limitations, effective January 1, 2019.
3. The requirement to add the GT modifier to claims when billing for services that are provided via remote access technology has been removed. The policy for remotely provided services has not changed.
4. The CPT codes, time increments and rates on pages 19-20 have been updated, to include the new category I codes, effective January 1, 2019.
5. Section 6 Billing was updated to include existing information from the Utah Medicaid Provider Manual, Section 1, General Information. The information is specific to accepting Medicaid as payment in full and the prohibition of member billing.

19-26 Primary Care Network (PCN) Inpatient Hospital and Specialty Care Program

As a result of Medicaid expansion, individuals eligible for PCN may be eligible for Utah Medicaid beginning April 1, 2019. Effective March 31, 2019, the following changes will occur to the PCN Inpatient Hospital and Specialty Care Program:

- The PCN Inpatient Hospital and Specialty Care Program will end.
- PCN case managers will no longer accept referrals for specialty care services after March 31, 2019.

Notices will be mailed to PCN members, with pending referrals for specialty care services, who transition to Medicaid as of April 1, 2019, informing them of the need to receive Medicaid covered services through a Medicaid provider.

Notices will also be mailed to Specialty Care Providers, for members with prescheduled appointments, who transition to Medicaid as of April 1, 2019, informing them of the members Medicaid eligibility and the ability to bill Medicaid for covered services.

If you are a Specialty Care Provider for a current PCN member, you are not currently enrolled as a Medicaid provider, or you would like to become a Medicaid provider, please go to https://medicaid.utah.gov/become-medicaid-provider for more information.

To verify if your patient is Medicaid-eligible, visit or call:

- Medicaid.utah.gov/eligibility; or
- 1 (800) 662-9651

19-27 2019 Provider Re-Credentialing

If you are a provider who is due for re-credential in 2019, Utah Medicaid will send written notice to the provider's 'pay to' address on file in the PRISM system. Federal regulation 42 CFR 455.414 requires Utah Medicaid providers to re-credential every three to five years, based on the CMS-defined level of risk.

Failure to comply with this requirement may result in suspension of payment, and may also result in termination of your enrollment as a provider with Utah Medicaid.

19-28 Remote Monitoring Services

Utah Medicaid does not cover remote monitoring services. The following codes were inadvertently opened effective January 1, 2019:

99091 Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days

99453 Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment

99454 Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days

99457 Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month

These codes will be closed effective February 15, 2019.