UTAH DEPARTMENT OF HEALTH MEDICAID

Medicaid Information Bulletin

October 2020

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TABLE OF CONTENTS

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20-81 All-Inclusive Master Searchable Provider Manual

Utah Medicaid has combined the General Information – Section I, provider-specific provider manuals, and attachments into a single all-inclusive master searchable provider manual.

The new manual can be found at: https://medicaid.utah.gov/utah-medicaid-official-publications/?p=Medicaid%20Provider%20Manuals/. It is listed at the top of the provider manuals and will be updated quarterly. Individual provider manuals, attachments, and archives will still be available.

If you have comments or questions, please email MedicaidOps@utah.gov.

20-82 Nursing Facility Minimum Data Set (MDS) Submissions

Based on updates to Utah Administrative Code R414-504-3, Medicaid-enrolled nursing facility providers are no longer required to complete the Optional State Assessment (OSA) portion of the MDS effective October 1, 2020. Facilities need to include all sections of the MDS such that a PDPM score may be calculated. MDS data is used in calculating each facility's case mix index and Upper Payment Limit (UPL) gap. This information is required by the State to calculate the case mix index. MDS is submitted by each facility and, as such, each facility is responsible for the accuracy of its data. Each facility shall ensure all needed sections of the MDS are completed such that a PDPM score may be calculated.

20-83 Home and Community Based Services Waiver for Individuals Age 65 or Older Provider Manual Updated

Chapter 2-1, Provider Enrollment has been updated to reflect the current enrollment process within the PRISM Provider Portal. Providers will need to be compliant with the HCBS Settings Rule prior to receiving reimbursement from Medicaid.

Chapter 2-2, Provider Reimbursement has been updated to no longer require a unique provider number for each area or Area Agency on Aging (AAA).

Chapter 4-4, Conflict Free Case Management has been updated to no longer allow the participant to choose the AAA as a provider for services when there are no other willing or qualified providers.

Chapter 9, Service Procedure Codes has been updated to remove personal attendant training services, the name of community transition services changed to community living services and the units of service were updated for

homemaker services, personal attendant service agency based, respite care (unskilled) and financial management services.

20-84 Home and Community Based Services New Choices Waiver Provider Manual Updated

The New Choices Waiver Provider Manual has been updated. Providers are required to become familiar with the following changes:

Chapters 5-2, 6, 7-1, and 10-2 have been updated to specify that per-unit pricing will be required as part of the service request for the following HCPCS codes:

T2028 - Assistive technology devices
T2029 - Specialized medical equipment
T2038 - Community transition services
T2039 - Environmental accessibility adaptions (vehicle)
S5120 - Chore services
S5165 - Environmental accessibility adaptions (home)

Case Management agencies are responsible for providing the authorized per unit price from approved care plans and including this information in the service authorizations for rendering providers. Failure to communicate/transfer this information correctly will result in potential recoupment from the Case Management Agency. Providers who bill in excess of the authorized amount will have funds recouped.

Any needed corrections to pricing following care plan approval will require a significant change care plan amendment.

20-85 Changes in Prepaid Mental Health Plan in Tooele County

Effective November 1, 2020, there will be a change in Medicaid's Prepaid Mental Health Plan (PMHP) contractor in Tooele County. Optum Tooele County will become the PMHP contractor responsible for providing inpatient and outpatient mental health services and outpatient substance use disorder services for Tooele County Medicaid members enrolled in the PMHP. While Valley Behavioral Health will no longer be the Medicaid PMHP contractor in Tooele County, they will continue to be a provider on Optum's panel in Tooele County.

If a Medicaid member is getting services from Valley Behavioral Health, they may continue to do so. They may also review the Optum Tooele County provider directory for other options.

Please note that this change does not affect:

- Physical health plan (ACO) enrollment.
- Services from an Indian Health Care provider. PMHP enrollees can continue to get services directly from these providers.
- Methadone services by opioid treatment programs. PMHP enrollees can still get methadone services directly from opioid treatment programs.
- Children in foster care. These children will continue to be enrolled with Optum Tooele County only for inpatient mental health care in a hospital.
- Children with subsidized adoption Medicaid who have been disenrolled from Optum Tooele County for outpatient services. These children will continue to be enrolled with Optum Tooele County only for inpatient mental health care in a hospital.

20-86 Updates to the Utah Medicaid Provider Manual for Targeted Case Management for Individuals with Serious Mental Illness

Effective November 1, 2017, based on the State's approved amendment to the 1115 Demonstration Waiver, Non-Traditional Medicaid members receiving treatment for substance use disorders became eligible for targeted case management services under the target group of individuals with serious mental illness. This change was published in the January 2018 Medicaid Information Bulletin in Article 18-16.

Updates to reflect this change were also made to the *Utah Medicaid Provider Manual for Targeted Case Management for Individuals with Serious Mental Illness*.

However, one needed change was inadvertently missed. In Chapter 1-4, Qualified Targeted Case Management Providers, in B. 7, reference to Traditional Medicaid should have been removed. This change has been made.

Also, in Chapter 1-4, Qualified Targeted Case Management Providers, B. 7, second paragraph, the Chapter reference has been corrected to be Chapter 1-5, not Chapter 1-6.

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

20-87 Pharmacy Program Updates

Synagis Updates During the COVID-19 Public Health Emergency

During the COVID-19 pandemic, providers administering Synagis in a member's home may bill for the administration of Synagis under the medical benefit using the following code:

> T1502 - Administration of oral, intramuscular and/or subcutaneous medication by health care agency/profession, per visit

Synagis requires a prior authorization and will continue to be billed through the pharmacy point of sale system. A current version of the Synagis prior authorization form can be found at https://medicaid.utah.gov/pharmacy/prior-authorization/.

Zulresso Updates

Zulresso requires a prior authorization for the treatment of postpartum depression. Effective October 1, 2020, Zulresso must be billed using J1632 Injection, brexanolone, 1 mg after the provider has obtained a prior authorization. Procedure codes and accompanying units that may be billed to Fee for Service Medicaid include:

Procedure code	Procedure code description	Units
J1632	Injection, brexanolone, 1 mg	Varies based on dose
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	1
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure)	59
94762	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)	3

DUR Committee

The Drug Utilization Review (DUR) Board met in May 2020 to review the Spravato prior authorization criteria. After careful deliberation, a mental health specialist qualification was further clarified to "specialist is an individual qualified in the diagnosis and treatment of neuropsychiatric disease (certified, licensed, scope of practice, etc.)

with prescribing authority". For further discussion details, visit the DURB Meeting minutes that have been posted on the Utah Medicaid website at https://medicaid.utah.gov/pharmacy/drug-utilization-review-board/.

The DUR Board met in June 2020 to review the new oral glucagon-like peptide-1 (GLP-1) agonist, Rybelsus (semaglutide). The Board discussed Rybelsus's place in diabetic therapy and prior authorization criteria. The Board also reviewed the new oral abortive migraine therapies calcitonin gene-related peptide (CGRP) receptor antagonist [Ubrelvy (ubrogepant) and Nurtec (rimegepant)] and serotonin-1F receptor agonist [Reyvow (lasmiditan)]. The Board discussed the medication's place in therapy in the acute treatment of migraine with or without aura and prior authorization criteria. DURB Meeting minutes have been posted on the Utah Medicaid website and can be found at https://medicaid.utah.gov/pharmacy/drug-utilization-review-board/.

The DUR Board met in July 2020 to review Medicaid drug utilization and utilization management for the top 20 drugs by script count and the top 20 drugs by cost.

For the month of August 2020, the DUR Board reviewed prior authorization criteria for the Hemlibra and Rare Disease prior authorization form. The Disease Prior Authorization is required for any medications that have orphan drug designation. Also, the Board reviewed biologic treatments for Asthma specifically placed in therapy and utilization management. For further discussion details, visit the DURB Meeting minutes that have been posted on the Utah Medicaid website at https://medicaid.utah.gov/pharmacy/drug-utilization-review-board/.

Pharmacists Administer Childhood Vaccines

On August 19, 2020, the U.S. Department of Health & Human Services issued a third amendment to allow pharmacists and pharmacy interns to order and administer vaccines to individuals ages three through 18 years old.[1,2] Utah Medicaid is aligned with this policy and supports pharmacists as an accessible and convenient provider for vaccine administration to Medicaid members.[3]

References:

1) U.S. Department of Health & Human Services. HHS Expands Access to Childhood Vaccines during COVID-19 Pandemic. August 19, 2020. https://www.hhs.gov/about/news/2020/08/19/hhs-expands-access-childhood-vaccines-during-covid-19-pandemic.html

2) U.S. Department of Health & Human Services. Third-amendment-declaration. August 19, 2020. https://www.hhs.gov/sites/default/files/third-amendment-declaration.pdf

3) Utah Office of Administrative Rules. R414-60-7. https://rules.utah.gov/publicat/code/r414/r414-60.htm#conten

Update on the ACIP 2020-2021 Influenza Vaccine Recommendations

The Center for Disease Control's Advisory Committee on Immunization Practices (ACIP) released the 2020-2021 Influenza Vaccine Recommendations.[1]

Utah Medicaid aligns with these recommendations and broadly covers influenza vaccines administered to adults and children. Claims for influenza vaccines for Medicaid adult members can be submitted through the pharmacy point of sale.[2] Influenza immunizations for Medicaid members who are 18 years old or younger must be obtained through the Vaccines for Children Program.[3]

All persons aged ≥ 6 months who do not have contraindications should be vaccinated annually. However, vaccination to prevent influenza is particularly important for persons who are at increased risk for severe illness and complications from influenza. Emphasis should be placed on vaccination of high-risk groups including:

- Children aged 6 through 59 months
- Adults aged ≥ 50 years
- Persons with chronic pulmonary (including asthma), cardiovascular (excluding isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)
- Persons who are immunocompromised due to any cause, including (but not limited to) medications or human immunodeficiency virus (HIV) infection
- Women who are or will be pregnant during the influenza season
- Children and adolescents (aged 6 months through 18 years) receiving aspirin or salicylate-containing medications who might be at risk for Reye syndrome associated with influenza
- Residents of nursing homes and long-term care facilities
- American Indians/Alaska Natives
- Persons who are extremely obese (BMI ≥40 for adults)
- Caregivers and contacts of those at risk:
    - Household contacts and caregivers of children aged ≤ 59 months (i.e., <5 years), particularly contacts of children aged < 6 months, and adults aged ≥ 50 years;
    - Household contacts and caregivers of persons with medical conditions associated with increased risk of severe complications from influenza.
- Health care personnel who have the potential for exposure to patients or to infectious materials.

Timing of vaccination optimally should occur before onset of influenza activity in the community but the ideal time cannot be predicted. Vaccination efforts should continue throughout the season.

Choice of influenza vaccine is one appropriate for the age and health status of a patient. No specific preference is given to the use of either the live attenuated influenza vaccine (LAIV) or the inactivated influenza vaccine. Utah Medicaid recognizes the ACIP recommendations and will cover “FluMist Quadrivalent” for administration during the 2020-2021 Flu Season.

Available influenza vaccines for 2020 – 2021 influenza season: *

Trade name (Manufacturer)	Presentation	Age indication	Route
IIV4			
Standard dose, egg based†			
Afluria Quadrivalent (Seqirus)	0.25-mL PFS§	6 through 35 mos	IM¶
	0.5-mL PFS	≥3 yrs	
	5.0-mL MDV§	≥6 mos (needle/syringe) 18 through 64 yrs (jet injector)	
Fluarix Quadrivalent (GlaxoSmithKline)	0.5-mL PFS	≥6 mos	IM¶
FluLaval Quadrivalent (GlaxoSmithKline)	0.5-mL PFS	≥6 mos	IM¶
Fluzone Quadrivalent (Sanofi Pasteur)	0.5-mL PFS**	≥6 mos	IM¶
	0.5-mL SDV	≥6 mos	
	5.0-mL MDV	≥6 mos	
Standard dose, cell culture based (ccIIV4)			
Flucelvax Quadrivalent (Seqirus)	0.5-mL PFS	≥4 yrs	IM¶
	5.0-mL MDV	≥4 yrs	
High dose, egg based† (HD-IIV4)			
Fluzone High-Dose Quadrivalent (Sanofi Pasteur)	0.7-mL PFS	≥65 yrs	IM¶
Standard dose, egg based† with MF59 adjuvant (aIIV4)			
Fluad Quadrivalent (Seqirus)	0.5-mL PFS	≥65 yrs	IM¶
IIV3			
Standard dose, egg based† with MF59 adjuvant (aIIV3)			
Fluad (Seqirus)	0.5-mL PFS	≥65 yrs	IM¶
RIV4			
Recombinant HA			
Flublok Quadrivalent (Sanofi Pasteur)	0.5-mL PFS	≥18 yrs	IM¶
LAIV4			
Egg based†			
FluMist Quadrivalent (AstraZeneca)	0.2-mL prefilled single-use intranasal sprayer	2 through 49 yrs	NAS

Abbreviations: ACIP = Advisory Committee on Immunization Practices; FDA = Food and Drug Administration; HA = hemagglutinin; IIV3 = inactivated influenza vaccine, trivalent; IIV4 = inactivated influenza vaccine, quadrivalent; IM = intramuscular; LAIV4 = live attenuated influenza vaccine, quadrivalent; MDV = multidose vial; NAS = intranasal; PFS = prefilled syringe; RIV4 = recombinant influenza vaccine, quadrivalent; SDV = single-dose vial.

* Vaccination providers should consult FDA-approved prescribing information for 2020–21 influenza vaccines for the most complete and updated information, including (but not limited to) indications, contraindications, warnings, and precautions. Package inserts for U.S.-licensed vaccines are available at https://www.fda.gov/vaccines-blood-biologics/approved-products/vaccines-licensed-use-united-statesexternal icon. Availability and characteristics of specific products and presentations might change and/or differ from what is described in this table and in the text of this report.

† History of severe allergic reaction (e.g., anaphylaxis) to egg is a labeled contraindication to the use of most IIVs and LAIV4. However, ACIP recommends that persons with a history of egg allergy may receive any licensed, recommended influenza vaccine that is otherwise appropriate for their age and health status. Those who report having had reactions to egg involving symptoms other than urticaria (e.g., angioedema or swelling, respiratory distress, lightheadedness, or recurrent emesis) or who required epinephrine or another emergency medical intervention should be vaccinated in an inpatient or outpatient medical setting (including, but not necessarily limited to, hospitals, clinics, health departments, and physician offices) supervised by a health care provider who is able to recognize and manage severe allergic reactions, if a vaccine other than ccIIV4 or RIV4 is used.

§ The dose volume for Afluria Quadrivalent is 0.25 mL for children aged 6 through 35 months and 0.5 mL for persons aged ≥3 years.

¶ IM-administered influenza vaccines should be given by needle and syringe only, with the exception of the MDV presentation of Afluria Quadrivalent, which may alternatively be given by the PharmaJet Stratis jet injector for persons aged 18 through 64 years only. For adults and older children, the recommended site for intramuscular influenza vaccination is the deltoid muscle. The preferred site for infants and young children is the anterolateral aspect of the thigh. Additional guidance regarding site selection and needle length for intramuscular administration is available in the ACIP General Best Practice Guidelines for Immunization, available at https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdfpdf icon.

** Fluzone Quadrivalent is currently licensed for ages 6 through 35 months at either 0.25 mL or 0.5 mL per dose; however, 0.25-mL prefilled syringes are not expected to be available for the 2020–21 influenza season. If a prefilled syringe of Fluzone Quadrivalent is used for a child in this age group, the dose volume will be 0.5mL per dose.

References:

1) Centers for Disease Control and Prevention. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on the Immunization Practices – United States, 2020-21 Influenza Season. August 21, 2020. https://www.cdc.gov/mmwr/volumes/69/rr/rr6908a1.htm?s_cid=rr6908a1_w

2) Division of Medicaid and Health Financing. Utah Medicaid Provider Manual. Pharmacy Services. Updated July 2020. https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Pharmacy/Pharmacy.pdf

3) Utah Office of Administrative Rules. R414-60-7. https://rules.utah.gov/publicat/code/r414/r414-60.htm#content

P&T Committee

The Pharmacy and Therapeutics (P&T) committee met in September to review Biological Treatments for Asthma to consider the addition of this class to the Utah Medicaid Preferred Drug List (PDL) effective January 1, 2021.

The P&T Committee met in June to review abortive therapies for migraines. Updates to the (PDL) based on recommendations from the committee will be made in coming months. The P&T Committee meeting minutes have been posted on the Utah Medicaid website and can be found at https://medicaid.utah.gov/pharmacy/pt-committee/.

Hemophilia MAC Pricing

As part of ongoing efforts to implement and maintain Utah Maximum Allowable Cost (UMAC) rates the Utah Medicaid Pharmacy Program will implement UMAC pricing for antihemophilic products effective October 1, 2020.

NCPDP Updates for Fee for Service Medicaid

Recently, the National Council for Prescription Drug Coverage provided recommendations for standardized communications to address the opioid epidemic. The Utah Medicaid NCPDP Payer Sheet is updated to reflect these changes. For additional information, the NCPDP has a web page for all Quantity Prescribed related guidance:

https://ncpdp.org/NCPDP/media/pdf/NCPDP-Quantity-Prescribed-(460-ET)-Implementation-Timeline-Guidance.pdf

Pharmacy Code Updates

The following codes have been updated:

C9257	INJECTION, BEVACIZUMAB, 0.25 MG (AVASTIN)
J0178	AFLIBERCEPT INJECTION (Eylea)
J0179	INJ, BROLUCIZUMAB-DBLL, 1 MG (BEOVU)
J0180	INJECTION, AGALSIDASE BETA, 1 MG
J0401	INJ ARIPIPRAZOLE EXT REL 1MG (ABILIFY MAINTENA)
J0517	INJ., BENRALIZUMAB, 1 MG
J0584	INJECTION, BUROSUMAB-TWZA 1M
J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG
J1428	INJ, ETEPLIRSEN, 10 MG
J1931	INJECTION, LARONIDASE, 0.1 MG
J1943	INJ., ARISTADA INITIO, 1 MG
J1944	ARIPIRAZOLE LAUROXIL 1 MG (ARISTADA)
J2182	INJECTION, MEPOLIZUMAB, 1 MG
J2357	INJECTION, OMALIZUMAB, 5 MG

J2358	INJ. OLANZAPINE, LONG-ACTING, 1 MG (Zyprexa Relpr)
J2426	INJ, PALIPERIDONE PALMITATE ER, 1MG (Invega)
J2503	INJECTION, PEGAPTANIB SODIUM, 0.3MG (Macugen)
J2507	PEGLOTICASE INJECTION
J2778	INJECTION, RANIBIZUMAB, 0.1 MG(Lucentis)
J2786	INJECTION, RESLIZUMAB, 1 MG (CinQair)
J2794	INJ RISPERIDONE, LONG ACTING, 0.5MG (Risp Consta)
J2798	INJ., PERSERIS, 0.5 MG
J3380	INJECTION, VEDOLIZUMAB (Entyvio)
J3397	INJ., VESTRONIDASE ALFA-VJBK
J3398	INJ LUXTURNA 1 BILLION VEC G
J9035	INJECTION, BEVACIZUMAB, 10 MG (Avastin)
J9308	INJECTION, RAMUCIRUMAB (CYRAMZA)
J9400	INJ, ZIV-AFLIBERCEPT, 1MG (ZALTRAP)
Q2041	AXICABTAGENE CILOLEUCEL CAR+
Q2042	TISAGENLECLEUCEL CAR-POS (KYMRIAH)
Q5107	INJ MVASI 10 MG
Q5118	INJ., ZIRABEV, 10 MG
Q5121	INJ. AVSOLA, 10 MG
S0166	INJECTION, OLANZAPINE, 2.5 MG

Pharmacy Prior Authorization Updates

Pharmacy prior authorizations can be found at: https://medicaid.utah.gov/pharmacy/prior-authorization.

PA Form	Status	Effective Date	Information
Rare Disease Medications	New	09/01/20	The "Rare Disease Medications" prior authorization form will be required for approval of medications that treat a rare disease and for which prior authorization is required but there is not a drug specific form available. Please refer to Utah Medicaid Pharmacy Manual for additional information.
Antiasthmatic-Monoclonal Antibodies	Update	09/01/20	Prior authorization consolidation of existing antiasthmatic monoclonal antibody products.
Epidiolex	Update	09/01/20	Inclusion of new FDA approved indication.
Hemlibra	Update	09/01/20	Prior authorization criteria has been updated and simplified per Drug Utilization Review Board meeting August 13, 2020.
Krystexxa	Update	09/01/20	Annual prior authorization review. Criteria updated to no longer require a trial of colchicine.
Restasis, Cequa	Update	09/01/20	Annual prior authorization review update.
Spravato	Update	09/01/20	Inclusion of new FDA approved indication and dosing.
Adcetris	Change	09/01/20	Removed, replaced by Rare Disease Form
Aldurazyme	Change	09/01/20	Removed, replaced by Rare Disease Form
CAR-T Cell Therapies	Change	09/01/20	Removed, replaced by Rare Disease Form
Crysvita	Change	09/01/20	Removed, replaced by Rare Disease Form
Exondys 51 (eteplirsen), Vyondys 53 (golodirsen)	Change	09/01/20	Removed, replaced by Rare Disease Form

Fabrazyme	Change	09/01/20	Removed, replaced by Rare Disease Form
Fasenra	Change	09/01/20	Removed, replaced by Antiasthmatic-Monoclonal Antibodies Form
Luxturna	Change	09/01/20	Removed, replaced by Rare Disease Form
Mepsevii	Change	09/01/20	Removed, replaced by Rare Disease Form
Nexavar	Change	09/01/20	Removed, replaced by Rare Disease Form
Ravicti/Buphenyl	Change	09/01/20	Removed, replaced by Rare Disease Form
Xolair	Change	09/01/20	Removed, replaced by Antiasthmatic-Monoclonal Antibodies Form
Zolgensma	Change	09/01/20	Removed, replaced Rare Disease Form

20-88 Provider Manuals Updated

The following Utah Medicaid provider manuals have been updated, effective October 1, 2020:

Dental, Oral Maxillofacial, and Orthodontia Services
Physician Services
EPSDT Services
Hospital Services
Pharmacy Services

20-89 Code Updates

Closed Codes

The following codes have been closed at this time, in alignment with Medicaid policy:

L3209 Surgical boot, each, child
L3213 Benesch boot, pair, child
L7045 Electric hook, switch or myoelectric controlled, pediatric
L7186 Electronic elbow, child, Variety Village or equal, switch controlled
L7191 Electronic elbow, child, Variety Village or equal, myoelectronically controlled

20-90 Provider Preventable Condition (PPC) Review Process

The Hospital Services provider manual has been updated adding Chapter 9-7 *Provider Preventable Conditions* to provide additional information regarding the review process for denied claims which have identified Provider Preventable Conditions (PPCs).

For Inpatient Hospital claims, Medicaid will not pay for Provider Preventable Conditions (PPCs) as identified in claims processing. Medicaid utilizes the MS-DRG Grouper to identify PPCs.

Under direction of the Affordable Care Act, the Centers for Medicare and Medicaid Services (CMS) adopted the term Provider Preventable Condition for use in Medicaid, whereas Medicare retains the use of the term Hospital Acquired Condition (HAC) when describing certain provider preventable conditions for which payment would be prohibited.

To qualify as a PPC, one of the CMS listed HAC diagnoses must develop during the hospitalization. When present on admission, these diagnoses are not considered to be a PPC for that hospitalization. Providers are expected to identify Present on Admission (POA) status for all diagnoses on each claim according to correct coding standards.

Providers should assure that all PPC related diagnoses, services, and charges are noted as “non-covered charges” on the claim. Non-covered charges are excluded when calculating the hospital reimbursement.

For rural hospitals, non-DRG reimbursed facility claims submitted with an identified HAC code and non-covered charges will be reimbursed. If there are no non-covered charges on the claim, the claim will be denied.

If a PPC related claim will result in an outlier payment, it will be denied and medical records will be required. Providers will receive Remittance Advice (RA) confirming the occurrence of a PPC outlier claim and a request for medical records. Complete medical records for the hospital stay, an “Outlier PPC Medical Record Documentation Submission Form", and an itemized bill (tab de-limited text file or Excel spreadsheet) including a detailed listing of PPC-related charges as non-covered charges, with total charges matching the total charges submitted on the claim must be submitted within 30 days of the RA notification. In addition, at the time of RA notification, a confirmatory communication may be generated reiterating the occurrence of a PPC and the need for submission of medical records and other required documentation for manual review and claims processing. If the medical records are submitted within the 30-day period, the claim will be reviewed and, if appropriate, reprocessed and reimbursed. If medical records are not submitted within the 30-day period, the claim will be denied for failure to submit the requested documentation in a timely manner.

Non-outlier claims will continue to be denied with an edit that informs providers that the diagnosis was not Present on Admission (POA). Providers will have the opportunity to submit a corrected claim, selecting the appropriate POA indicator. If the correction is not made, the claim will remain denied.

Providers are required to report PPCs in accordance with CMS regulations and Utah Administrative Code R414-1. Utah Medicaid Program and R414-2A. Inpatient Hospital Services.

20-91 Professional and Outpatient Claims Editing

Based upon guidelines from authorities such as the American Medical Association (AMA), the Centers for Medicare and Medicaid Services (CMS), Utah State-specific Medicaid policies, and other specialty societies, professional and outpatient Utah Medicaid claims are processed through a clinically robust and technically advanced claims editing software program following National Correct Coding Initiative (NCCI) edits. These edits are being completed by the Cotiviti editing software program, along with other correct coding initiatives and state policies.

Medical billers and providers should be aware that claims will process and adjudicate in accordance with these standards.

20-92 Non-Traditional Medicaid Plan Manual Archived

The Non-Traditional Medicaid Plan Manual will be archived, effective October 1, 2020. Policy and information regarding this program are now found in *Utah Administrative Code* R414-200, Non-Traditional Medicaid Health Plan Services and in the Utah Medicaid Provider Manual Section I: General Information.

20-93 Policy, Rules, and Regulations

Providers must be aware of and comply with policies and procedures in the provider manuals and MIBs in effect when the service was rendered. Providers have agreed to comply with all appropriate and applicable state and federal rules and regulations per the Provider Agreement. Additional information may be found in Section I: General Information, Chapter 3, Provider Participation and Requirements.

20-94 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.

20-95 Updates to Billing for Inpatient Rehabilitative Service Claims

Hospital Services Updates

Effective October 1, 2020, the criteria for reporting inpatient rehabilitative services found in Chapter "8-7 Inpatient Hospital Intensive Physical Rehabilitation Services" of the *Hospital Services Provider Manual*, has been updated as follows:

Billing for Inpatient Rehabilitative Services

When submitting claims related to inpatient hospital intensive physical rehabilitation services, providers must use revenue code 0128-Rehabilitation on the first line of the submitted claim. The use of revenue code 0128-Rehabilitation will ensure that the claim is being identified as an inpatient hospital intensive physical rehabilitation service.

20-96 EPSDT Services Update

The *EPSDT Services Provider Manual*, Chapter "3.3.1 Hearing Aids" has been updated to include the following information:

3.3.1 Hearing Aids

- Hearing aids may be replaced every three years when medically appropriate
    - o Exceptions may be made for unusual circumstances, e.g., accident, surgery, or disease