

Medicaid Information Bulletin

Interim April 2020

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TABLE OF CONTENTS

20-37	UTAH MEDICAID UPDATES IN RESPONSE TO COVID-19	2
20-38	COVID-19 TESTING AND SERVICES	4
20-39	PHARMACY UPDATES	5
20-40	TELEHEALTH UPDATES	6
20-41	PRIOR AUTHORIZATION AND QUANTITY LIMIT UPDATES	6
20-42	AUTISM SPECTRUM DISORDER RELATED SERVICES FOR EPSDT ELIGIBLE MEMBER UPDATES	8
20-43	MEDICAL TRANSPORTATION OF COVID-19 POSITIVE MEMBERS	8
20-44	DENTAL COVERAGE UPDATES	9
20-45	MEDICAID MANAGED HEALTH CARE CONTACTS	10
20-46	PROVIDER CREDENTIALING DURING COVID-19 EMERGENCY PERIOD	10
20-47	DISTANCE EDUCATION DURING COVID-19	10
20-48	UPDATES TO THE PRIOR AUTHORIZATION (PA) SUBMISSION TIMEFRAMES FOR SUBSTANCE USE DISORDER (SUD) TREATMENT IN LICENSED SUD RESIDENTIAL TREATMENT PROGRAMS (PROCEDURE CODES H0018 AND H2036)	11
20-49	STATEWIDE PROVIDER TRAINING 2020.....	11
20-50	COVID-19 POSITIVE SKILLED NURSING FACILITY ESTABLISHED.....	13
20-51	CLARIFICATION TO APRIL MIB ARTICLES 20-30 AND 20-32	13
20-52	CHANGES COMING TO UTAHID	14

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

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By Fax: (801) 536-0476

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

20-37 Utah Medicaid Updates in Response to COVID-19

In response to the COVID-19 emergency, Utah Medicaid is publishing a COVID-19 MIB to provide additional information to inform providers about:

- Steps the State is taking to seek additional flexibilities from the Centers for Medicare and Medicaid Services (CMS);
- Available COVID-19-specific services and testing;
- Ongoing policy clarification; and
- Temporary policy changes that pertain to the emergency time period.

Utah Medicaid is currently defining the emergency time period to extend through the end of the month in which the Emergency Declaration Period ends.

Utah Submits 1135 Waiver

When the U.S. President declares a disaster or emergency and the Health and Human Services (HHS) Secretary declares a public health emergency, the Secretary is authorized under section 1135 of the Social Security Act, to temporarily waive or modify certain Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements. This waiver is intended to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in programs like Medicare and Medicaid and that providers who provide such services in good faith can be reimbursed and exempted from sanctions (absent any determination of fraud or abuse).

Utah submitted an 1135 Waiver on April 5, 2020. The application can be viewed at:

https://medicaid.utah.gov/Documents/pdfs/covid/1135_Waiver_combinedfiles.pdf

Utah received CMS approval for portions of its request. See the CMS partial approval letter at:

<https://www.medicare.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/92206>

Utah Submits Appendix K for the State's Home and Community Based Services (HCBS) Waivers

Appendix K is a standalone appendix that may be utilized by states during emergency situations to request amendments to approved 1915(c) waivers. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency.

Utah submitted an Appendix K for its HCBS waivers on April 5, 2020, and it was approved on April 17, 2020. To view the application and approval, go to:

<https://medicaid.utah.gov/Documents/pdfs/covid/COVID19AppxK-Utah4.7.20.pdf>

Some examples of the flexibilities approved by CMS include:

- Usage of remote technology/telehealth for case management; habilitation, supported living and personal care/attendant care (verbal queuing only); and other services the State has evaluated for appropriateness of remote delivery.
- Allowance for supported living and personal care/attendant care to be used for the purposes of completing grocery shopping/running errands on behalf of the individual.
- Evaluating additional reimbursement or retainer payments for providers negatively impacted by the effects of COVID-19.
- Extending service provision to legally responsible caregivers.
- Allowing service plans to be extended for an additional 12 months. Program specific guidance will be provided if a remote assessment may be completed/is necessary.
- Removing conflict-free case management requirements when service providers may not be available to serve participants.
- Modifications to incident reporting requirements.

The operating agencies of each waiver will be providing more detailed information about the changes to services and procedures. Please contact them to receive additional guidance on expectations and billing.

Utah Medicaid Publishes a COVID-19 Webpage

To keep providers informed of ongoing updates related to COVID-19, Utah Medicaid published a COVID-19 webpage. For ongoing updates, please see <https://medicaid.utah.gov/covid-19/>.

Families First Coronavirus Response Act

On March 18, 2020, the U.S. President signed into law H.R. 6021, the Families First Coronavirus Response Act (FFCRA) (Pub. L. 116-127). The law impacts many sectors of the government. The Kaiser Family Foundation produced a summary of the FFCRA, including Medicaid provisions: <https://www.kff.org/global-health-policy/issue-brief/the-families-first-coronavirus-response-act-summary-of-key-provisions/>

FFCRA provides a temporary 6.2 percentage point increase to the state Medicaid program's Federal Medical Assistance Percentage (FMAP) effective beginning January 1, 2020, and extending through the last day of the calendar quarter in which the public health emergency terminates.

A detailed FAQ document on the enhanced FMAP and its requirements is available at: <https://www.medicaid.gov/state-resource-center/downloads/covid-19-section-6008-faqs.pdf>

The FAQ document provides guidance to states about what is required to qualify for the 6.2% FMAP increase. Following is an excerpt from the FAQ:

To qualify for the temporary FMAP increase, states must, through the end of the month when the public health emergency ends:

- a. *Maintain eligibility standards, methodologies, or procedures that are no more restrictive than what the state had in place as of January 1, 2020 (maintenance of effort requirement).*
- b. *Not charge premiums that exceed those that were in place as of January 1, 2020.*
- c. *Cover, without impositions of any cost sharing, testing, services and treatments— including vaccines, specialized equipment, and therapies—related to COVID-19.*
- d. *Not terminate individuals from Medicaid if such individuals were enrolled in the program as of the date of the beginning of the emergency period, or becomes enrolled during the emergency period, unless the individual voluntarily terminates eligibility or is no longer a resident of the state (continuous coverage requirement).*

These requirements became effective on March 18, 2020.

20-38 COVID-19 Testing and Services

Testing for Coronavirus

There are two new HCPCS codes and one new CPT code designated for Coronavirus testing. Medicaid healthcare providers who test members for the Coronavirus, using the Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel, may bill for the test using the newly created HCPCS code U0001. HCPCS code U0002 may be used by laboratories and healthcare facilities to bill Medicaid that choose to adopt this new code for non-CDC tests, effective for dates of service on or after February 4, 2020.

CPT code 87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, may be used by laboratories and healthcare facilities to bill Medicaid, effective March 13, 2020. Use of code 87635 will help to efficiently report and track testing services related to SARS-CoV-2 and will streamline the reporting and reimbursement for this test.

Medicaid will cover the transportation and collection of specimens related to testing for COVID-19.

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.

Coding encounters related to COVID-19 Coronavirus Outbreak

The CDC has provided official diagnosis coding guidance for health care encounters and deaths related to the 2019 novel coronavirus (COVID-19) previously named 2019-nCoV.

<https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf>

The guidance is intended to be used in conjunction with the current ICD-10-CM classification and the *ICD-10-CM Official Guidelines for Coding and Reporting* (effective October 1, 2019) and will be updated to reflect new clinical information as it becomes available https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020_final.pdf.

One ICD-10-CM code for COVID-19 became effective April 1, 2020: U07.1 COVID-19.

Co-payments related to COVID-19

Effective March 1, 2020, Utah Medicaid has waived all Medicaid member copayments for testing and services related to COVID-19 in accordance with HR 6201, Families First Coronavirus Response Act.

Pharmacy claims processed with a diagnosis code of U07.1 (diagnosis of COVID-19) will override the copay requirement effective April 1, 2020.

20-39 Pharmacy Updates

Delivery and Mailing Reimbursement is Available using NCPDP Submission Clarification Code

Pharmacy point of sale claims when submitted with NCPDP field 479-H8, will include either delivery fee or postage fee. As follows; 479-H8 with value "01" = \$2.00 per claim delivery fee or 479-H8 with value "03" = \$1.00 per claim postage fee.

Early Pharmacy Refills are Allowed in Certain Circumstances

Utah Medicaid is temporarily modifying certain policy conditions to allow for early refills of medication if the prescription allows.

In response to the COVID-19 national public health emergency declaration¹, Utah Medicaid will activate the NCPDP pharmacy submission clarification code (SCC), NCPDP File (420-DK) on pharmacy claims processed at the point of sale. When a pharmacy adds the SCC 13 (Payer Recognized Emergency/Disaster Assistance Request) code to a pharmacy claim, it will override the NCPDP Reject Code 79, bypassing the refill too soon to edit on the claim. For Utah, refill too soon methodology is set at 80% for non-controls and 85% for controlled medications. Bypassing this edit with SCC 13 will allow a member to receive an additional quantity (day supply) of prescribed medicines. Using SCC 13 will not bypass other edits, including but not limited to opioid MME limits, prior authorization requirements, monthly quantity limits, etc. All claims may be subject to post-payment review.

1. <https://www.phe.gov/Preparedness/legal/Pages/phedeclaration.aspx>

REFILL TOO SOON OVERRIDE (NCPDP Reject Code 79)	SUBMISSION CLARIFICATION CODE (420-DK): 13 = Payer-Recognized Emergency/Disaster Assistance Request
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In the event of an emergency the pharmacy is authorized to dispense up to a 72-hour emergency supply for medications that require a prior authorization. A dispensing pharmacy may follow the instructions on the website:

<https://medicaid.utah.gov/pharmacy/priorauthorization/pdf/72HourSupply.pdf> for authorization OR use the standard NCPDP fields outlined below to complete at the Point of Sale (POS). All subsequent claims must satisfy prior authorization criteria or other limitations for the medication.

72 HOUR EMERGENCY OVERRIDE	PA TYPE CODE (461-EU): 2 (Med Cert) PA # (462-EV): 72 (Emergency Supply)
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20-40 Telehealth Updates

In response to the COVID-19 emergency and the potential for Medicaid members to experience decreased access to needed services, Utah Medicaid is clarifying its policy regarding the delivery of covered services via telehealth.

This guidance is available at: https://medicaid.utah.gov/Documents/pdfs/covid/COVID-19_TelehealthFAQ3.20.pdf.

20-41 Prior Authorization and Quantity Limit Updates

Prior Authorization Flexibility

Under the recently approved CMS 1135 Waiver for Utah, Medicaid was granted the option to waive prior authorization (PA) requirements during the emergency COVID-19 period.

At this time, Utah Medicaid has modified only a few PA requirements for medical, pharmacy or behavioral health services, including:

- Increasing maximum allowed units for an authorization period
- Extending authorization periods
- Expanding allowable reasons for retroactive prior authorization

These temporary adjustments should not change the overall utilization of these services over time, unless such utilization is medically necessary and approved within the prior authorization process.

These adjustments are made by Utah Medicaid in the context of the COVID-19 outbreak, to reduce the amount of interpersonal contact service providers and Medicaid members need to have with one another (e.g., to obtain needed medical supplies) while maintaining access to needed services. These changes should not be used to stockpile quantities of personal supplies, and Medicaid may perform ad hoc post-payment reviews to ensure the increased flexibility is appropriately used during the emergency period.

If an adjustment is needed to an existing PA (e.g., extension of approval date), please submit a request specifying the needed change.

Utah Medicaid is temporarily modifying its retroactive prior authorization (PA) policy. During the COVID-19 outbreak and due to potential changes in staffing patterns and capacity at Medicaid and with our community partners, all services are eligible for retroactive prior authorization in order to allow Medicaid providers to continue to provide services to Medicaid members without disruption. Services must meet Medicaid criteria for authorization and payment. During this time, providers will not be penalized for late submissions; please continue to submit as timely as possible.

Quantity Limit Flexibility for Durable Medical Equipment and Supplies

As part of the commitment to ensure members continue to receive products and services without interruption or delay, Medicaid is temporarily modifying certain policy conditions to allow for increased quantity limits for those medical supplies that are refilled on a monthly basis due to the COVID-19 outbreak. This action is not intended to allow for unnecessary stockpiling of medical supplies but rather to help those vulnerable populations that have been directed to limit contact with other persons as part of the CDC guidance for “social distancing” or when required to be quarantined.

Medical supplies that have a temporary increase in quantity limits include:

- Diabetes management supplies
- Gloves
- Incontinence supplies
- Ostomy supplies
- Pulse oximeters
- Syringes
- Tracheostomy related supplies
- Urinary catheters and their associated supplies

Medical supplies that have had quantity limits suspended include:

- CPAP, BiPAP, and ventilator supplies
- Dressings related to wound care
- Oxygen probes utilized with a pulse oximeter
- Tracheal suction catheters

PA requirements have been removed from CPAP, BiPAP, and sip and puff equipment in order to increase the ease of access to these items when determined to be medically necessary by a physician.

20-42 Autism Spectrum Disorder Related Services for EPSDT Eligible Member Updates

Utah Medicaid made policy adjustments to Applied Behavior Analysis (ABA) services to Early Periodic Screening Diagnosis and Treatment (EPSDT) eligible members with Autism Spectrum Disorder (ASD).

Guidance related to these policy adjustments is available at:

https://medicaid.utah.gov/Documents/pdfs/covid/COVID_ABAProviders.pdf.

20-43 Medical Transportation of COVID-19 Positive Members

Utah Medicaid has provided modified guidance to support the safe Non-Emergency Medical Transport (NEMT) of Medicaid members with a positive diagnosis of COVID-19. Other NEMT services will continue for non-COVID-19 positive members through contracted Utah Medicaid NEMT vendors.

Guidance on NEMT of Medicaid members with a positive diagnosis of COVID-19 can be found at:

https://medicaid.utah.gov/Documents/pdfs/covid/COVID_NonEmergTransport.pdf

20-44 Dental Coverage Updates

Teledentistry Codes Opened

Utah Medicaid opened two teledentistry codes to be used in conjunction with the associated dental codes. These codes can be provided through teledentistry when services rendered do not require hands-on care, examination, testing or interaction with the Medicaid member, and can be reasonably accommodated. Guidance on the use of these codes is available at: https://medicaid.utah.gov/Documents/pdfs/covid/COVID_Teledentistry.pdf

Targeted Adult Medicaid (TAM) Member Dental Coverage

As mentioned in Article 20-37, to be eligible for the 6.2% increase in FMAP, Utah Medicaid will not end eligibility for members between March 18, 2020, and the end of the COVID-19 emergency period. Accordingly, TAM members will continue to receive covered dental benefits during this period.

Refer to the Medicaid Dental Benefits website for additional information: <https://medicaid.utah.gov/dental-coverage-and-plans/>

Emergency Dental Coverage

In compliance with the Centers for Disease Control and Prevention (CDC) recommendations, <https://www.cdc.gov/oralhealth/infectioncontrol/statement-COVID.html> dental facilities are encouraged to postpone elective procedures, surgeries, and non-urgent dental visits.

Medicaid will continue to cover emergency dental services.

Services may be provided by any enrolled Medicaid dental provider.

Limited emergency dental services include:

- D0140 Limited oral evaluation, problem focused
- D0220 Intraoral periapical, first film
- D0230 Intraoral periapical, each additional film, if needed
- D7140 Extraction, erupted tooth or exposed root
- D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
- D7510 Incision and drainage of abscess, intraoral soft tissue

20-45 Medicaid Managed Health Care Contacts

For provider and member questions for Medicaid Managed Health Care Plans, please follow the link below to find the appropriate health plan contacts:

<https://medicaid.utah.gov/managed-care/>

For member questions about health plan selection and benefits, please contact our Health Program Representatives at (866) 608-9422.

During the current COVID-19 crisis, members can also reach the Health Program Representatives by emailing HPR@utah.gov.

20-46 Provider Credentialing During COVID-19 Emergency Period

Utah Medicaid has established an expedited process for provider credentialing and emergency provider enrollment during the COVID-19 Emergency Period.

In addition, Utah Medicaid has expanded its “site of care” coverage to accommodate alternative physical sites (i.e. COVID-19 testing tents) during this period.

More information can be found at:

<https://medicaid.utah.gov/Documents/pdfs/covid/UtahMedicaidProviderCredentialing.pdf>.

20-47 Distance Education During COVID-19

Utah Medicaid has provided guidance for the delivery of and billing for school-based services by districts and LEA’s.

Information on distance education provided to Medicaid members is found at:

https://medicaid.utah.gov/Documents/pdfs/covid/COVID-19_DistanceEducationGuidance3.20.pdf.

20-48 Updates to the Prior Authorization (PA) Submission Timeframes for Substance Use Disorder (SUD) Treatment in Licensed SUD Residential Treatment Programs (Procedure Codes H0018 and H2036)

In response to the COVID-19 crisis, the Division of Medicaid and Health Financing has temporarily authorized the following timeframes for timely submission of PA requests for residential treatment services provided in licensed SUD residential treatment programs:

- Non-clinical PA requests may be submitted within 10 business days following admission to the facility.
- Clinical PA requests may be submitted 10 business days following the last covered date. Clinical documentation guidelines and dates will remain the same and clinical reviews may not be completed more than 14 days before the date of submission.

Information regarding the clinical review process and documentation requirements may be found in the *Rehabilitative Mental Health and Substance Use Disorder Services Manual, Chapter 5, Prior Authorization Policies and Procedures for Licensed Substance Use Disorder Residential Treatment Programs*.

These changes to the PA submission timeframes are effective March 31, 2020.

As these are temporary changes based on the current crisis, this policy will be reviewed and updated information will be published in the July 2020 MIB.

20-49 Statewide Provider Training 2020

Utah Medicaid is offering Statewide Provider Training in an online live webinar format. In the past, we have also offered in-person sessions. Due to COVID-19 and social distancing, the in-person trainings may be changed to webinars. Each training will include information on:

- PRISM
- Medicaid policies and procedures
- Prior Authorizations
- What's New at Utah Medicaid
- Office of Inspector General

Registration is located on the Medicaid website at: <https://medicaid.utah.gov/medicaid-provider-training>.

In-person trainings may be hosted in five locations below. Providers will be notified if these sessions are converted to live webinars.

Statewide Provider In-person Training Schedule			
City	Date	Location	Time
Logan	8/4/2020	Bear River Health Department 635 South 100 East	9:30 AM - 12:00 PM
Ogden	8/5/2020	Weber Human Services 237 26th Street 3rd Floor Auditorium	9:00 AM – 12:00 PM
Provo	8/6/2020	Health & Justice Building 151 South University Avenue Rooms 1600/1601	9:00 AM – 12:00 PM
Salt Lake City	8/11/2020	Utah State Library Division 250 North 1950 West Rooms 218/219/227	9:00 AM - 12:00 PM
St. George	8/12/2020	Intermountain Dixie Cancer Center 600 South Medical Center Drive St. George Auditorium A and B	1:00 PM - 4:00 PM
St. George	8/13/2020	Intermountain Dixie Cancer Center 600 South Medical Center Drive St. George Auditorium A and B	9:00 AM - 12:00 PM
Salt Lake City	8/18/2020	Utah State Library Division 250 North 1950 West Rooms 218/219/227	1:00 PM - 4:00 PM

Utah Medicaid will host live online training sessions on the dates and times below:

Date	Time
September 1, 2020	9:00 - 11:00 AM
September 2, 2020	1:00 - 3:00 PM
September 9, 2020	9:00 - 11:00 AM

Please note: The online trainings are offered through Google Hangouts Meet which is supported only in the Google Chrome browser. If you do not have Chrome, you will need to arrange its install prior to the training. You will receive an email with the login information prior to the training. We encourage you to login ahead of time.

20-50 COVID-19 Positive Skilled Nursing Facility Established

City Creek Post Acute has been designated as a COVID-19 positive only skilled nursing facility. The facility began accepting admissions on April 16, 2020. For more information on the facility, please click [here](#).

20-51 Clarification to April MIB Articles 20-30 and 20-32

Please note that coverage for porcelain and porcelain-to-metal crowns is authorized for eligible Aged Medicaid Members and eligible Targeted Adult Medicaid members who are undergoing Substance Use Disorder (SUD) treatment. Dental services for Aged Medicaid and Targeted Adult Medicaid members shall be provided through the University of Utah School of Dentistry and their associated statewide network.

Effective March 1, 2020, Utah Administrative Code R414-49 and the Dental, Oral Maxillofacial and Orthodontia Manual are updated to expand dental services to specified Medicaid members. Providers are encouraged to become familiar with the updates noting:

- As a result of Senate Bill 11 Medicaid Dental Coverage Amendments passing in the January 2019 General Legislative Session and approval of Utah's 1115 Demonstration Waiver changes to dental services will occur as follows:
 - o Expand Medicaid dental coverage to Medicaid members age 65 and older receiving Aged Medicaid. The dental services that eligible members may receive are traditional Medicaid dental coverage, such as:
 - Examinations and x-rays
 - Cleanings
 - Fillings and other restorations
 - Root canals on most teeth
 - Dentures and partial dentures
 - Extractions
 - o Provide coverage for porcelain and porcelain-to-metal crowns to eligible Aged Medicaid Members and eligible Targeted Adult Medicaid members who are undergoing Substance Use Disorder (SUD) treatment opening the following codes to eligible members:
 - D2740 – crown – porcelain/ceramic
 - D6740 – retainer crown – porcelain/ceramic
 - D2752 – crown – porcelain fused to noble metal
 - D6752 – retainer crown – porcelain fused to noble metal

- Dental services for Aged Medicaid and Targeted Adult Medicaid members shall be provided through the University of Utah School of Dentistry and their associated statewide network. Aged members who are categorized as Blind and Disabled shall receive porcelain crown services through the University of Utah; these members may otherwise receive all other dental benefits, including steel crowns, through their Medicaid managed care dental plan or the University of Utah School of Dentistry. For questions regarding provider network access, please contact the University of Utah School of Dentistry at (801) 587-7174.
- Additional information can be found at [medicaid.utah.gov/dental-coverage-and-plans/](https://www.medicaid.utah.gov/dental-coverage-and-plans/).
- If a member does not have access to transportation for dental and medical visits, they may qualify for Non-Emergency Medical Transportation (NEMT). For information regarding NEMT, members may contact a Department of Workforce Services eligibility worker at (866) 435-7414.
- Interpretive services are available to members. Please call (866) 608-9422 if you have any questions.

Specific code coverage is found in the [Utah Medicaid Coverage and Reimbursement Code Lookup](#).

20-52 Changes Coming to UtahID

Please review your UtahID account settings in preparation for changes coming May 12, 2020. Email verification will be required for all public accounts. This change will impact providers who access MMCS and PRISM.

For more information, please visit <https://idhelp.utah.gov>.