# Medicaid Information Bulletin
## Interim August 2020

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

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## 20-74    InterQual Criteria 2020 Updates

Effective September 1, 2020, InterQual criteria will transition to the 2020 version release. Any request submitted on or after that date will be processed against the updated criteria version. Updates requiring prior authorization primarily affect the imaging and procedures products.

For any questions, please email medicaidcriteria@utah.gov.

## 20-75    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.

**Additional Medicaid Information**

**Salt Lake City Area:** (801) 538-6155

**Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona, Nevada:** 1-800-662-9651

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**Request a Medicaid Publication**

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**By Fax:** (801) 536-0476

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PO Box 143106, Salt Lake City, UT 84114

## 20-76     Dental Policy Updates

Effective August 1, 2020, the Dental, Oral, Maxillofacial, and Orthodontia Services Provider Manual and Services has been updated.  Providers are encouraged to become familiar with the updates noting:

- The following dental codes are open to eligible Medicaid members when provided in conjunction with denture services (full or partial), and approved for provider types 40 (Dentist), 45 (Group Practice), 52 (Federally Qualified Health Center), 57 (Rural Health Clinic), 91 (Indian Health Services), and 95 (Oral Surgeon).
  - D7472 – removal of torus palatinus
  - D7473 – removal of torus mandibularis
- Updates to language in Section 11-4 "Timely Filing."
- Information for billing has been relocated to 11-3 "Anesthesiologists and Certified Nurse Anesthetists."
- Section 8-6 "Oral and Intramuscular Sedation" has been removed.  Refer to ADA and AAPD guidelines for additional information.
- Section 8-4 "Sedation and General Anesthesia" has been updated to the following:

Medicaid requires that providers abide by the current *American Dental Association* (ADA) "Guidelines for the Use of Sedation and General Anesthesia by Dentists" when performing sedation related to a dental, oral maxillofacial, and orthodontia service and as permitted within their scope of training/licensing.

If a member is EPSDT eligible (19 years of age or younger), the provider must also adhere to the current guidelines published by the *American Academy of Pediatric Dentistry* (AAPD) "Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures."

When sedation is provided by another qualified dentist, anesthesiologist, or certified-registered nurse anesthetist for a procedure related to dental, oral maxillofacial, and orthodontia service, the same requirements apply.

The member's medical record must reflect adherence to ADA guidelines or AAPD guidelines. Documentation must show that there was no other equally effective, more conservative, and less costly level of sedation suitable for the member.  Medicaid covers only those services that are medically necessary in accordance with Utah Administrative Code R414-1-2(18), which states:

 "Medically necessary service" means that:

(a) it is reasonably calculated to prevent, diagnose, or cure conditions in the recipient that endanger life, cause suffering or pain, cause physical deformity or malfunction, or threaten to cause a handicap; and
(b) there is no other equally effective course of treatment available or suitable for the recipient requesting the service that is more conservative or substantially less costly.

These guidelines are applicable to all members, including those with special needs.

For information related to billing for services related to sedation, see Chapter 11 "Billing Medicaid."

Specific code coverage may be found in the Utah Medicaid Coverage and Reimbursement Code Lookup.

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## 20-77      Medical Supplies and Durable Medical Equipment Service Updates

**Code Coverage Updates for Ostomy Supplies**

Effective August 1, 2020, coverage related to the following ostomy supplies has been expanded to include provider types 60 (pharmacy), 62 (medical supplier), and 91 (Indian Health Services):

A4363 - Ostomy clamp, any type, replacement only, each
A4366 - Ostomy vent, any type, each
A4372 - Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each
A4381 - Ostomy pouch, urinary, for use on faceplate, plastic, each
A4394 - Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fl oz
A4395 - Ostomy deodorant for use in ostomy pouch, solid, per tablet
A4396 - Ostomy belt with peristomal hernia support
A4397 - Irrigation supply; sleeve, each
A4402 - Lubricant, per oz
A4405 - Ostomy skin barrier, nonpectin-based, paste, per oz
A4406 - Ostomy skin barrier, pectin-based, paste, per oz
A4408 - Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 in, each
A4410 - Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 in, each
A4412 - Ostomy pouch, drainable, high output, for use on a barrier with flange (two-piece system), without filter, each
A4415 - Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 in, each
A4416 - Ostomy pouch, closed, with barrier attached, with filter (one piece), each
A4417 - Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each
A4418 - Ostomy pouch, closed; without barrier attached, with filter (one piece), each
A4420 - Ostomy pouch, closed; for use on barrier with locking flange (two piece), each
A4422 - Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each
A4423 - Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each
A4424 - Ostomy pouch, drainable, with barrier attached, with filter (one piece), each
A4426 - Ostomy pouch, drainable; for use on barrier with locking flange (two-piece system), each
A4427 - Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two-piece system), each

A4429 - Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each

A4430 - Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each

A4431 - Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each

A4433 - Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each

A4434 - Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each


**Quantity Limitations for Ostomy Supplies**

A4364 - Adhesive, liquid or equal, any type, per oz; LIMITATION: 4 per month

A4367 - Ostomy belt, each; LIMITATION: 1 per month

A4377 - Ostomy pouch, drainable, for use on faceplate, plastic, each; LIMITATION: 10 per month

A4381 – Ostomy pouch, urinary, for use on faceplate, plastic, each; LIMITATION: 10 per month

A4397 – Irrigation supply; sleeve, each; LIMITATION: 4 per month

A4402 – Lubricant, per oz; LIMITATION: 4 per month

A4404 - Ostomy ring, each; LIMITATION: 10 per month

A4405 – Ostomy skin barrier, nonpectin-based, paste, per oz; LIMITATION: 4 per month

A4406 – Ostomy skin barrier, pectin-based, paste, per oz; LIMITATION: 4 per month

A4415 – Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 in, each; LIMITATION: 20 per month

A4416 – Ostomy pouch, closed, with barrier attached, with filter (one piece), each; LIMITATION: 60 per month

A4417– Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each; LIMITATION: 60 per month

A4418 – Ostomy pouch, closed; without barrier attached, with filter (one piece), each; LIMITATION: 60 per month

A4420 – Ostomy pouch, closed; for use on barrier with locking flange (two piece), each; LIMITATION: 60 per month

A4423 – Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each; LIMITATION: 60 per month

A4424 - Ostomy pouch, drainable, with barrier attached, with filter (one piece), each; LIMITATION: 20 per month

A4425 - Ostomy pouch, drainable; for use on barrier with nonlocking flange, with filter (two-piece system), each; LIMITATION: 20 per month

A4426 - Ostomy pouch, drainable; for use on barrier with locking flange (two-piece system), each; LIMITATION: 20 per month

A4427 - Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two-piece system), each; LIMITATION: 20 per month

A4429 - Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each; LIMITATION: 20 per month

A4431 - Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each; LIMITATION: 20 per month

A4433 - Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each; LIMITATION: 20 per month

A4434 - Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each; LIMITATION: 20 per month

## 20-78    Medical Coverage Updates

**Corneal Repair Code Family**

Effective August 1, 2020, the following codes are open to provider types 01 (Hospital), 20 (Physician), 24 (Osteopath), 45 (Group Practice), 55 (Free Standing Ambulatory and Surgical Centers), and 91 (Indian Health Services):

65770 - Keratoprosthesis
65778 - Placement of amniotic membrane on the ocular surface; without sutures
65779 - Placement of amniotic membrane on the ocular surface; single layer, sutured
65780 - Ocular surface reconstruction; amniotic membrane transplantation, multiple layers
65781 - Ocular surface reconstruction; limbal stem cell allograft (e.g., cadaveric or living donor)
65782 - Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)

**Flicker Fusion Test Using Unlisted CPT Code 92499**

Coverage of code 92499, Unlisted ophthalmological service or procedure, has been opened to provider types 01 (General Hospital), 20 (Physician), 24 (Osteopath), 45 (Group Practice), and 91 (Indian Health Services). Utilization of code 92499 is limited to providers performing flicker fusion tests.

**Prior Authorization Removal**

Prior authorization requirements have been removed from code 65785, Implantation of intrastromal corneal ring segments.

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## 20-79    Medicaid Pharmacy Program Updates

**Antipsychotic Injections**

Effective August 1, 2020, antipsychotic injections will be restricted to Medicaid members 18 years of age and older. See chart on the following page.

| Generic | Brand | HCPCS | Limit |
|---------|-------|-------|-------|
| aripiprazole xr inj | Abilify Maintena | J0401 | Minimum Age of 18 |
| aripiprazole xr inj | Aristada | J1944, J1943 | Minimum Age of 18 |
| olanzapine xr inj | Zyprexa Relprevv | J2358 | Minimum Age of 18 |
| olanzapine inj | Zyprexa | n/a | Minimum Age of 18 |
| paliperidone xr inj | Invega Trinza, Invega Sustenna | J2426 | Minimum Age of 18 |
| risperidone xr inj | Perseris | J2798 | Minimum Age of 18 |
| risperidone xr inj | Risperdal Consta | J2794 | Minimum Age of 18 |

## Hemlibra Prior Authorization

Effective July 1, 2020, to promote the safe and appropriate use of Hemlibra in Hemophilia A patients, Hemlibra will require prior authorization.  Pharmacy prior authorizations can be found at https://medicaid.utah.gov/pharmacy/prior-authorization.

## 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.

## Metabolic Monitoring and Movement Disorder Assessments in Children Receiving Antipsychotics

Children enrolled in Medicaid receive antipsychotic medications (AP) at a substantially higher rate than non-Medicaid pediatric populations.[1]  AP use in children is frequently "off label" and are often prescribed before safer, first-line options.[2]  AP medications are associated with serious side effects, including metabolic changes, weight gain, and movement disorders, which can cause irreversible harm.[3]

Effective April 1, 2020, Utah Medicaid implemented new policies to encourage prescribers to monitor and manage AP medications prescribed to members 19 years of age and younger.  These policies are in alignment with the American Academy of Child and Adolescent Psychiatry best practices for use of AP in children.  This includes [4]:

1. Careful and frequent monitoring of AP-related side effects
   a. Metabolic screening
   b. Body Mass Index, weight gain
   c. Assessments for movement disorders

The American Academy of Child and Adolescent Psychiatry endorses the American Diabetes Association and American Psychiatric Association recommendations that measurements be taken prior to or immediately after an antipsychotic prescription and these measurements are routinely monitored as follows[5]:

ADA Screening Guidelines for Patients on Second-Generation Antipsychotics

|  | Baseline | 4 weeks | 8 weeks | 12 weeks | Annually |
|---|---|---|---|---|---|
| Personal & family history | X |  |  |  | X |
| Weight (BMI) | X | X | X | X |  |
| Waist circumference | X |  |  |  | X |
| Blood pressure | X |  |  | X | X |
| Fasting plasma glucose | X |  |  | X | X |
| Fasting lipid profile (HDL, LDL, TG, total cholesterol) | X |  |  | X |  |

**For patient safety those PA requests for antipsychotic medications for members 19 years of age and younger that do not include documentation of this side effect monitoring will be denied.**

References:

1. Strategies to Promote Best Practice in Antipsychotic Prescribing for Children and Adolescents. March 2019. https://store.samhsa.gov/system/files/pep19-antipsychotic-bp.pdf.
2. Olfson M, King M, Schoenbaum M. Treatment of young people with antipsychotic medications in the United States. *JAMA Psychiatry.* 2015;72(9):867-874.
3. Gohlke JM, Dhurandhar EJ, Correll CU, et al. Recent advances in understanding and mitigating adipogenic and metabolic effects of antipsychotic drugs. *Front Psychiatry.* 2012; 3:50-62.
4. American Academy of Child and Adolescent Psychiatry. Practice parameter for the use of atypical antipsychotic medications in children and adolescents. 2011.
5. American Academy of Child and Adolescent Psychiatry. https://www.aacap.org/App_Themes/AACAP/docs/practice_parameters/Atypical_Antipsychotic_Medications_Web.pdf