UTAH DEPARTMENT OF HEALTH MEDICAID

Medicaid Information Bulletin

January 2021

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

TABLE OF CONTENTS

21-01 Utah Medicaid COVID-19 Updates

In an ongoing effort to support providers and members during the COVID-19 public health emergency, Medicaid has published and continues to update its COVID-19 webpage. Within the page, visitors can find information related to coverage, testing, telehealth, medical supplies and equipment, transportation, prior-authorizations, and other services affected by the pandemic.

For ongoing updates please see the Medicaid COVID-19 webpage and the Utah Department of Health CORONAVIRUS webpage.

The following information is intended to be utilized in conjunction with the Medicaid COVID-19 website and includes highlighted COVID-19 coverage policy for your immediate reference.

Vaccine Billing Guidance for Pharmacy Point of Sale and Medical Claims

Utah Medicaid will reimburse an administration fee of $22.67 when a COVID-19 vaccine is billed with the appropriate information via pharmacy point of sale or medical claims. Medical claims will use the vaccine code and the vaccine administration code listed in the table below. The coverage and reimbursement of COVID-19 vaccines and incentive amount will be billed as fee for service. Pharmacies administering the vaccine to nursing home residents will be reimbursed the fee for vaccine administration when billed using provider type 60 (pharmacy).

COVID-19 vaccine Emergency Use Authorization covers administration of this vaccine for Medicaid members 16 years and older (Pfizer) and 18 years and older (Moderna). COVID-19 vaccines are not approved for members who are less than 16 years of age or members who are pregnant.

Vaccine Code	Vaccine Code Descriptor	Vaccine Administration Code(s)	Vaccine Manufacturer	Vaccine Name(s)	NDC 10/NDC 11 Labeler Product ID (Vial)	Minimum Dosing Interval
91300	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use	0001A (1st dose) 0002A (2nd dose)	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1000-1 59267-1000-01	21 days
91301	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use	0011A (1st dose) 0012A (2nd dose)	Moderna, Inc	Moderna COVID-19 Vaccine	80777-273-10 80777-0273-10	28 days

https://www.ama-assn.org/system/files/2020-11/covid-19-immunizations-appendix-q-table.pdf

Pharmacy Point of Sale claims:
Billing for reimbursement of a free product (no associated cost) including an admin fee per NCPDP guidelines:

- The submitted Transaction Code (103-A3) is a “B1” (Claim Billing).
- The submitted Prescription/Service Reference Number Qualifier (455-EM) is a “1” (Rx Billing).
- The claim pricing segment follows the prescription claim request formula.
- The Product/Service ID (407-D7) should be submitted with the correct Product/Service ID Qualifier (436/E1) (in this example “03” (NDC))
- Product/Service ID (407-D7) contains the NDC Number of the vaccine or other product that was administered and obtained at zero cost.
- The Days’ Supply (405-D5) should be submitted with a value of “1”.
- The Quantity Dispensed (442-E7) should be submitted with the value that represents the quantity of drug product administered.
- The DUR/PPS Segment, with a “MA” (Medication Administered) in the Professional Service Code (440-E5), is submitted to identify the product was administered.
- The Incentive Amount Submitted (438-E3) is submitted to identify the pharmacy is seeking reimbursement for the administration of the product.
- The submission clarification code (420-DK)
    - Initial Dose(s): Submission Clarification Code of **2 “Other Override”** - defined as “Used when authorized by the payer in business cases not currently addressed by other SCC values to indicate the first dose of a multi-dose vaccine is being administered”
    - Final Dose: Submission Clarification Code of **6 “Starter Dose”** - defined as “The pharmacist is indicating that the previous medication was a starter dose and now additional medication is needed to continue treatment to indicate the second dose of a multi-dose vaccine is being administered”
- Utah Medicaid Incentive amount (administration fee) is as follows:
    - Single dose vaccine $22.67

  - Vaccines requiring two or more doses
    - Initial dose $22.67
    - Subsequent dose $22.67
- Basis of Cost Determination (423-DN) should be submitted with the value "15" (Free product or no associated cost).

Medical claims:
For guidance on how to bill for COVID-19 Vaccines and Administration visit: https://www.cms.gov/medicare/covid-19/medicare-billing-covid-19-vaccine-shot-administration.

Copayments

Copayments for testing and services related to COVID-19 has been waived for Medicaid members in accordance with HR 6201, Families First Coronavirus Response Act.

When submitting claims related to these services, providers must append the **CS modifier** to waive the copay requirements.

Coverage

Specific coverage of CPT or HCPCS codes related to COVID-19 services 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.

Transportation

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

Testing

The following codes are open for coverage when performing diagnostic testing related to COVID-19. Specific coverage on CPT or HCPCS codes are found in the Utah Medicaid Coverage and Reimbursement Code Lookup.

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*
87636 *Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique*
87637 *Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique*
87426 *Infectious agent antigen detection by immunoassay technique, (e.g. enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (e.g. SARS-CoV, SARS-CoV-2 [COVID-19])*

87811 *Infectious agent antigen detection by immunoassay with direct optical (i.e. visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])*
86769 *Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])*
86413 *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)*
86408 *Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen*
86409 *Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer*
86328 *Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g. reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])*

Uninsured Testing and Coverage

Medicaid continues to cover COVID-19-related diagnostic testing and services for uninsured individuals effective on or after June 1, 2020, through the duration of the public health emergency. Individuals who are uninsured must apply to this Medicaid program at https://medicaid.utah.gov/covid-19-uninsured-testing-coverage/. Covered services include COVID-19 testing as well as serological tests to determine the presence of the virus antibodies.

Related covered services include the administration of the test, evaluations that result in a test, and other diagnostic procedures used to evaluate for COVID-19, such as x-rays.

School-based and Employer-based Testing

Medicaid covers COVID-19 testing that is medically necessary. Testing for general workplace health and safety (such as employee 'return to work' programs) or public health surveillance for school-based testing are not included in the requirements of the Families First Coronavirus Response Act and will not be covered by Utah Medicaid.

Testing for Medicare-Medicaid Dual-Eligible Individuals

Medicare has recently increased flexibilities related to COVID-19 testing due to the public health emergency. While Medicare and commercial payers have increased flexibilities for COVID-19 testing, there may still be instances where coordination of benefits is necessary. Medicaid payment allows for state plan flexibilities in the event Medicare or a commercial insurer denies payment. If the third party denied the claim for a substantive reason (e.g., service not covered) and the service is covered under the Medicaid state plan, Medicaid would review for payment accordingly. If at a later time, the state is made aware of a third party's coverage for these specific services, the state, per current practice, would pursue recovery of payment accordingly. Therefore, in the example above, once Medicare or a commercial payer reviews a claim and denies for a substantive reason, such as the service is a non-covered benefit, Medicaid would review and pay the claim according to the State Plan.

Telehealth Policy

Medicaid covers telehealth delivery of services for medically necessary services and when clinically appropriate. Guidance related to the coverage of these services is outlined below and at Utah Medicaid Guidance: Telehealth Q&A for COVID-19 Emergency.

What types of services can be delivered through telehealth?

Any covered Medicaid State Plan service that is clinically appropriate, does not require hands-on care, examination, testing or interaction with the Medicaid member, and can be reasonably accommodated, may be provided through telehealth.

Can telehealth be utilized statewide?

Yes, telehealth can be used to deliver services statewide.

Must a reimbursable telehealth service include video/teleconferencing?

No, while use of video/teleconferencing is typically required, a telephone call between the provider and the member, when clinically appropriate, is permitted at this time.

How does a provider bill for telehealth services?

For fee for service claims submitted directly to Medicaid, the provider must bill using "place of service - 02" when submitting a professional claim (CMS 1500) and using a "GT modifier" when submitting an institutional claim (UB-04). For Medicaid Managed Care Plans, please contact the plan the member is enrolled in for additional information.

Are Medicaid Managed Care Plans required to follow Medicaid's policy?

Yes, by contract, managed care plans that contract with Utah Medicaid are required to follow Medicaid's benefit and coverage policies.

What documentation must be kept for telehealth services?

At a minimum, the provider should follow current policies regarding documentation of delivered services.

Is the rate paid to the provider for services delivered via telehealth different than services delivered in person?

No, the rate is the same whether services are delivered in person or through telehealth.

Are either the provider or Medicaid member required to have special equipment or computer applications to participate in telehealth?

It depends. The previous general definition of telehealth typically involved videoconferencing equipment in a clinician's office and another remote site that was usually another clinic or medical office. Based on rapidly evolving guidance from the Centers for Medicare and Medicaid Services (CMS) and the federal Department of Health and Human Services (HHS), at this time, we are including a broader concept of

telehealth services to include a Medicaid member's home or other community setting. Depending on the type of service provided, more traditional telehealth equipment may still be utilized, but for other services, use of more routine telephonic/video chat software may be utilized.

Do telehealth services need to be provided using a HIPAA compliant format?

CMS provided some guidance on this topic on March 17, 2020: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergencypreparedness/index.html

This guidance states in part:

> "A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients. Office of Civil Right (OCR) is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency."

Although allowed under the emergency guidance from the Health and Human Services at the federal level, Utah Medicaid policy requires providers to use HIPAA compliant means of communicating (i.e., Skype for Business, Updox, VSee, Zoom for Healthcare, Doxy.me, Google G Suite Hangouts Meet) to the greatest extent possible.

Medical Supplies and Durable Medical Equipment Policy

Medicaid is temporarily modifying certain policy conditions to allow for increased quantity limits for those medical supplies that are refilled on a monthly basis. 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 due to an active infection.

Furthermore, 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 as outlined in the Utah Administrative Code R414-10-2(3).

Transportation Policy

Medicaid covers non-emergency medical transportation (NEMT) for members who have tested positive for COVID-19. The following outlines the process for securing transportation related to COVID-19 with additional resources found on the Non-Emergency Medical Transportation Services and Emergency Medical Services Transport of COVID-19 Positive Members For Utah Medicaid webpages.

Non-Emergency Medical Transportation Services for Utah Medicaid Members

NEMT of members for medically necessary appointments is contracted through third party transport vendors, including Utah Transit Authority (UTA), LogistiCare, Cedar Area Transportation, and Utah Tribal

NEMT contractors. During the COVID-19 National Emergency Period, NEMT services with UTA, LogistiCare, and Cedar Area Transportation continue for all Utah Medicaid members without a COVID-19 positive diagnosis (COVID-19+), including those who have been tested but without a confirmed diagnosis.

UTA schedules may be altered; please verify at: https://www.rideuta.com/RiderInfo/Coronavirus-COVID-19-Updates.

Transportation for COVID-19 positive members will be managed through Emergency Medical Services (EMS). EMS has an established contractual relationship with Utah Medicaid for emergent transport of individuals throughout the state of Utah. During the COVID-19 public health emergency, EMS services are temporarily expanded to facilitate NEMT of Utah Medicaid members who are COVID-19 positive.

NEMT of COVID-19 Positive Individuals with End-Stage Renal Disease

Where should Utah Medicaid members with end-stage renal disease (ESRD) and who are COVID-19 positive access dialysis services?

Utah Medicaid follows CDC guidance for managing members with ESRD requiring outpatient dialysis who are COVID-19 positive through continued management within the outpatient clinic setting. Guidance and recommendations specific to outpatient hemodialysis facilities should be used in conjunction with, and complementary to, the CDC's Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings.

How should individuals with ESRD who are COVID-19 positive be transported to and from outpatient dialysis centers?

During the COVID-19 Public Health Emergency, individuals who are COVID-19 positive will not be able to use traditional NEMT for transportation to and from outpatient dialysis centers. Instead, COVID-19 positive individuals will receive transportation through EMS. Medicaid members should contact a local EMS provider through their administrative office (see complete list of EMS providers and their phone numbers at Non-Emergency Medical Transportation Services and Emergency Medical Services Transport of COVID-19 Positive Members For Utah Medicaid). If a phone number cannot be found, the member may contact Tami Goodin at (801) 349-9206 in order to schedule a ride to and from dialysis during the time they are quarantined because of a COVID-19 positive diagnosis. If an EMS provider is needed immediately, or if a member is unable to schedule a transport, call 911 and they will help make arrangements for the member.

NEMT of COVID-19 Positive Members from Facility to Home or Facility to Facility

How should Utah Medicaid members who are COVID-19 Positive access transportation from hospital discharge to home, or from facility to facility?

During the COVID-19 Public Health Emergency, members who are COVID-19 positive will not be able to use traditional NEMT for transportation from facility to home or facility to facility. Instead, EMS will provide transportation from facility to home or facility to facility. EMS transportation can be arranged by calling 911 and they will help make arrangements for the member.

Billing and Reimbursement for Services

How should an EMS provider submit claims for NEMT services rendered to a COVID-19 positive member?

When submitting claims related to NEMT for a COVID-19 positive member, the EMS provider should submit the claim using the customary transportation HCPCS code, A0429, and append the "CR" (catastrophe/disaster related) modifier.

Will EMS receive a different reimbursement using the CR modifier?

No, the reimbursement will not change if EMS transports a Medicaid member with a COVID-19 positive diagnosis.

21-02 Gloves and Face Masks for Members

Medicaid supports the CDC guidelines regarding use of face coverings to slow the transmission of COVID-19. The CDC recommendations include the following:

- Any person two years of age and older should wear a cloth face covering that covers their nose and mouth when they are out in the community.
- Cloth face coverings should NOT be put on babies or children younger than 2 because of the danger of suffocation.
- Children younger than 2 years of age are listed as an exception, as well as anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the face covering without assistance.

In support of this recommendation, Medicaid will cover the following:

A4927 *Gloves, nonsterile, per 100* are available to members per 30-day period with a physician's order

A4928 *Surgical masks, per 20* are open to be used for face masks, allowing for one box of 20 masks per 30-day period with a physician's order

21-03 Outpatient Prospective Payment System (OPPS) Payments

The Utah Department of Health/Medicaid is transitioning from using the public domain products made available by CMS to 3M's GPCS cloud app for pricing Medicaid Outpatient claims like Medicare. This change is anticipated to be effective for claims processed on or after January 1, 2021. This transition should not cause much change in reimbursement levels, as both products use CMS guidelines. However, there may be some differences due to rounding or correcting outdated methodologies used by the department.

Some common differences, however rare, found in testing include:

- Allowed amount differences of one or two cents. This is caused by rounding differences between the 3M product and the agency's past calculation logic.
- Medicare fee schedule differences. Some procedures did not have a Medicare price found and the 3M product does have a Medicare price listed. Historically, codes without a Medicare price would have used the Medicaid price.

For clinical labs in rural areas of the state, there was a slight increase in the payment amount. The move to 3M's solution will end this increased payment. This will impact Medicare provider types 16 (obstetrics/gynecology), 17 (hospice and palliative care), 21 (cardiac electrophysiology) and 22 (pathology). This increase, according to Medicare's principles, should have been removed at the end of 2017. From testing, this change impacted a small number of claim lines.

Questions should be directed to the attention of the Reimbursement Unit's Outpatient Hospital representative at BCRPAdmin@utah.gov.

21-04 Lead Testing

In cooperation with the Utah Lead Coalition, Medicaid is dedicated to supporting increased member health outcomes by providing ongoing guidance for screenings related to the detection of lead toxicity. Ongoing provider and member education will bring about early identification of people who have had exposure to lead as well as prompting advanced treatments to reduce the enduring effects of untreated lead poisoning.

While lead toxicity can affect all age groups, children remain highly vulnerable to the effects of lead toxicity with the possibility of life long ramifications if left untreated. Member education for the prevention of lead exposure and testing to identify those that have had exposure is of the utmost importance in order to prevent adverse outcomes related to lead poisoning.

As such the Utah Lead Coalition has many valuable resources related to identifying those persons who are at higher risk of exposure to lead, standards in testing for lead poisoning, what treatments are available for those who have lead poisoning, and prevention of ongoing exposure to sources of lead.

Providers are encouraged to utilize the resources and guidance available through the Utah Lead Coalition website as well as those published by the *Center for Disease Control and Prevention (CDC)* "Childhood Lead

Poisoning Prevention," the *Unites State Environmental Protection Agency (EPA)* "Lead," and the *American Academy of Pediatrics (AAP)* "Lead Exposure and Lead Poisoning."

For Medicaid coverage policy related to the testing of lead toxicity, see the "Lead Toxicity Screening" section of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services Provider Manual and the Utah Medicaid Coverage and Reimbursement Code Lookup for code specific coverage.

21-05 Medical Prior Authorization Forms

All Prior Authorization Request Forms have been updated and can be found on the Medicaid Prior Authorization webpage. Providers are required to submit requests on the most current request forms. Requests on outdated forms will be returned beginning March 1, 2021.

New Prior Authorization Request forms have been developed for the following:

- Durable Medical Equipment and Medical Supplies
- Inpatient Hospital Intensive Physical Rehabilitation Services

21-06 InterQual Updates

Medicaid utilizes evidence-based criteria (InterQual™) when evaluating and authorizing medically necessary services. As part of an ongoing effort towards quality improvement for both members and providers, Medicaid is implementing the InterQual Transparency™ tool which allows providers access to view InterQual™ criteria. This is in an attempt to increase clarity regarding the criteria used by Medicaid staff to evaluate the medical necessity of requested services and gives insight into the level of care needed based on a patient's acuity. The InterQual Transparency™ tool will be accessible through the Medicaid Prior Authorization webpage at: https://medicaid.utah.gov/prior-authorization/ and is expected to be available in the first quarter of 2021.

Additionally, InterQual™ criteria updates contain changes to the "Imaging, Abdomen and Pelvis," "BRACA1 and BRCA2 in Hereditary Cancer," and "Multi-Gene Panels for Hereditary Breast Cancer Syndromes." For questions related to prior authorization criteria, email Medicaidcriteria@utah.gov.

21-07 Medical Code Coverage Updates

Prior Authorization requirements have been removed from CPT code 78451 - *Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic).*

Quantity limitations and provider type 62 (medical supplier) have been removed from parenteral nutrition codes. Coverage criteria related to parenteral nutrition can be found in Chapter 8-9 Nutritional Services of the Medical Supplies and Durable Medical Equipment Provider Manual. The following codes have been updated to align with this policy:

B4189 *Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 g of protein, premix*
B4193 *Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 g of protein, premix*
B4197 *Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 g of protein - premix*
B4199 *Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 g of protein - premix*
B4216 *Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day*
B4220 *Parenteral nutrition supply kit; premix, per day*
B4222 *Parenteral nutrition supply kit; home mix, per day*
B4224 *Parenteral nutrition administration kit, per day*
B5000 *Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Amirosyn RF, NephrAmine, RenAmine - premix*
B5100 *Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic-HepatAmine-premix*
B5200 *Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-FreAmine-HBC-premix*

Effective October 1, 2020:

The following code is open to provider types 20 (Physician), 24 (Osteopath), 45 (Group Practice), and 91 (Indian Health Services):

33477 *Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed*

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):

50592 *Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency*

50593 *Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy*

Effective November 1, 2020:

The following code is open to provider types 60 (Pharmacy), 62 (Medical Supplier), and 91(Indian Health Services):

A4928 *Surgical masks, per 20*

Effective January 1, 2021:

Open

30468 *Rpr nsl vlv collapse w/implt*
32408 *Core ndl bx lng/med perq*
33741 *Tas congenital car anomal*
33745 *Tis cgen car anomal 1st shnt*
33746 *Tis cgen car anomal ea addl*
33995 *Insj perq vad r hrt venous*
33997 *Rmvl perq right heart vad*
55880 *Abltj mal prst8 tiss hifu*
57465 *Cam cervix uteri drg colp*
69705 *Nps surg dilat eust tube uni*
69706 *Nps surg dilat eust tube bi*
71271 *Ct thorax lung cancer scr c-*
76145 *Med physic dos eval rad exps*
80143 *Drug assay acetaminophen*
80151 *Drug assay amiodarone*
80161 *Asy carbamazepin 10,11-epxid*
80167 *Drug assay felbamate*
80179 *Drug assay salicylate*
80181 *Drug assay flecainide*
80189 *Drug assay itraconzaole*
80193 *Drug assay leflunomide*
80204 *Drug assay methotrexate*
80210 *Drug assay rufinamide*
82077 *Assay spec xcp ur&breath ia*
82681 *Assay dir meas fr estradiol*
87428 *Sarscov & inf vir a&b ag ia*
87636 *sarscov2 & inf a&b amp prb*
87637 *sarscov2&inf a&b&rsv amp prb*

87811 *sars-cov-2 covid-19 w/optic*
90377 *rabies immune globulin, ht&sol human im/sq*
92229 *Img rta detc/mntr ds poc aly*
92517 *Vemp test i&r cervical*
92518 *Vemp test i&r ocular*
92519 *Vemp tst i&r cervical&ocular*
92650 *Aep scr auditory potential*
92651 *Aep hearing status deter i&r*
92652 *Aep thrshld est mlt freq i&r*
92653 *Aep neurodiagnostic i&r*
93241 *Ext ecg>48hr<7d rec scan a/r*
93242 *Ext ecg>48hr<7d recording*
93243 *Ext ecg>48hr<7d scan a/r*
93244 *Ext ecg>48hr<7d rev&interpj*
93245 *Ext ecg>7d<15d rec scan a/r*
93246 *Ext ecg>7d<15d recording*
93247 *Ext ecg>7d<15d scan a/r*
93248 *Ext ecg>7d<15d rev&interpj*
94619 *Exercise tst brncspsm wo ecg*
99417 *Prolng off/op e/m ea 15 min*
99439 *Chrnc care mgmt svc ea addl*
D0604 *Antigen test pub hlth pathog*
D0605 *Antibody test pub hlth path*
D0701 *Pano radio image*
D0707 *Intraoral periap radio image*
D0708 *Intraoral bite radio image*
D0709 *Intraoral cmplt radio images*
D7961 *Buccal/labial frenectomy*
D7962 *Lingual frenectomy*

Prior Authorization Removed

G0379 *Direct admission of patient for hospital observation care*

21-08 Out-of-State Transportation

The Out-of-State Transportation form has been updated. Additional resources related to out-of-state transportation, or other general transportation services, can be located in the Medical Transportation Services Provider Manual.

21-09 Dental Services

Coverage for porcelain and porcelain-to-metal crowns is covered for enrolled Medicaid Targeted Adult Medicaid members when undergoing Substance Use Disorder (SUD) treatment, Blind and Disabled members, and Aged members. Dental services for these populations are covered only through the University of Utah School of Dentistry and their associated statewide provider network.

Blind and Disabled Population

Effective January 1, 2021, *Utah Administrative Code* R414-49 Dental, Oral and Maxillofacial Surgeons and Orthodontia, and the Dental, Oral Maxillofacial and Orthodontia Services Provider Manual have been updated to clarify coverage of dental services for Blind and Disabled Medicaid members. This update was made in accordance with Senate Bill 5001.

The following updates are now in effect for Medicaid enrolled Blind and Disabled members:

- Coverage of dental service is transitioned from Medicaid managed care plans to fee-for-service.
- All services must be provided through the University of Utah School of Dentistry and their associated in-state provider network in order to be covered.
    - Questions regarding provider network access can be made by contacting the University of Utah School of Dentistry at (801) 587-7174.
- Porcelain and porcelain-to-metal crowns are covered.

Additional information can be found on the Medicaid Dental Coverage and Plans website.

Denture Policy Update

The Dental, Oral Maxillofacial, and Orthodontia Services Provider Manual has been updated to allow providers a pathway for reporting completion of denture services when a member has lost Medicaid eligibility during the denture process. Updates to this can be found in the Dental, Oral Maxillofacial, and Orthodontia Services Provider Manual and the Utah Medicaid Coverage and Reimbursement Code Lookup.

The Dental, Oral Maxillofacial, and Orthodontia Services Provider Manual has been updated as follows:

8-2.2 Loss of Eligibility

A member may lose their Medicaid eligibility prior to the completion of prosthodontic services. In such instances, Medicaid permits reporting the date of service based on:

- The date of impression related to the prosthodontic service, or
- The date the member had their teeth extracted for the purposes of receiving prosthodontic services, and has not yet received impressions.

When reporting prosthodontic services rendered under one of these circumstances, providers must:

- Report the claim with CDT code D5899 in conjunction with the designated prior-authorized prosthodontic code.
- Submit substantiating documentation, including an attestation of having completed prosthodontic services prior to reporting the claim.

This process does not permit an exception to prior authorization (PA) requirements. Prosthodontic PAs are for one year from the date of issuance. If the services have not been completed within the PA timeframe, and a member has lost eligibility, the related claim will be denied.

Providers are required to follow the timely filing requirements located in Chapter 11-6.5 Time Limit to Submit Medicaid Claims of the Section I: General Information Provider Manual.

21-10 Pharmacy Program Updates

DUR Board Updates

The Drug Utilization Review (DUR) Board met in September 2020 to review Anti-asthmatic Monoclonal Antibodies prior authorization criteria and the new oral immunotherapy, Palforzia [Peanut (Arachis hypogaea) Allergen Powder-dnfp]. For further discussion details, visit the DUR Board Meeting minutes posted on the Utah Medicaid website at https://medicaid.utah.gov/pharmacy/drug-utilization-review-board/.

The DUR Board met in October 2020 to review the 2018-2019 Drug Regimen Review Center (DRRC) Annual Report presented by the University of Utah DRRC team. The presentation reviewed the program's mission, patient reviews, sampling methodology, review process, and more. Next, the DUR Board reviewed Truvada and Descovy for Pre-Exposure Prophylaxis (PrEP) and Pos-Exposure Prophylaxis (PEP) with the goal to make Truvada and Descovy preferred products on the Medicaid Preferred Drug List. DUR Board Meeting minutes are posted on the Utah Medicaid website at https://medicaid.utah.gov/pharmacy/drug-utilization-review-board/.

The DUR Board met in November 2020 to review the spinal muscular atrophy (SMA) drug, Evrysdi (risdiplam). Dr. Russell Butterfield provided the Board with an overview for SMA treatment including the most current clinical data. For further discussion details, visit the DUR Board Meeting minutes that are posted on the Utah Medicaid website at https://medicaid.utah.gov/pharmacy/drug-utilization-review-board/.

The DUR Board met in December 2020 to review oral and injectable antipsychotics, which included place in therapy, off-label use in certain populations, and new agents that came to market. DUR Board Meeting minutes are posted on the Utah Medicaid website at https://medicaid.utah.gov/pharmacy/drug-utilization-review-board/.

P&T Committee

The P&T Committee met in September 2020 to review biological treatments for Asthma. Updates to the (PDL) based on recommendations from the committee will be made in coming months. The P&T Committee meeting minutes are posted on the Utah Medicaid website at https://medicaid.utah.gov/pharmacy/pt-committee/.

The Pharmacy and Therapeutics (P&T) Committee met in November 2020 to review Immune Globulins.

Annual Preferred Drug List Updates

Due to changes in pricing, rebates, and drug utilization, many Preferred Drug List (PDL) classes have changes in the status of some drugs effective January 1, 2021, as part of the annual PDL review process.

Classes for which there are changes in preferred status include the following:
Analgesics: NSAIDs: Non-selective
Analgesics: Opioids: Combinations
Analgesics: Opioids: Short Acting
Antibiotics (Oral and Inhaled): Quinolones (oral)
Antidiabetics: Insulin: Intermediate Acting
Antidiabetics: Insulin: Long Acting
Antidiabetics: Non-Insulin: GLP-1 Agonists
Antidiabetics: Non-Insulin: SGLT2 Inhibitor Combinations
Antidiabetics: Non-Insulin: SGLT2 Inhibitors
Antihemophilia: Factor IX
Anti-infectives (NOS): Amebicide & Antiprotozoal Agents
Antivirals: Antiretrovirals: Combinations
Antivirals: Antiretrovirals: Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)
Antivirals: Antiretrovirals: Protease Inhibitors
Cardiovascular: Antihyperlipidemics: Cholesterol-Lowering Combinations
Cardiovascular: Antihypertensives: Angiotensin Converting Enzyme (ACE) Inhibitor Combinations
Cardiovascular: Antihypertensives: Angiotensin Receptor Blockers (ARBs)
Cardiovascular: Antihypertensives: Beta-Adrenergic Blocking Agents - Cardio Nonselective
Central Nervous System: Hypnotics: Barbiturates, Miscellaneous
Central Nervous System: Hypnotics: Non Benzodiazepines, Non Barbiturates
Central Nervous System: Mental Health: Anticonvulsants
Central Nervous System: Mental Health: Atypical Antipsychotics
Contraceptives: Oral: Emergency
Contraceptives: Oral: Low Dose and Monophasic
Contraceptives: Oral: Tri-phasic/Multi-phasic
Cytokine Modulators: Immunomodulators
Dermatological: Acne Products: Retinoids (topical)
Dermatological: Corticosteroids: Midstrength
Dermatological: Scabicides/Pediculicides
Estrogens: Topical and Miscellaneous
Gastrointestinal (GI): Antiemetics: Anticholinergics

Gastrointestinal (GI): Bowel Evacuant Combination
Gastrointestinal (GI): Phosphate Binders
Gout: Acute
Gout: Chronic
Hematopoietics: Erythropoiesis Stimulating Agents (ESAs)
Multivitamins: Prenatal
Muscle Relaxants: Antispasmodic Agents
Nasal: Corticosteroids
Neurological Agents: Migraine Agents: Prophylactic Therapy
Neurological Agents: Movement Disorder Treatments: VMAT-2 Inhibitors
Neurological Agents: Multiple Sclerosis Agents
Ophthalmic: Antibiotics: Quinolones
Ophthalmic: Anti-Glaucoma Agents: Beta Blockers
Ophthalmic: Anti-Glaucoma Agents: Prostaglandins
Otic: Combination
Respiratory: Asthma & COPD: Anti-Asthmatic Combinations
Respiratory: Asthma & COPD: Biological Treatments for Asthma
Respiratory: Asthma & COPD: Corticosteroids
Respiratory: Asthma & COPD: Long Acting Beta Agonists (LABA)

Additionally, two new classes are part of the PDL, effective January 1, 2021:
Respiratory: Cystic Fibrosis Agents: CFTR Modulators
Respiratory: Asthma & COPD: Biological Treatments for Asthma

A few notable updates among these changes include the following:
Trulicity is moving to preferred with Ozempic and Bydureon BCise moving to non-preferred in the Antidiabetics: Non-Insulin: GLP-1 Agonists class.
Truvada is moving to preferred in the Antivirals: Antiretrovirals: Combinations class.
Nayzilam is moving to preferred in the Central Nervous System: Mental Health: Anticonvulsants class.

The "Effective Date for Drug Prices" and Re-billed Medicaid Pharmacy Claims

Utah Medicaid reimburses pharmacies for prescription drugs in accordance with the Utah State Plan ATTACHMENT 4.19-B. Published pricing metrics used for reimbursement logic include Wholesale Acquisition Cost (WAC), Federal Upper Limit (FUL), National Average Drug Acquisition Cost (NADAC), and Utah Maximum Allowable Cost (UMAC). Pharmacy submitted pricing that is included in the pricing logic includes the amount billed, the usual and customary charge billed to the private pay patient (U&C), or the ingredient cost submitted. The focus of this article is on published pricing metrics. The examples given below use NADAC; however, the general process for pricing updates applies for other published pricing metrics. Other published pricing metrics may have different update cycles, frequencies of updates, and the source of pricing data may vary.

CMS publishes updates to NADAC pricing every Wednesday which includes an effective date for the pricing update. This date may be on, before, or after the publication date. This data is collected by Medi-Span and incorporated into the weekly drug file sent to Utah Medicaid. Updates to the drug file are reviewed by the Utah Medicaid Pharmacy Team each Monday (or Tuesday in the case of a Monday holiday). The load date for the

pricing information is the date that the full drug file is loaded and ready in the Utah Medicaid point of sale system by Wednesday of that week (or Thursday in the case of a Monday holiday). This means that there is approximately one week from the time CMS publishes a price update until the price is updated in the pharmacy claims adjudication system.

The date that a claim is adjudicated can affect the pricing used on that claim with regard to the date of service, the effective date of a price change, and the load date for the pricing information. The date a price is published will not impact the pricing used for adjudication, except that it impacts the load date as the load date follows the published date by approximately one week.

For example, if a claim is adjudicated after a newly published pricing update which includes an updated effective date for the billed NDC, but before the new price has been loaded into the system, the claim will adjudicate at the old price. If that same claim is reversed, then rebilled after the load date, the claim will then adjudicate with the newer price, provided the date of service is on or after the new effective date. This holds true for effective dates that are before the date a pricing update has been published.

Key dates for Medicaid Drug Pricing metrics:

- Published Date: This is the date that the pricing metric is posted. In the case of NADAC, this is the date that CMS posts the pricing information to the CMS website.
- Effective Date: This is the date that the pricing metric goes into effect.
- Load Date: This is the date that an updated pricing metric is loaded into the Utah Medicaid point of sale system.

Pharmacy Prior Authorization Updates

The following Pharmacy Prior Authorization forms have been updated and can be found here: https://medicaid.utah.gov/pharmacy/prior-authorization/

PA Form	Status	Effective Date	Information
Braftovi/Mektovi	Review	10/01/20	Annual prior authorization review update
Doptelet	Review	10/01/20	Annual prior authorization review update
Emflaza	Review	10/01/20	Annual prior authorization review update
Forteo	Review	10/01/20	Annual prior authorization review update
Hetlioz	Review	10/01/20	Annual prior authorization review update
Nuedexta	Update	11/01/20	Annual prior authorization review: clinical drug specific PA was removed. Rare Disease PA will be used moving forward
Opioid and/or Opioid-Benzodiazepine Combinations	Update	01/01/21	Included MAT used within the last 30 days
Palforzia	New PA	10/01/20	New drug to market
Epidiolex (cannabidiol)	Update	11/01/20	Update to age criteria
Gvoke	New	11/01/20	New clinical prior authorization form
Fluocinolone acetonide	Review	11/01/20	Annual prior authorization review update
Leuprolide Acetate	New	01/01/21	Established new prior authorization form

Pharmacy HCPCS Code Updates

The following pharmacy related HCPCS codes have been updated and detailed information for these codes can be found by using the Utah Medicaid Coverage and Reimbursement Code Lookup here: https://health.utah.gov/stplan/lookup/CoverageLookup.php

C9055	INJ, BREXANOLONE (ZULRESSO)
C9059	INJECTION, MELOXICAM (ANJESO)
C9061	INJECTION, TEPROTUMUMAB-TRBW (TEPEZZA)
C9062	Inj. daratumumab 10 mg and hyaluronidase-fihj
C9063	INJECTION, EPTINEZUMAB-JJMR (VYEPTI)
C9064	Mitomycin pyelocalyceal instillation,1mg (Jelmyto)
C9065	Inj. romidepsin, non-lypohilized (e.g. liquid) 1mg
C9066	Inj. sacituzumab govitecan-hziy, 10 mg (TRODELVY)
J1071	INJ TESTOSTERONE CYPIONATE
J1437	Injection, ferric derisomaltose, 10mg (MONOFERRIC)
J1632	Injection, brexanolone, 1 mg (ZULRESSO)
J1738	Injection, meloxicam, 1 mg (ANJESO)
J2405	INJECTION, ONDANSETRON HCL, PER 1 MG
J2704	INJ, PROPOFOL, 10 MG
J3032	Injection, eptinezumab-jjmr, 1 mg (VYEPTI)
J3110	INJECTION, TERIPARATIDE, 10 MCG (Forteo)
J3121	INJ TESTOSTERO ENANTHATE 1MG
J3145	TESTOSTERONE UNDECANOATE 1MG
J3241	Injection, teprotumumab-trbw, 10 mg (TEPEZZA)
J3380	INJECTION, VEDOLIZUMAB (ENTYVIO)
J7311	INJ. FLUOCINOLONE IMPLANT (RETISERT) 0.01 MG
J7313	INJ. FLUOCINOLONE IMPLANT (ILUVIEN) 0.01 MG
J7314	INJ. FLUOCINOLONE IMPLANT (YUTIQ) 0.01 MG
J7351	Inj. bimatoprost intracameral implnt 1 mcg (DURYSTA)
J9227	Injection, isatuximab-irfc, 10 mg (SARCLISA)
J9304	Injection, pemetrexed 10 mg (PEMFEXY)
J9305	Inj. pemetrexed, NOS, 10 mg
Q0162	ONDANSETRON, 1MG, ORAL
Q0166	GRANISETRON HYDROCHLORIDE,1 MG ORAL
Q0167	DRONABINOL,2.5 MG, ORAL (MARINOL)
Q0180	DOLASETRON MESYLATE, 100 MG ORAL (ANZEMET)
Q5115	INJ RITUXIMAB-ABBS BIO 10 MG (TRUXIMA)
S0164	INJECTION, PANTOPRAZOLE SODIUM, 40 MG

Naloxone Use in High Risk Populations

Utah Medicaid supports FDA labeling and CDC best practice and safety standards which advise against concurrent use of dangerous combination of medications, including the concurrent risk of benzodiazepines and opioids. See https://www.cdc.gov/drugoverdose/prescribing/guideline.html.

Utah Medicaid encourages filling pharmacists to incorporate these standards when filling dangerous combinations:

- Routinely check the controlled substance database with the filling of each opioid prescription
- Proactively counsel patients about the risks of respiratory depression when combined use is identified
- Proactively offer naloxone and educate on appropriate use
- Proactively outreach to prescribers to consider other, safer combinations

Additional information on the Utah Statewide Standing Order Dispensing Naloxone for Opioid Overdose Prevention can be found here: https://dopl.utah.gov/docs/NaloxoneStandingOrder.pdf

Medication Assisted Treatment (MAT) SUPPORT Act Requirements

Effective January 1, 2021, Utah Medicaid will limit the use of opioid medications in patients who are also receiving medications to treat opioid use disorder (MAT). When a claim for an opioid medication is processed through the pharmacy point of sale system, the system will look back to identify if a claim for medication assisted treatment (MAT) has been processed in the last 45 days. If the system recognizes that a claim for MAT has been processed in the last 45 days, the system will limit the opioid to a supply of 7 days or less, regardless of prescribed quantity/duration. If the claims processing system does not identify a concurrent claim for MAT in the last 45 days, then the opioid will process without a 7-day limitation.

Monitoring of Antipsychotic-related Side Effects Required when Treating Children

Children enrolled in Medicaid receive antipsychotic medications at a substantially higher rate than non-Medicaid pediatric populations.[1] Antipsychotic use in children is frequently "off label" and prescribed before safer, first-line options have been trialed.[2] Antipsychotic medications can have severe side effects including metabolic changes, weight gain, and movement disorders. These side effects can be irreversible.[3] Because of these risks, the "Antipsychotics in Children" prior authorization requires documentation of monitoring of antipsychotic-related side effects or clinical rationale for the lack thereof.

The American Academy of Child and Adolescent Psychiatry endorse the American Diabetes Association and American Psychiatric Association recommendations that children receiving antipsychotic medication should have side effects monitored via parameters measured at treatment initiation and regularly repeated thereafter, including[4]:

Parameter	Frequency of Monitoring
Personal and family history of obesity, diabetes, dyslipidemia, hypertension, or cardiovascular disease	Treatment initiation, annually
Weight	Treatment initiation; month 1, 2, 3, and annually

Waist circumference	Treatment initiation, annually
Blood pressure	Treatment initiation, 3 months, annually
Fasting plasma glucose	Treatment initiation, 3 months, annually
Fasting lipid profile (HDL, LDL, TG, TC) *	Treatment initiation, 3 months, then every 6 months

HDL: high-density lipoprotein
LDL: low-density lipoprotein
TG: triglyceride
TC: total cholesterol

Medicaid's "Antipsychotics in Children" prior authorization approval requires documentation of monitoring of antipsychotic-related side effects or clinical rationale for the lack thereof with every request. Monitoring should include the following:

- Metabolic screening at baseline, 3 months, 9 months, and annually;
- Body Mass Index OR appropriate growth measurement; and
- Assessment for movement disorders using a standardized assessment tool

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. Practice Parameter for the Use of Atypical Antipsychotic Medications https://www.aacap.org/.../Atypical_Antipsychotic_Medications_Web.pdf

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

21-11 Updates to the Rehabilitative Mental Health and Substance Use Disorder Services Provider Manual

Effective January 1, 2021, the Current Procedural Terminology CPT Professional Edition has made changes regarding how evaluation and management (E/M) codes in the *Office or Other Outpatient Services* range may be selected. Codes may be selected based on medical decision making, or with the exception of code 99211, time alone may now be used to select the appropriate code level. The total time on the date of service may include both face-to-face and non-face-to-face time personally spent by the physician or other prescriber. Refer to the *Evaluation and Management Services Guidelines* section of the 2021 CPT manual for complete information on medical decision making and time for selecting E/M codes in this range.

Changes also have been made in the prolonged services coding used for E/M codes in the *Office or Other Outpatient Services* range.

Prolonged services codes 99354 and 99355 are no longer used. Prolonged services code 99417 is used instead. Code 99417 may be reported only with the longest timed E/M codes (99205 and 99215) when they are selected based on time alone, and not on medical decision making. Code 99417 may be reported in multiple units of at least 15 minutes. Refer to the *Office or Other Outpatient Services* and the *Prolonged Services* sections of the CPT manual for information regarding these changes and the criteria for using code 99417.

In Chapter 2-8, *Pharmacologic Management (Evaluation and Management (E/M) Services)*, of the *Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services*, the 'Office or Other Outpatient Services E/M Codes' section, the 'Prolonged Services Add-on Codes' section, and the 'Record' section have been updated in accordance with these changes.

In Chapter 4, *Procedure Codes and Modifiers*, the table has been updated to reflect these changes.

References to the CPT manual are used throughout the *Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services*. In Chapter 1-2, *Definitions*, the formal name of this manual has been added.

In Chapter 1-5, item #2 in the first section of this chapter has been revised to state that the program must submit a clinical prior authorization (PA) request within five calendar days prior to the end of the current treatment episode. This wording is now consistent with the wording in item #4 in the 'Clinical PA Request' section of this chapter.

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

21-12 Licensed Residential Substance Use Disorder Treatment Programs

In response to the COVID-19 crisis, the Division of Medicaid and Health Financing has authorized the submission of claims for Medicaid members who have been quarantined in a different location due to COVID-19. As long as members continue to receive therapeutic services, covered under the bundled codes H0018 and H2036, while at the quarantine site, the residential treatment facility may submit claims for these dates of service.

The 'Limits' section of Chapter 2-13 of the *Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services* is updated to reflect this policy (see Limit #11).

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