July 2021

UTAH DEPARTMENT OF HEALTH MEDICAID

MEDICAID INFORMATION BULLETIN

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

Unless otherwise noted, all changes take effect on July 1, 2021

21-45 2021 Medicaid Statewide Provider Training

Statewide Provider Training will be offered in a live webinar format in August. The deadline to register for the first training is August 10, 2021. The training this year will focus on new updates or changes to Medicaid and answer provider questions.

Topics:
- General Overview
- What's New in Medicaid
- Office of Inspector General
- Provider Questions

Registration is located on the Medicaid website at: https://medicaid.utah.gov/provider-training-0/

The following dates and times are scheduled for the 2021 Medicaid Statewide Provider Training.

Date	Time
Tuesday, August 17	9:00 am - 11:00 am
Wednesday, August 25	1:00 pm - 3:00 pm

Please note the 2020 Statewide Provider Training is available on the Medicaid website at: https://medicaid.utah.gov/provider-training-0/

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21-46 Provider Revalidation

Under Section 1135(b)(1)(B), CMS approved Utah's waiver request to temporarily cease revalidation of providers who are located in Utah or are otherwise directly impacted by the Public Health Emergency (PHE). Providers are encouraged to submit their revalidation as soon as possible in an effort to ease the burden once the PHE is declared over. For those providers whose revalidation cycle was not completed or temporarily ceased and now overdue, a 90-day notice will be sent to the mailing address on file once the PHE has been lifted, requiring providers to complete the process.

Per Utah Administrative Code R414-23-3, all enrolled providers must revalidate with Medicaid. The Code of Federal Regulations (42CFR 424.515) requires revalidation at intervals not to exceed five years, depending on the provider's level of risk defined by CMS.

Providers who fail to complete their revalidation timely, will be closed at the end of their revalidation cycle.

To complete the revalidation, please go to https://medicaid.utah.gov/health-care-providers/.

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21-47 InterQual Transparency Tool

InterQual® Transparency – Cloud is now live! InterQual® is an evidence-based clinical decision support product to help payers, providers, and government agencies make clinically appropriate medical utilization decisions. Utah Medicaid uses this product to evaluate many prior authorization requests. The transparency tool provides read-only access to the InterQual® criteria.

Providers are encouraged to utilize this tool to assist in understanding Utah Medicaid's coverage policy and determining what documentation is required for their prior authorization requests. The tool should be used in conjunction with other Medicaid policies and resources such as Code of Federal Regulations (CFR), Utah State Plan, Utah Code, Administrative Rules, Utah Medicaid Provider Manuals, Medicaid Information Bulletins (MIBs), and the Coverage and Reimbursement Code Lookup.

Providers can register for and access this tool from the Medical Criteria page on the Prior Authorization website at https://medicaid.utah.gov/utah-medicaid-criteria, or directly at https://elt.medicaid.utah.gov/transparencytool.

For questions related to this tool, or to request training for your organization, please email medicaidcriteria@utah.gov.

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21-48 InterQual Criteria Updates

InterQual® criteria are continually reviewed and updated, with new editions of every product released at least annually. Each release of the criteria reflects a thorough review of new medical literature, society guidelines, current practice standards, and incorporation of expert clinical consultant and user feedback. InterQual® criteria updates to the 2021 version are implemented July 1, 2021. These updates primarily affected the Imaging and Procedures products. Most changes were in relation to the spinal fusion subsets.

21-49 School Based Skills Development Program Changes

As of July 1, 2021, the School Based Skills Development Program will change to a cost-based payment model for both direct care services and administrative claiming. This programmatic change will result in the following changes:

A. The program will be transitioning from the existing time study methodology to a Random Moment Time Study methodology.

B. Public Consulting Group (PCG) will be the new vendor for all time studies and cost reporting activities. PCG will be working with UDOH and the Districts/LEAs to help onboard and train. All participating Districts/LEAs must engage in this process.

C. For the first year, all Districts/LEAs participating in the School Based Program will continue to submit claims using the T1018, T1002, and T1003 codes. The claims will be submitted with a charge of $0. The new cost-based payment model ties payments to the Districts/LEAs' cost, not to the cost of specific claims.

D. Districts/LEAs will receive an interim payment during the year based on a cost estimate. The payment will be reconciled after the end of the fiscal year to assure the districts/LEAs receive payment equal to the actual cost to render services.

E. Districts/LEAs will continue to use the existing diagnosis codes F8189 and F89. The Districts/LEAs may begin using a full complement of ICD-10 diagnosis codes in preparation for a full expansion of diagnosis codes coming July 1, 2022. This is encouraged because the change to full ICD-10 diagnosis usage may require the Districts/LEAs to make significant changes to their processes and systems.

21-50 New Choices Waiver Provider Manual Updated

The New Choices Waiver Provider Manual has been updated to add clarifying language in sections throughout that similarly describe waiver service authorization and authorized price per unit for applicable HCPCS codes.

The Assisted Living application pathway policy has been updated to remove the tri-annual open enrollment application periods. Applications will be accepted at any time throughout the year until the CMS approved waiver enrollment cap is reached.

Additionally, service description language has been updated to align with the changes in the New Choices Waiver State Implementation Plan, effective July 1, 2020. Providers should become familiar with the updated service description language for:

- Assistive Technology Devices - now includes additional items
- Community Living Services - supports accessing the service under certain conditions in order to remain living in the current setting
- Personal Emergency Response Systems - GPS enabled devices now allowable with additional care planning requirements
- Respite - removal of daily respite and incremental (hourly) respite capped at 5 hours per day

The New Choices Waiver Rate Sheet has been updated and made available at https://medicaid.utah.gov/ltc/nc-providers. The following changes include:

- S5120 Chore Services changed to a 15 minute unit of service
- S5151 Respite Client's Home (6 hours or more) is no longer an available service
- H0045 Respite Care - Out of Home - Room and Board Included remains available
- S5150 Respite Care Services changed to a 15 minute unit of service
- Specific rates for Nutritional Supplements and Adult Hygiene Wipes billable under T2029

21-51 Home and Community Based Services Waiver for Individuals Age 65 or Older Provider Manual Updated

Chapter 2-2, Provider Reimbursement, has been updated to include holding the Area Agency on Aging (AAA) financially responsible for not including the correct service name as defined in the State Implementation Plan (SIP) and the unit of service as defined in the current codes and rates sheet on their care plans when found in an audit/review.

21-52 Provider Enrollment Changes for Case Managers and Peer Support Specialists

Effective July 1, 2021, new provider enrollments for Case Managers and Peer Support Specialists certified through the Division of Substance Abuse and Mental Health, will be required to upload their Case Manager or Peer Support Specialist certificate to the Utah Medicaid PRISM system.

In order to upload the certificate providers will:

1. Log into their PRISM account.

2. In the Business Process Wizard (BPW) navigate to Step 5: License/Certification/Other.

3. Fill in the begin date and end date.

4. Upload a copy of the certificate to Step 16: Upload Documents under the correct document heading.

Case Managers and Peer Support Specialists will need to update this information before the certificate date expires in PRISM. A letter will be mailed to the address in the PRISM account 45 days prior to the certification end date as a reminder that the certificate is expiring.

Failure to upload the appropriate certification may cause delays in enrollment which may result in denial of payments or recoupment of payments through a post payment review.

Currently enrolled Case Managers and Peer Support Specialists will be able to upload their certifications in PRISM starting July 1, 2021; however, it will not be required until their revalidation cycle is due.

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21-53 Rate Increase for Applied Behavior Analysis (ABA) Services

During the 2021 General Legislative Session, the Utah legislature approved and funded a rate increase to providers of ABA services delivered under the EPSDT benefit. The following table reflects these rate increases:

Code	Previous Rate	July 1, 2021 Rate
97151 Behavior or functional identification assessment	$20.00 per 15 minutes	$22.00 per 15 minutes
97153 Adaptive behavior treatment by protocol	$7.50 per 15 minutes	$9.38 per 15 minutes
97154 Group adaptive behavior treatment by protocol (Group of 2)	$5.63 per 15 minutes	$7.04 per 15 minutes
97154 Group adaptive behavior treatment by protocol (Group of 3)	$4.78 per 15 minutes	$5.98 per 15 minutes
97154 Group adaptive behavior treatment by protocol (Group of 4)	$4.07 per 15 minutes	$5.09 per 15 minutes
97154 Group adaptive behavior treatment by protocol (Group of 5)	$3.46 per 15 minutes	$4.33 per 15 minutes
97154 Group adaptive behavior treatment by protocol (Group of 6+)	$2.59 per 15 minutes	$3.24 per 15 minutes
97155 Adaptive behavior treatment with protocol modification	$20.00 per 15 minutes	$22.00 per 15 minutes

97156 Family adaptive behavior treatment guidance	$20.00 per 15 minutes	$22.00 per 15 minutes
97157 Multiple-family adaptive behavior treatment guidance (Group of 2)	$15.00 per 15 minutes	$16.50 per 15 minutes
97157 Multiple-family adaptive behavior treatment guidance (Group of 3)	$12.75 per 15 minutes	$14.03 per 15 minutes
97157 Multiple-family adaptive behavior treatment guidance (Group of 4)	$10.84 per 15 minutes	$11.92 per 15 minutes
97157 Multiple-family adaptive behavior treatment guidance (Group of 5)	$9.21 per 15 minutes	$10.13 per 15 minutes
97157 Multiple-family adaptive behavior treatment guidance (Group of 6+)	$6.91 per 15 minutes	$7.60 per 15 minutes
97158 Adaptive behavior treatment social skills group (Group of 2)	$15.00 per 15 minutes	$16.50 per 15 minutes
97158 Adaptive behavior treatment social skills group (Group of 3)	$12.75 per 15 minutes	$14.03 per 15 minutes
97158 Adaptive behavior treatment social skills group (Group of 4)	$10.84 per 15 minutes	$11.92 per 15 minutes
97158 Adaptive behavior treatment social skills group (Group of 5)	$9.21 per 15 minutes	$10.13 per 15 minutes
97158 Adaptive behavior treatment social skills group (Group of 6+)	$6.91 per 15 minutes	$7.60 per 15 minutes

See the Coverage and Reimbursement Code Lookup for further information.

21-54 Home Health Services Policy, Structure, and Clarification Updates

The Home Health Services provider manual has been updated to align with the organizational structure found throughout other Medicaid provider manuals.

Clarification has been made to Chapter 8-7, *Medical Supplies*, which now indicates that supplies provided at the initiation of home health services are included in the coverage of the initial visit and are not separately reportable.

Subsequent medical supplies included in the plan of care are subject to coverage and prior authorization requirements of the Medical Supplies and Durable Medical Equipment services. Refer to the Medical Supplies and Durable Medical Equipment Provider Manual and the Coverage and Reimbursement Code Lookup for additional information about this program.

Coverage policy and limitation changes include the removal of the following language:

Chapter 4-1.7 *Supportive Maintenance Service*

The member must live in an independent situation without a care giver to assist.

Chapter 5-2 *Limitations*

- Drawing antibiotic levels or other blood work must be coordinated by the physician. When the member is on an antibiotic, such as Vancomycin, the nurse is responsible for drawing the trough prior to providing the next dose of Vancomycin during a home health visit. The physician needs to coordinate the need for antibiotic levels with the home health agency so that they can be drawn during home health nursing visits. When this is not possible, the member should go to the laboratory to have the peak Vancomycin level drawn. Exceptions must meet medical necessity for approval of an additional home health visit which should be extremely rare.
- Chemotherapy by infusion technique, in home per visit, is limited to infusion of drug 5-FU when the home is the most clinically appropriate cost-effective place of service. 5-FU is the only drug considered for coverage.
- Medicaid restricts hemophilia blood factors to a single provider; the University Hospital Home Infusion Services. The purpose of this restriction is to provide a uniform hemophilia case management support program to the member and member's physician and to achieve economies in the purchase of blood factor through a sole source contract. Only the sole source provider for hemophilia case management, blood factors VII, VIII and IX are reimbursed. No other provider will be paid for blood factors VII, VIII or IX supplied. Medicaid members who choose not to participate in the Medicaid Hemophilia program must make their own arrangements for procurement and payment of the blood factor.

  The contract affects only the procurement and management of the prescribed blood factor. The member's physician is responsible to develop a plan of care and to prescribe the blood factor. The contract with the sole source provider specifies the provider must work closely with the member's Primary Care Provider physician or accountable care organization.

  Direct questions concerning hemophilia case management and blood factors VII, VIII and IX to the University Hospital Home Infusion Services. Accountable care organizations which contract with Medicaid are responsible for hemophilia related services such as physical therapy, lab work, unrelated nursing care, and physician services.

21-55 Medical Coverage Update

Effective May 1, 2021, code Q0092 - *Set-up portable X-ray equipment* is open to the following provider types: 70 (Ind Lab and/or X-ray) and 91 (Indian Health Services).

21-56 Pharmacy HCPCS Codes Updated

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

Effective Date	Code	CPT Descriptor
04/01/2021	J0596	INJ. C-1 ESTERASE INHIBITOR, 10 UNITS (RUCONEST)
04/01/2021	J0597	INJ. C-1 ESTERASE INHIBITOR, 10 UNITS (BERINERT)
04/01/2021	J0598	INJ. C1 ESTERASE INHIBITOR, 10 UNITS (CINRYZE)
04/01/2021	J0599	INJ. C1 ESTERASE INHIBITOR, 10 UNITS (HAEGARDA)
04/01/2021	Q5112	Inj. trastuzumab-dttb 10mg (Ontruzant)
04/01/2021	Q5113	Inj. Trastuzumab-pkrb 10mg (Herzuma)
04/01/2021	Q5116	Inj. Trastuzumab-qyyp 10mg (Trazimera)
05/01/2021	J2793	INJECTION, RILONACEPT, 1 MG (ARCALYST)
05/10/2021	0001A	ADM SARSCOV2 30MCG/0.3ML (PFIZER 1ST DOSE)
05/10/2021	0002A	ADM SARSCOV2 30MCG/0.3ML (PFIZER 2ND DOSE)
05/01/2021	0011A	ADM SARSCOV2 100MCG/0.5ML (MODERNA 1ST DOSE)
05/01/2021	0012A	ADM SARSCOV2 100MCG/0.5ML2ND (MODERNA 2ND DOSE)
05/01/2021	0031A	ADM SARSCOV2 VAC AD26 .5ML (JANSSEN)
05/10/2021	91300	SARSCOV2 VAC 30MCG/0.3ML IM (PFIZER)
05/01/2021	91301	SARSCOV2 VAC 100MCG/0.5ML IM (MODERNA)
05/01/2021	91303	SARSCOV2 VAC AD26 .5ML IM (JANSSEN)
06/01/2021	90619	VFC MENINGOCOCCAL CONJUGATE VACCINE (MENACWY-TT)IM
06/01/2021	90697	VFC DTAP-IPV-HIB-HEPB VACCINE IM
06/01/2021	J0725	INJ. CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS
06/01/2021	J7605	ARFORMOTEROL SOL. NONCOMPD, DME ADM, UD 15 MCG
06/01/2021	J7606	FORMOTEROL FUM SOL. NONCOMPD, DME ADM, UD 20MCG
06/01/2021	J7620	ALBUTRL to 2.5mg, IPRATRPM to 0.5mg, noncompd DME

06/01/2021	J7626	BUDESONIDE SOL. NONCOMPD, DME ADM, UP TO 0.5 MG
06/01/2021	J7627	BUDESONIDE SOL. COMPOUNDED, DME ADM, UP TO 0.5 MG
06/01/2021	J7633	BUDESONIDE SOL. NONCOMPD, DME ADM CONCNTRAT 0.25mg
06/01/2021	J7682	TOBRAMYCIN SOL. ADMINISTERED THRU DME, PER 300MG
07/01/2021	90460	IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/TOX
07/01/2021	90461	IM ADM THRU 18YR ANY RTE ADDL VAC/TOX COMPT
07/01/2021	90471	VFC IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE
07/01/2021	90472	VFC IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE
07/01/2021	90473	VFC IM ADM BY IN/PO ROUTE 1 VAC SING/CMB VAC/TOX
07/01/2021	90474	VFC IM ADM IN/PO RTE EA ADDL VAC SING/CMB VAC/TOX
07/01/2021	90626	TICK-BORNE ENCEPHALITIS VACCINE, INACTV; 0.25ml IM
07/01/2021	90627	TICK-BORNE ENCEPHALITIS VACCINE, INACTV; 0.5ml IM
07/01/2021	90758	Zaire ebolavirus vac live im
07/01/2021	C9075	Injection, casimersen, 10 mg
07/01/2021	C9076	Lisocabtagene maraleucel, car-positive t cells
07/01/2021	C9077	Inj cabotegravir/rilpivirine
07/01/2021	C9078	Injection, trilaciclib, 1 mg
07/01/2021	C9079	Injection, evinacumab-dgnb, 5 mg
07/01/2021	C9080	Inj. melphalan flufenamide hydrochloride, 1 mg
07/01/2021	D1701	Pfizer vacc admin 1st dose
07/01/2021	D1702	Pfizer vacc admin 2nd dose
07/01/2021	D1703	Moderna vacc admin 1st dose
07/01/2021	D1704	Moderna vacc admin 2nd dose
07/01/2021	D1707	Janssen vaccine admin
07/01/2021	J0224	Injection, lumasiran, 0.5 mg
07/01/2021	J1951	Inj. leuprolide acet, depot susp 0.25mg (fensolvi)
07/01/2021	J7168	Prothrombin complex concrt, human (kcentra)
07/01/2021	J9314	Inj. romidepsin, non-lyophilized, 0.1 mg
07/01/2021	J9348	Injection, naxitamab-gqgk, 1 mg
07/01/2021	J9353	Inj. margetuximab-cmkb, 5 mg
07/01/2021	M0244	IV infusion Casirivimab/Imdevimab in home, COVID19
07/01/2021	M0246	IV infusion Bamlanivimab/Etesevimab, home, COVID19
07/01/2021	Q5123	Inj. rituximab-arrx, biosimilar, 10mg (Riabni)
07/01/2021	S0017	INJECTION, AMINOCAPROIC ACID, 5 GRAMS
07/01/2021	S0020	INJECTION, BUPIVACAINE HYDROCHLORIDE, 30 ML

07/01/2021	S0021	INJECTION, CEFOPERAZONE SODIUM, 1G
07/01/2021	S0023	INJECTION, CIMETIDINE HYDROCHLORIDE, 300 MG
07/01/2021	S0028	INJECTION, FAMOTIDINE, 20 MG
07/01/2021	S0030	INJECTION, METRONIDAZOLE, 500 MG
07/01/2021	S0032	INJECTION, NAFCILLIN SODIUM, 2 GRAMS
07/01/2021	S0034	INJECTION, OFLOXACIN, 400 MG
07/01/2021	S0039	INJECTION, SULFAMETHOXAZOLE AND TRIMETHOPRIM, 10ML
07/01/2021	S0040	INJ. TICARCILLIN DISODIUM &CLAVULANATE POTASM 3.1G
07/01/2021	S0073	INJECTION, AZTREONAM, 500 MG
07/01/2021	S0074	INJECTION, CEFOTETAN DISODIUM, 500 MG
07/01/2021	S0077	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG
07/01/2021	S0078	INJECTION, FOSPHENYTOIN SODIUM, 750 MG
07/01/2021	S0080	INJECTION, PENTAMIDINE ISETHIONATE, 300 MG
07/01/2021	S0081	INJECTION, PIPERACILLIN SODIUM, 500 MG
07/01/2021	S0122	INJECTION, MENOTROPINS, 75 IU
07/01/2021	S0126	INJECTION, FOLLITROPIN ALFA, 75 IU
07/01/2021	S0128	INJECTION, FOLLITROPIN BETA, 75 IU
07/01/2021	S0145	INJ. PEGYLATED INTERFERON ALFA-2A,180 MCG PER ML
07/01/2021	S0148	INJECTION, PEGYLATED INTERFERON ALFA-2B, 10 MCG
07/01/2021	S0157	BECAPLERMIN GEL 0.01%, 0.5 GM (REGRANEX)
07/01/2021	S0190	MIFEPRISTONE, ORAL, 200 MG
07/01/2021	S0191	MISOPROSTOL, ORAL, 200 MCG
07/01/2021	S0132	INJECTION, GANIRELIX ACETATE, 250 MCG
07/01/2021	S0139	MINOXIDIL, 10 MG
07/01/2021	S0140	SAQUINAVIR, 200 MG
07/01/2021	S0142	COLISTIMETHATE INHAL SOL,DME ADMIN,CONCENTRATED/MG
07/01/2021	S0155	STERILE DILUTANT FOR EPOPROSTENOL, 50 ML
07/01/2021	S0156	EXEMESTANE, 25 MG (AROMASIN)
07/01/2021	S0160	DEXTROAMPHETAMINE SULFATE, 5 MG
07/01/2021	S0166	INJECTION, OLANZAPINE, 2.5 MG (ZYPREXA)
07/01/2021	S0169	CALCITROL, 0.25 MICROGRAM
07/01/2021	S0170	ANASTROZOLE, ORAL, 1 MG
07/01/2021	S0171	INJECTION, BUMETANIDE, 0.5 MG
07/01/2021	S0172	CHLORAMBUCIL, ORAL, 2 MG
07/01/2021	S0174	DOLASETRON MESYLATE, ORAL 50 MG

07/01/2021	S0175	FLUTAMIDE, ORAL, 125 MG
07/01/2021	S0176	HYDROXYUREA, ORAL, 500 MG
07/01/2021	S0177	LEVAMISOLE HYDROCHLORIDE, ORAL, 50 MG
07/01/2021	S0178	LOMUSTINE, ORAL, 10 MG
07/01/2021	S0179	MEGESTROL ACETATE, ORAL, 20 MG
07/01/2021	S0182	PROCARBAZINE HYDROCHLORIDE, ORAL, 50 MG
07/01/2021	S0183	PROCHLORPERAZINE MALEATE, ORAL, 5 MG
07/01/2021	S0187	TAMOXIFEN CITRATE, ORAL, 10 MG
07/01/2021	S0189	TESTOSTERONE PELLET, 75 MG
07/01/2021	S5550	INSULIN, RAPID ONSET; 5 UNITS
07/01/2021	S5551	INSULIN, MOST RAPID ONSET LISPRO OR ASPART;5 UNITS
07/01/2021	S5552	INSULIN, INTERMEDIATE ACTING NPH OR LENTE;5 UNITS
07/01/2021	S5553	INSULIN, LONG ACTING; 5 UNITS

21-57 Pharmacy Prior Authorization Updates

Pharmacy prior authorization forms have been updated as follows:

PA Form	Status	Effective Date	Information
Chorionic Gonadotropin	New	06/01/2021	New clinical prior authorization form
Lidoderm, ZTlido (lidocaine patch)	Review	06/01/2021	Annual prior authorization review
Mifeprex	Review	06/01/2021	Annual prior authorization review
Ayvakit	Update	07/01/2021	Annual prior authorization review: clinical drug specific PA was removed. Rare Disease PA will be used moving forward.

Prior authorization forms can be found at https://medicaid.utah.gov/pharmacy/prior-authorization

21-58 DUR Board Activity

The Drug Utilization Review (DUR) Board met in April 2021 to review Verquvo (vericiguat). The review included product descriptions, pharmacokinetics, place in therapy, and criteria for Verquvo Prior Authorization. The Board also reviewed the Continuation of Care policy. DUR Board Meeting minutes are posted on the Utah Medicaid website at https://medicaid.utah.gov/pharmacy/drug-utilization-review-board/.

The Drug Utilization Review (DUR) Board met in May 2021 to review Roxadustat. The review included product descriptions, pharmacokinetics, place in therapy, and potential criteria for Roxadustat Prior Authorization. The Board also reviewed and approved the Chorionic Gonadotropin Prior Authorization form. DUR Board Meeting minutes are posted on the Utah Medicaid website at https://medicaid.utah.gov/pharmacy/drug-utilization-review-board/.

The Drug Utilization Review (DUR) Board met in June 2021 and reviewed and approved the Glucagon and Glucagon Analogue Prior Authorization form. DUR Board Meeting minutes are posted on the Utah Medicaid website at https://medicaid.utah.gov/pharmacy/drug-utilization-review-board/.

21-59 Pharmacy and Therapeutics Committee

The Pharmacy and Therapeutics (P&T) Committee reviewed Glucagon Products for the Treatment of Severe Hypoglycemia in May 2021. Committee recommendations regarding updates to the Preferred Drug List (PDL) go into effect with the July 2021 PDL. Minutes for P&T Committee meetings can be found at https://medicaid.utah.gov/pharmacy/pt-committee.

21-60 SUPPORT ACT Requirement for Providers

Effective October 1, 2021, Medicaid providers must check each patient's fill history for any controlled substance through the Utah Department of Commerce Controlled Substance Database before prescribing any controlled substance. If the provider is unable to access the patient's controlled substance fill history, they must document a reason as to why they were unable to meet this requirement. Providers must be able to provide this information to the State upon request. This policy aligns with SUPPORT for Patients and Communities Act (2018), Section 1944, Requirements Relating to Qualified Prescription Drug Monitoring Programs and Prescribing Certain Controlled Substances.

21-61 Pharmacy Prior Authorization Processing

Pharmacy Prior authorization requests received for pharmacy services, including pharmacy related HCPCS codes, must be complete upon submission. An incomplete submission means required information is missing, which may result in a delay in processing or the prior authorization being denied. The Utah Medicaid Pharmacy Team attempts to contact providers to obtain additional information for the prior authorization request at least two times. Providers and their staff are also asked to ensure the prior authorization request includes the exact medication name the member is prescribed, or indicate if a substitution is not permissible.

☐ Do Not Substitute. Authorizations will be processed for the preferred Generic/Brand equivalent unless otherwise specified.	Medication Name/ Strength:
Dose/ Directions for Use:	

If a provider's intent is for a member to use a brand product, they must check "Do Not Substitute". In the example below, the request would be reviewed for the preferred name brand Percocet 5/325mg.

☒ Do Not Substitute. Authorizations will be processed for the preferred Generic/Brand equivalent unless otherwise specified.	Medication Name/ Strength: Percocet 5/325mg
Dose/ Directions for Use:	

If a provider submits a prior authorization request without indicating "Do Not Substitute", the request will be reviewed for the preferred Generic/Brand equivalent. In the example below, the request would be reviewed for the preferred generic equivalent, Oxycodone/APAP 5/325mg.

☐ Do Not Substitute. Authorizations will be processed for the preferred Generic/Brand equivalent unless otherwise specified.	Medication Name/ Strength: Percocet 5/325mg
Dose/ Directions for Use:	

In all cases, providers should submit prior authorization requests using the most current form available on the Utah Medicaid Website, complete all fields legibly, and include all supporting documentation required for the pharmacy service requested.

21-62 Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services Updated

Effective July 1, 2021, updates have been made to the *Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services*, *Chapter 1-10, Billings*, to provide the following clarifications:

(1) In integrated care settings that provide both physical and behavioral services, when a provider renders a physical health service and a behavioral health service on the same day, each service may be reported separately.

(2) When providers listed in Chapter 1-5 are not qualified to practice independently, the behavioral health services they provide may be reported in the name and NPI of their licensed supervisor.

Providers can access the revised provider manual at: https://medicaid.utah.gov. For any questions, please email medicaidbh@utah.gov.

21-63 Non-Emergency Medical Transportation for Non-Traditional Medicaid Members

Medicaid supports statewide COVID-19 vaccination efforts to reduce the number and severity of COVID-19 infections. To promote greater access to COVID-19 vaccines for Medicaid members, Medicaid has expanded the ModivCare Non-Emergency Medical Transportation (NEMT) benefit to include Non-Traditional Medicaid members. While the NEMT benefit is available to Traditional Medicaid members for all medically necessary services, the NEMT benefit will be limited to four (4) one-way trips for COVID-19 vaccinations for the Non-Traditional population. The effective date is July 1, 2021.

This expanded benefit for Non-Traditional members will run through the end of ModivCare's contract, which terminates on March 31, 2022. To access this benefit, Traditional and Non-Traditional Medicaid members may call 1-855-563-4403.

For any questions regarding this change, please contact the Medical Policy team at dhmfmedicalpolicy@utah.gov.