

# MEDICAID INFORMATION BULLETIN

Medicaid Information: 1-800-662-9651

medicaid.utah.gov

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## 21-64 Non-Emergency Medical Transportation for Non-Traditional Medicaid Members

Utah 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) services to include Non-Traditional Medicaid members. While the NEMT is available to Traditional Medicaid members for medically necessary services, NEMT for the Non-Traditional Medicaid population is limited to four (4) one-way trips relating to COVID-19 vaccinations. The effective date was July 1, 2021.

To access these services, Traditional and Non-Traditional Medicaid members may call 1-855-563-4403.

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## 21-65 Upcoming Physician Assistant Billing Changes

In accordance with [Senate Bill 27](#), Physician Assistant Act Amendments and [Senate Bill 28](#), Physician Assistant Mental Health Practice passed during the 2021 Legislative General Session, Utah Medicaid is in the process of creating a pathway for eligible Physician Assistants to bill Medicaid for appropriate services. Due to minor programming delays, our new target effective date is November 1, 2021, with retroactive effective enrollment dates and billing capabilities effective on May 5, 2021.

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

We request that providers do not bill for these services until November 1, 2021, so that we can complete the necessary programming in order for Physician Assistants to bill.

Utah Medicaid requires that providers, including Physician Assistants, submit claims only for services permitted within their scope of practice, training, and licensure in accordance with Utah State statutes and federal regulations. Scope of practice is outlined by the Division of Occupational and Professional Licensing in Administrative Rule.

Physicians Assistants currently enrolled in Utah Medicaid may retain or update their provider type to one of the following:

- Ordering, Referring, and Prescribing Only - if you will continue to only order, refer, and/or prescribe for Medicaid members;
- Rendering/Servicing - if you will be providing services on behalf of a group; or
- Individual/Sole Proprietor - if you will be providing services independently and billing on behalf of yourself.
  - For this applicant type, you must upload a completed W-9.

To review your current provider type and make any desired changes, please visit:

<https://medicaid.utah.gov/become-medicaid-provider>.

For any questions regarding this process, please contact the Provider Enrollment Team at 1-800-662-9651, press option 3, then option 4.

Physician Assistants who plan to operate independently, or become a rendering/servicing provider, will be assigned provider type 25. Physician Assistants are required to verify services are covered through their provider type prior to rendering services to enrolled Medicaid members. More information about coverage will be added here:

<https://health.utah.gov/stplan/lookup/CoverageLookup.php>.

### **Accountable Care Organization (ACO) and Utah Medicaid Integrated Care (UMIC) Plans**

Utah Medicaid managed care ACO and UMIC plans will allow providers enrolled under the plan's Physician Assistant provider type to bill claims, pursuant to [Senate Bill 27](#) and [Senate Bill 28](#). ACO and UMIC plans also have the target date of November 1, 2021, to have this change effective in their systems.

Providers should work directly with the individual managed care plan for claim questions, or to resolve billing issues pertaining to this change. Contact information for each plan can be found at: <https://medicaid.utah.gov/managed-care/>.

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## 21-66 Initial Prescriptions for Opioid Naïve Members

In alignment with CDC Guidance, Utah Medicaid supports a Morphine Milligram Equivalent (MME) limit of 50 MME for opioid naïve patients.<sup>1,2</sup> A Drug Utilization Review (DUR) soft messaging educational campaign will alert all pharmacy providers of the 50 MME limit when an opioid naïve claim is processed for a Utah Medicaid member to support this recommendation. The intent of this policy is to reduce the risk of harm, including respiratory depression and death, in patients who are "opioid naïve". Utah Medicaid defines a patient as "opioid naïve" when the patient has not received an opioid prescription in the 60 days preceding the initial opioid prescription. Opioid dose limits for non-naïve patients remain at 90 MME.

Effective August 1, 2021, when a claim for an opioid is processed through the pharmacy point of sale, the system will look back 60 days to determine if another claim for an opioid has been filled. If no other opioid claim is identified, the patient will be considered "opioid naïve" and the following edits will be applied:

- Soft messaging educational campaign stating "A maximum of 50 MME for opioid naïve members is recommended by the CDC"
- Immediate release, short-acting opioid formulation must be filled before a long acting opioid
- Day supply limitations - 3 days' supply for dental providers and 7 days for all other providers
- Individual opioid quantity limits

Exceptions to Opioid safety edits are reviewed on the case by case basis by submitting the "Opioid and/or Opioid-benzodiazepine Combination" Prior Authorization form:

<https://medicaid.utah.gov/pharmacy/priorauthorization/pdf/Opioid%20and%20Opioid%20Benzodiazepine%20Combination.pdf>.

Utah Medicaid opioid policy is found at: <https://medicaid.utah.gov/utah-medicaid-official-publications/?p=Medicaid%20Provider%20Manuals/> and R414-60-5.

### References:

1. Center for Disease Control and Prevention (CDC). Opioid Overdose. Training for Providers. Module 6: Dosing and Titration of Opioids: How Much, How long, and How and When to Stop? December 2, 2020. <https://www.cdc.gov/drugoverdose/training/dosing/accessible/index.html#:~:text=Dosage%20and%20Overdose%20Risk,-Higher%20dosages%20increase&text=Dosages%20%3E%3D50%20MME%2Fday,risk%20up%20to%20nine%20times>
2. Center for Disease Control and Prevention (CDC). Morbidity and Mortality Weekly Report (MMWR). CDC Guideline for Prescribing Opioids for Chronic Pain - United States, 2016. <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

## 21-67 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
08/01/21	C9079	INJECTION, EVINACUMAB-DGNB, 5 MG (EVKEEZA)
08/01/21	J0221	Injection, alglucosidase alfa, 10 mg (LUMIZYME)
08/01/21	J0567	Injection, cerliponase alfa, 1 mg (BRINEURA)
08/01/21	J0791	INJECTION, CRIZANLIZUMAB-TMCA 5MG (ADAKVEO)
08/01/21	J1322	Injection, elosulfase alfa, 1 mg (VIMIZIM)
08/01/21	J1458	INJECTION, GALSULFASE, 1 MG (NAGLAZYME)
08/01/21	J1743	INJECTION, IDUSULFASE, 1 MG (ELAPRASE)
08/01/21	J1786	INJECTION, IMIGLUCERASE, 10 UNITS (CEREZYME)
08/01/21	J2840	INJECTION, SEBELIPASE ALFA, 1 MG (KANUMA)
08/01/21	J2916	INJECTION, SODIUM FERRIC GLUC COMPLEX SUCROSE INJ,12.5 MG
08/01/21	J3060	INJECTION, TALIGLUCERACE ALFA, 10 Units (ELELYSO)
08/01/21	J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS (VPRIV)

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## 21-68 Pharmacy Prior Authorization Updates

The following pharmacy prior authorization forms have been updated. The prior authorization forms can be found at: <https://medicaid.utah.gov/pharmacy/prior-authorization>

PA Form	Status	Effective Date	Information
Abilify Mycite	Review	07/01/21	Annual review, minor criteria updates
Androgens	Updated	08/01/21	Update to initial authorization lab requirements
Antiemetics	Review	08/15/21	Annual review, update to criteria
Ayvakit	Removed	07/01/21	Rare disease form will now be used
Cabenuva	New	08/01/21	New clinical PA form
Chorionic Gonadotropin	New	06/01/21	New clinical PA form
Cystic Fibrosis Gene Therapy	Updated	06/16/21	Update to criteria
Growth Hormone	Review	07/01/21	Annual review, minor criteria updates
Gvoke (glucagon)	Removed	07/01/21	Clinical PA removed, drug class added to PDL
Hemophilia Additional Nursing Visits	Review	07/01/21	Annual review, minor criteria updates

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Hepatitis C	Updated	08/01/21	Update to criteria
Isturisa	Removed	07/01/21	Rare disease form will now be used
Lidoderm, ZTlido (lidocaine patch)	Review	06/01/21	Annual review, minor form updates
Lucemyra	Review	07/01/21	Annual review, minor form updates
Methadone	Review	07/01/21	Annual review, minor form updates
Mifeprex	Review	06/01/21	Annual review, no criteria updates
New to Market Drugs	Review	07/01/21	Annual review, minor form updates
Onpattro, Tegsedi	Removed	07/01/21	Rare disease form will now be used
Oralair	Review	07/01/21	Annual review, updates to criteria and ages
Orilissa	Review	07/01/21	Annual review, minor form updates
PCSK9 Inhibitors	Review	07/01/21	Annual review, minor form updates
Pulmonary Arterial Hypertension	Review	07/01/21	Annual review, minor form updates
Qbrexza	Review	08/01/21	Annual review, updated trial/failure requirement
Rybelsus	Review	07/01/21	Annual review, minor form updates
Sirturo	Review	08/01/21	Annual review, updated age/weight requirement
Sutent	Review	08/01/21	Annual review, no criteria updates
Tepezza	Removed	07/01/21	Rare disease form will now be used
Xyrem, Xywav	Updated	08/15/21	Update to criteria