January 2022

MEDICAID INFORMATION BULLETIN

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

Unless otherwise noted, all changes take effect on January 1, 2022

22-01 Quarterly Fraud, Waste, and Abuse Prevention Training

The Utah Office of Inspector General (UOIG) offers a quarterly Medicaid Fraud, Waste, and Abuse (FWA) Prevention training to help providers meet their FWA training requirements, and to assist them with their FWA prevention efforts.

The next session will be offered virtually on Thursday, April 7, from 10:30 AM-12:00 PM. To register, please go to https://forms.gle/cJcP Wnt7 KRk hcL W7.

In addition to the quarterly Fraud, Waste, and Abuse Prevention training, the UOIG is also available to provide training directly to professional organizations such as the Utah Hospital Association, Utah Dental Association, Utah Association of Community Services, and local AAPC chapters. If you belong to a professional organization and would like to arrange training, please email enapper@utah.gov to discuss your organization's training needs.

22-02 Provider Enrollment Updates - CLIA in PRISM

Utah Medicaid providers must validate their enrollment before July 1, 2022, to ensure there is no delay in the claims adjudication process. The following optional sections must be completed if applicable.

1. CLIA (License and Certifications) - Providers who provide services that require a CLIA Certificate need to add the CLIA certification number to Step 5 of their PRISM enrollment. Providers will need to upload a copy of the certificate in Step 16. When PRISM goes live with claims, all procedures requiring a CLIA certificate will deny if a CLIA certificate is not present in PRISM.
2. Mode of Claims Submission - All billing providers must complete their PRISM EDI enrollment in steps 8, 9, and 13 to ensure claims are accepted into the PRISM Medicaid system. Mark the appropriate mode of submission for your claims or EDI transactions. Please note, if selecting Electronic Batch or Direct Data Entry (DDE), these methods will not be available until PRISM Go Live.
3. Specialties – To ensure claims adjudication, at least one specialty must be selected in step 3. Select all applicable additional specialties. In claims adjudication, the specialty identifies the services that may be performed.

Additional information is available at https://medicaid.utah.gov/pe-training/ under the heading 'Managing the Information of a Provider'.

22-03 Accessing the Utah Administrative Rules

To access the current Utah Administrative Code, users must:

- Select the 'Current Rules' tab
- Scroll down to the Agency 'Health' and select the drop-down arrow
- Scroll down to Title 'Health Care Financing, Coverage and Reimbursement Policy (414)' and select the drop-down arrow
- Scroll down to the specific Utah Administrative Code to be reviewed

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22-04 COVID-19 Vaccination Counseling

Effective January 1, 2022, a COVID-19 vaccine counseling visit, in which the healthcare provider discusses the importance of childhood vaccinations against COVID-19, is covered by Medicaid and reportable for reimbursement. Coverage of this service underscores the importance of vaccination education. Moreover, this service is critical to increasing COVID-19 vaccine rates by improving families' access to information from providers as they decide on vaccinations for their children.

Reporting this service on a claim requires submitting CPT code 99401 - *Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes,* and appending the CR modifier to the claim line. Coding in this way indicates to the Medicaid system that this service is specific to COVID-19 vaccination counseling.

Additionally, providers should be aware that this is a carve-out service billed directly to fee for service Medicaid, instead of the member's managed care entity (e.g., Molina, Healthy U, Select Health).

22-05 Utah Medicaid ACO and UMIC Pharmacy Billing

Effective January 1, 2022, Health Choice Utah Medicaid plan will be changing their Pharmacy Benefit Manager (PBM) which will result in updates to their billing specifications for pharmacy providers. Pharmacy billing information, effective January 1, 2022, for all Utah Medicaid plans can be found in the table below:

Utah Medicaid Plan Name	BIN	PCN	Group	Pharmacy Help Desk
Healthy U	610830	RealRxHU	**	1-855-856-5694
Molina	004336	ADV	RX0415	1-800-364-6331
SelectHealth	800008	606	U1000008	1-855-442-3234
Health Choice Utah*	610830	RRXHCU	**	1-855-864-1404

* = effective January 1, 2022

** = not required

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22-06 Pharmacist Prescribing Updates

Effective January 1, 2022, a pharmacist may prescribe a prescription drug or device for specific conditions without the oversight of a physician. These conditions are determined to be public health concerns by the Department of Health in accordance with Utah Code § 358-17b-102. These conditions include, but are not limited to:

1. Post-exposure HIV prophylaxis;
2. Pre-exposure HIV prophylaxis;
3. Self-administered hormonal contraceptives
4. Smoking cessation; and
5. Naloxone

Effective January 1, 2022, Utah Medicaid will pay a dispensing fee for any prescriptions dispensed with a Medicaid-registered pharmacist's individual NPI. Pharmacists who wish to prescribe for Medicaid members will find more information on how to become a Medicaid provider at https://medicaid.utah.gov/become-medicaid-provider/.

22-07 Compound Billing on Pharmacy Claims

The Utah Medicaid fee for service pharmacy program has identified some inaccuracies with pharmacy compound claim submissions. Utah Medicaid encourages all providers billing compound claims to submit the claim properly.

For additional assistance with processing pharmacy claims, please refer to the Utah Medicaid Pharmacy Compound Billing Alert Fax Blast at https://medicaid.utah.gov/pharmacy/resource-library/, or contact the Utah Medicaid Pharmacy Team at (801) 538-6155, option 3, 3, 2.

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22-08 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, 2022, 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: Long Acting
Analgesics: Opioids: Opioid Use Disorder Treatments
Antibiotics (Oral and Inhaled): Quinolones (oral)
Antidiabetics: Glucagon Products
Antihemophilia: Factor IX
Antihemophilia: Factor VIII
Anti-infectives (NOS): Amebicide & Antiprotozoal Agents
Antivirals: Antiretrovirals: Combinations
Antivirals: Antiretrovirals: Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)
Antivirals: Herpes Simplex, Varicella Zoster, & Cytomegalovirus: Oral
Appetite Stimulants
Bone Density Regulators: Osteoporosis Agents
Cardiovascular: Antihyperlipidemics: Cholesterol-Lowering Combinations
Cardiovascular: Antihyperlipidemics: Fibrates

Cardiovascular: Antihyperlipidemics: HMG Co-A Reductase Inhibitors ("Statins")

Cardiovascular: Antihyperlipidemics: PCSK-9 Inhibitors

Cardiovascular: Antihypertensives: Alpha/Beta-Adrenergic Blocking Agents

Cardiovascular: Antihypertensives: Angiotensin Converting Enzyme (ACE) Inhibitor Combinations

Central Nervous System: Hypnotics: Non Benzodiazepines, Non Barbiturates

Central Nervous System: Mental Health: ADHD Stimulants (Long Acting)

Central Nervous System: Mental Health: ADHD Stimulants (Short Acting)

Central Nervous System: Mental Health: Atypical Antipsychotics

Contraceptives: Oral: Bi-phasic

Contraceptives: Oral: Extended Cycle

Contraceptives: Oral: Low Dose and Monophasic

Contraceptives: Oral: Tri-phasic/Multi-phasic

Cytokine Modulators: Immunomodulators

Dermatological: Acne Products: Oral

Dermatological: Corticosteroids: Midstrength

Dermatological: Corticosteroids: Mild Strength

Dermatological: Corticosteroids: Steroid/Antifungal Combination Agents

Dermatological: Scabicides/Pediculicides

Diagnostic Products: Diabetic Test Supplies

Estrogens: Topical and Miscellaneous

Gastrointestinal (GI): Antiemetics: Anticholinergics

Gastrointestinal (GI): Inflammatory Bowel Agents: Oral

Gastrointestinal (GI): Inflammatory Bowel Agents: Rectal

Gastrointestinal (GI): Irritable Bowel Syndrome Agents

Hematopoietics: Erythropoiesis Stimulating Agents (ESAs)

Multivitamins: Prenatal

Muscle Relaxants: Antispasmodic Agents

Muscle Relaxants: Antispasticity Agents

Nasal: Corticosteroids

Neurological Agents: Multiple Sclerosis Agents

Ophthalmic: Antibiotics: Quinolones

Ophthalmic: Anti-Glaucoma Agents: Beta Blockers

Ophthalmic: Anti-Glaucoma Agents: Cholinergic Agonists

Ophthalmic: Antihistamines

Ophthalmic: Anti-Inflammatory: Combinations

Ophthalmic: Anti-Inflammatory: Corticosteroids

Respiratory: Asthma & COPD: Anticholinergics

Respiratory: Asthma & COPD: Biological Treatments for Asthma

Respiratory: Asthma & COPD: Long Acting Beta Agonist/Long Acting Muscarinic Antagonist (LABA/LAMA) Combinations

Respiratory: Cystic Fibrosis Agents: Inhaled Aminoglycosides

One new class is part of the PDL, effective January 1, 2022:

Central Nervous System: Wakefulness Promoting Agents

Other notable changes to the PDL, effective January 1, 2022:

The classes "Antiemetics: Miscellaneous newer classes" and "Otic: Antibiotic" are no longer managed through the PDL. The class "Central Nervous System: Mental Health: Antidepressants - Monoamine Oxidase Inhibitors (MAOIs)" is combined with the class "Antidepressants - Misc.".

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22-09 ADHD Stimulant Medications Policy Updates

Utah Medicaid policy supports the safe and appropriate use of ADHD stimulant medications when prescribed to Medicaid members. This policy is developed in alignment with the American Academy of Pediatrics and the University of South Florida Clinical Practice Guidelines.

Effective July 2020, age edit limitations apply when a claim for an ADHD stimulant is processed through the pharmacy point of sale:

   • ADHD stimulant prescriptions for children under 4 years of age.

   • ADHD stimulant prescriptions for Adzenys ER suspension (susp.), Dyanavel XR, Desoxyn, Adhansia XR, Jornay PM, and Cotempla XR Orally Disintegrating Tablet (ODT) for children under 6 years of age.

Effective April 2021, a multiple agent edit and a cross-class edit limitation applies when claims for ADHD stimulants are processed through the pharmacy point of sale:

   • Three or more unique ADHD stimulant medications prescribed concurrently for at least 30 days in the last 45 days.

   • Cross-class prescribing of ADHD stimulant medications from the amphetamine class and the methylphenidate class for at least 30 days in the last 45 days for children under 18 years of age.

Effective January 1, 2022, a peer-to-peer educational intervention will be implemented to prescribers of high dose stimulant medications. This education intervention will emphasize prescribing within FDA approved labeling and potential risks of high dose prescribing.

Exceptions to ADHD stimulant safety edits are reviewed on a case by case basis by submitting the "ADHD Stimulants" Prior Authorization form located at https://medicaid.utah.gov/pharmacy/priorauthorization/pdf/ADHD%20Stimulants.pdf.

22-10 P&T Committee Update

The Pharmacy and Therapeutics (P&T) Committee met in November 2021 to review fixed-dose antiretroviral combinations for the prevention and treatment of HIV-1 infection.

P&T meeting minutes are published on the Utah Medicaid Website at https://medicaid.utah.gov/pharmacy/pt-committee/.

22-11 DUR Board Updates

The Drug Utilization Review (DUR) Board met in October 2021 to review Topical Lidocaine, focusing on prescription patch formulations. The Board recommended removing the Lidoderm Prior Authorization form to improve access to care. The Pharmacy Team also provided an update on the Antipsychotic in Children Intervention.

The DUR Board met in November 2021 to review Acute Hereditary Angioedema (HAE) treatments. The Pharmacy Team also provided updates to the Board about Utah Code § 358-17b-102 - Pharmacist Prescribing.

The DUR Board met in December 2021 to review Hereditary Angioedema (HAE) Prophylaxis Therapy. The Parathyroid Hormone Analogs Prior Authorization was presented and approved by the Board.

DUR Board meeting minutes are posted on the Utah Medicaid website at https://medicaid.utah.gov/pharmacy/drug-utilization-review-board/.

22-12 Pharmacy Policy, Coverage, Prior Authorization and HPCS Codes

The Utah Medicaid Preferred Drug List is updated monthly and is the most up-to-date source of information pertaining to drug specific pharmacy coverage, limitations, and policies, in addition to the Utah Medicaid State Plan, Utah Administrative Rule, Utah Medicaid Provider Manuals & Medicaid Information Bulletins, and Pharmacy prior authorization forms.

Pharmacy prior authorization forms and pharmacy-related HCPCS codes are reviewed and updated at a minimum annually but may be updated more frequently as indicated.

Per the Utah Medicaid Provider Manual Section I: General Information, 2-3 Member Eligibility Verification, providers who administer and bill Utah Medicaid for pharmacy-related HCPCS codes shall verify member eligibility. Pharmacy-related HCPCS code coverage and the HCPCS NDC Crosswalk shall be used together to verify coverage, reimbursement, and covered NDC's for pharmacy-related HCPCS.

To access the most recent pharmacy resources, go to https://medicaid.utah.gov/, click on Healthcare Providers, Medicaid Pharmacy Program. An example is provided below:
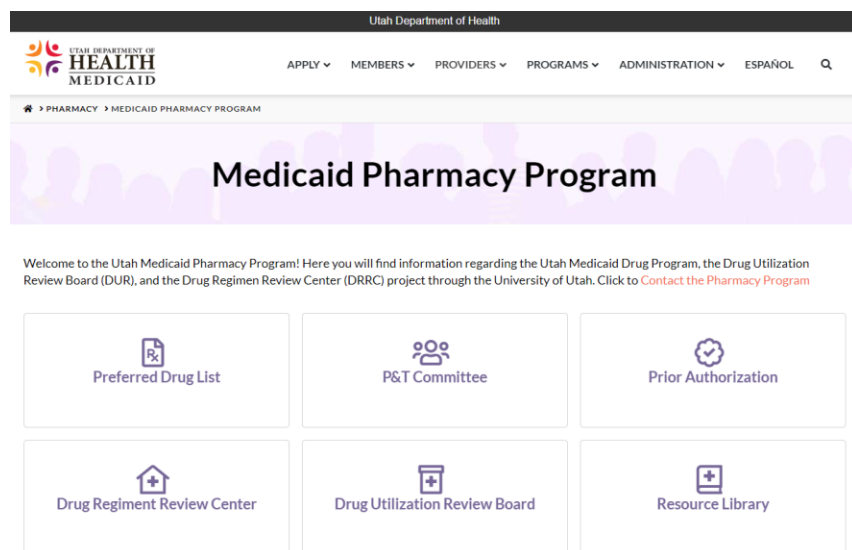
FFS Preferred Drug List: https://medicaid.utah.gov/pharmacy/preferred-drug-list

FFS Pharmacy Prior Authorizations: https://medicaid.utah.gov/pharmacy/prior-authorization

Coverage and Reimbursement Code Lookup: https://health.utah.gov/stplan/lookup/CoverageLookup.php

HCPCS/NDC Crosswalk: https://health.utah.gov/stplan/lookup/FeeScheduleDownload.php

22-13 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 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 encouraged to complete the prior authorization request to include the exact medication name the member will be using, or indicate if a substitution is not permissible.

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

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

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

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

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

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

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22-14 Code Updates 2022

All new January 2022 code updates have been completed. Below is a list of all new open codes. Please see the Medicaid Coverage and Reimbursement Lookup for code-specific details.

PROCEDURE CODE	LONG DESCRIPTION
0004A	*Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; booster dose*
0034A	*Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, adenovirus type 26 (ad26) vector, preservative free, 5x1010 viral particles/0.5 ml dosage; booster dose*
0064A	*Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 50 mcg/0.25 ml dosage, booster dose*
01937	*Anesthesia for injection, drainage or aspiration procedures on spine or spinal cord of neck or upper back accessed through skin using imaging guidance*
01938	*Anesthesia for injection, drainage or aspiration procedures on spine or spinal cord of lower back accessed through skin using imaging guidance*
01939	*Anesthesia for nerve destruction procedures on spine or spinal cord of neck or upper back accessed through skin using imaging guidance*
01940	*Anesthesia for nerve destruction procedures on spine or spinal cord of lower back accessed through skin using imaging guidance*
01941	*Anesthesia for nerve modulation procedure spinal cord or repair of bone of spine of neck or upper back accessed through skin using imaging guidance*
01942	*Anesthesia for nerve modulation procedure spinal cord or repair of bone of spine of lower back accessed through skin using imaging guidance*
33509	*Harvest of artery from arm for heart bypass graft using an endoscope*
33894	*Repair of aorta by insertion of stent across major side branches*
33895	*Repair of aorta by insertion of stent not crossing major side branches*
33897	*Balloon dilation of native or recurrent narrowing of heart blood vessel*

63052	*Partial removal of bone of single segment of spine in lower back with release of spinal cord and/or nerves during fusion of spine in lower back*
63053	*Partial removal of bone of additional segment of spine in lower back with release of spinal cord and/or nerves during fusion of spine in lower back*
64582	*Insertion of hypoglossal nerve neurostimulator electrode and generator and breathing sensor electrode*
64583	*Revision or replacement of hypoglossal nerve neurostimulator electrode and breathing sensor electrode with connection to existing generator*
64584	*Removal of hypoglossal nerve neurostimulator electrode and generator and breathing sensor electrode*
64628	*Heat destruction of intraosseous basivertebral nerve in bones of spine in lower back, first two bones*
64629	*Heat destruction of intraosseous basivertebral nerve in additional bone of spine in lower back*
66989	*Complex extracapsular removal of cataract with insertion of artificial lens and insertion of drainage device in front chamber of eye*
66991	*Extracapsular removal of cataract with insertion of artificial lens and insertion of drainage device in front chamber of eye*
68841	*Insertion of drug delivery implant into tear duct of eye*
69716	*Implantation of cochlear stimulating system into skull with magnetic attachment to external speech processor*
69719	*Revision or replacement of cochlear stimulating system into skull with magnetic attachment to external speech processor*
69726	*Removal of cochlear stimulating system from skull with attachment through skin to external speech processor*
69727	*Removal of cochlear stimulating system from skull with magnetic attachment to external speech processor*
77089	*Calculation of trabecular bone score (TBS) using imaging data with interpretation and report on fracture risk*
77090	*Technical preparation and transmission of imaging data for analysis of trabecular bone score (TBS) performed elsewhere*
77091	*Technical calculation of trabecular bone score (TBS)*
77092	*Interpretation of trabecular bone score (TBS) and report on fracture risk*
80220	*Measurement of hydroxychloroquine*
80503	*Pathology clinical consultation for clinical problem, 5-20 minutes*
80504	*Pathology clinical consultation for moderately complex clinical problem, 21-40 minutes*
80505	*Pathology clinical consultation for complex clinical problem, 41-60 minutes*
80506	*Pathology clinical consultation, additional 30 minutes*
81349	*Genome-wide microarray analysis for copy number and loss-of-heterozygosity variants*
81523	*Next-generation sequencing of breast cancer profiling 70 content genes and 31 housekeeping genes*
83521	*Measurement of immunoglobulin light chains*
83529	*Measurement of interleukin-6*
86015	*Measurement of Actin (smooth muscle) antibody*

86036	*Screening test for antineutrophil cytoplasmic antibody*
86037	*Antineutrophil cytoplasmic antibody titer*
86051	*ELISA detection of aquaporin-4 (neuromyelitis optica [NMO]) antibody*
86052	*Cell-based immunofluorescence (CBA) detection of aquaporin-4 (neuromyelitis optica [NMO]) antibody*
86053	*Flow cytometry detection of aquaporin-4 (neuromyelitis optica [NMO]) antibody*
86231	*Detection of endomysial antibody (EMA)*
86258	*Detection of gliadin (deamidated) (DGP) antibody*
86362	*Cell-based immunofluorescence (CBA) detection of myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody*
86363	*Flow cytometry detection of myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody*
86364	*Measurement of tissue transglutaminase*
86381	*Measurement of mitochondrial antibody*
86596	*Measurement of voltage-gated calcium channel antibody*
87154	*Amplified nucleic acid probe typing of disease agent in blood culture specimen*
90759	*Vaccine for Hepatitis B (3 dose schedule) for injection into muscle, 10 mcg dosage*
91113	*Imaging of colon using capsule endoscope, with interpretation and report*
91306	*Severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 50 mcg/0.25 ml dosage, for intramuscular use*
93319	*3D ultrasound imaging of heart for evaluation of heart structure performed during ultrasound imaging of congenital heart defects*
93593	*Insertion of catheter into right side of heart for evaluation of congenital heart defect in heart with normal native blood vessel connections, using imaging guidance*
93594	*Insertion of catheter into right side of heart for evaluation of congenital heart defect in heart with abnormal native blood vessel connections, using imaging guidance*
93595	*Insertion of catheter into left side of heart for evaluation of congenital heart defect, using imaging guidance*
93596	*Insertion of catheter into right and left sides of heart for evaluation of congenital heart defect in heart with abnormal native blood vessel connections, using imaging guidance*
93597	*Insertion of catheter into right and left sides of heart for evaluation of congenital heart defect in heart with normal native blood vessel connections, using imaging guidance*
93598	*Measurement of output of blood from heart, performed during cardiac catheterization for evaluation of congenital heart defects*
94625	*Professional services for outpatient pulmonary rehabilitation, per session*
94626	*Professional services for outpatient pulmonary rehabilitation with continuous monitoring of blood oxygen, per session*
98980	*Remote therapeutic monitoring treatment management services by physician or other qualified health care professional, first 20 minutes per calendar month*
98981	*Remote therapeutic monitoring treatment management services by physician or other qualified health care professional, each additional 20 minutes per calendar month*
99424	*Principal care management services for a single high-risk disease, first 30 minutes provided personally by qualified health care professional, per calendar month.*

99425	*Principal care management services for a single high-risk disease, each additional 30 minutes provided personally by qualified health care professional, per calendar month*
99426	*Principal care management services for a single high-risk disease, first 30 minutes of clinical staff time directed by health care professional, per calendar month*
99427	*Principal care management services for a single high-risk disease, each additional 30 minutes of clinical staff time directed by health care professional, per calendar month*
99437	*Chronic care management services for two or more chronic conditions, additional 30 minutes provided personally by health care professional, per calendar month*
A2001	*Innovamatrix ac, per square centimeter*
A2002	*Mirragen advanced wound matrix, per square centimeter*
A2003	*Bio-connekt wound matrix, per square centimeter*
A2004	*Xcellistem, per square centimeter*
A2005	*Microlyte matrix, per square centimeter*
A2006	*Novosorb synpath dermal matrix, per square centimeter*
A2007	*Restrata, per square centimeter*
A2008	*Theragenesis, per square centimeter*
A2009	*Symphony, per square centimeter*
A2010	*Apis, per square centimeter*
A4436	*Irrigation supply; sleeve, reusable, per month*
A4437	*Irrigation supply; sleeve, disposable, per month*
C1832	*Autograft suspension, including cell processing and application, and all system components*
C1833	*Monitor, cardiac, including intracardiac lead and all system components (implantable)*
C9085	*Injection, avalglucosidase alfa-ngpt, 4 mg*
C9086	*Injection, anifrolumab-fnia, 1 mg*
C9087	*Injection, cyclophosphamide, (auromedics), 10 mg*
C9088	*Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg*
C9089	*Bupivacaine, collagen-matrix implant, 1 mg*
J0172	*Injection, aducanumab-avwa, 2 mg*
J1952	*Leuprolide injectable, camcevi, 1 mg*
J2506	*Injection, pegfilgrastim, excludes biosimilar, 0.5 mg*
J9021	*Injection, asparaginase, recombinant, (rylaze), 0.1 mg*
J9061	*Injection, amivantamab-vmjw, 2 mg*
J9272	*Injection, dostarlimab-gxly, 10 mg*
Q2055	*Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose*
Q4199	*Cygnus matrix, per square centimeter*

22-15 Section I: General Information Provider Manual Updates

Utah Medicaid will collapse the Non-Traditional Medicaid (NTM) provider manual into Section I: General Information. NTM provides a scope of service similar to that currently covered by the [Utah Medicaid State Plan](#) (i.e., Traditional Medicaid) but with some additional limitations and/or reduced benefits. NTM is authorized by a waiver of federal Medicaid requirements approved by the federal Centers for Medicare and Medicaid Services (CMS) and allowed under [Section 1115(a) of the Social Security Act](#).

Providers of NTM services are responsible to comply with all applicable federal and state laws and regulations as well as Medicaid policy and requirements set forth in [Utah Administrative Code R414-200. Non-Traditional Medicaid Health Plan Services,](#) the [Medicaid Provider Agreement](#), the 1115 Waiver, the Medicaid provider manuals, attachments specific to the provider manuals, and the Medicaid Information Bulletins found on the [Utah Medicaid Website](#).

Refer to *Chapter 6, Member Eligibility*, for information about verifying member eligibility, third party liability, ancillary providers, and member identity protection requirements.

For specific code coverage and reimbursement information, see the [Coverage and Reimbursement Code Lookup](#).

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22-16 Acute Inpatient Hospital Claims Billing and Reporting

Correct coding guidelines encourage providers to include all delivered services on their claim submissions. Therefore, providers should include covered and non-covered services when submitting an acute inpatient hospital claim.

Due to limitations of Utah's current Medicaid claims processing system, there are instances when an entire claim will deny as a result of a single denied line. For example, a claim is denied when a single line is a non-covered service. This can occur when a claim is submitted for a service requiring prior authorization, but the hospital or other provider did not obtain prior authorization.

To allow payment for covered services, when non-covered services have also been delivered, Medicaid requires acute inpatient hospitals to submit claims that include covered services and exclude non-covered services that would otherwise result in denial of the entire claim. In addition, when a claim is submitted that excludes non-covered services, providers must not include any ICD-10-PCS, CPT, HCPCS, or revenue codes related to the non-covered services.

For example, a member is admitted to an acute care hospital for labor and delivery and elects to have a sterilization procedure performed during the same episode of care. However, the provider does not have prior authorization for the sterilization. In this instance, the sterilization, and the associated services, are non-covered. The facility must exclude the non-covered services from the claim. Note: providers must be familiar with and adhere to all federal regulations regarding sterilization requirements.

Additionally, if admission to an acute inpatient hospital is primarily to receive services not covered by Medicaid, all services performed for that episode of care are non-covered and will not be reimbursed. This policy applies regardless of whether or not Medicaid would have covered some of the services performed.

Note: providers should be familiar with and adhere to any federal regulations regarding sterilizations and other procedures.

22-17 Physician Assistants and Nurse Practitioners to Serve as Assistants to Surgery

The Utah Administrative Rule and provider manual will be updated, effective March 1, 2022. Under SB 27, Medicaid will be updating policy to state that physician assistants and nurse practitioners can work within their scope of practice and report services as assistants to surgery. The scope of work is outlined in Utah Code, Title 58: Occupations and Professions, Chapter 70a: Utah Physician Assistant Act and Utah Code, Title 58: Occupations and Professions, Chapter 31b: Nurse Practice Act within the Medicaid program. Utah Administrative Code R414-10. Physician Services is updated to reflect the requirements outlined in SB 27. Providers are encouraged to review this update.

Medicaid has updated the following administrative rule to reflect these changes. The applicable administrative rule that has undergone changes are outlined below:

- R414-10. Physician Services.
    - R414-10-2. Definitions.
        - Added definitions for "Assistant to Surgery", "Non-physician practitioner", "Nurse Practitioner", and "Physician Assistant"
    - R414-10-5 Service Coverage and Limitations.
        - Removed point (ii) in its entirety

Medicaid has updated the following provider manuals to reflect these changes. The applicable provider manuals that have undergone changes are outlined below:

- Section I: General Information Provider Manual
  - Chapter 1-9 *Definitions*
    - Added definitions for "Assistant to Surgery", "Non-physician practitioner", "Nurse Practitioner", and "Physician Assistant"
- Section I: General Information Provider Manual
  - Chapter 12-7.3 *Modifier used in a claim*
    - Added definitions for "Modifier AS" and "Modifier 82"
- The Physician Services Provider Manual
  - Chapter 8-4 *Surgical Procedures*
    - Added to the first paragraph to state, "The services of an assistant to surgery are specialty services performed by a licensed physician, a physician assistant, or a nurse practitioner, and covered only on very complex surgical procedures."
    - Removed the third paragraph in its entirety
  - Chapter 11 *Billing Medicaid*
    - Added "Chapter 11-1 Billing for Assistant to Surgery" to state, "The AS modifier, indicating the assistant to surgery is a PA or NP is covered by Medicaid, while modifier 80–assistant surgeon is reportable strictly to a qualified surgeon. Physicians, physician assistants, and nurse practitioners may be reimbursed as the assistants to surgery through their own provider number as an incident to service."

Note that each link provided will take you to the Utah Medicaid Official Publications Directory Contents page. From there you will have to navigate to the applicable manual.

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22-18 Porcelain Crowns

The following crown-related CDT codes have been opened:

- D6740- *retainer crown - porcelain/ceramic*
- D6752- *retainer crown - porcelain fused-to-noble metal*

The coverage of these services is limited to Medicaid members that are eligible for Targeted Adult Medicaid (TAM) undergoing substance use disorder (SUD) treatment, Aged, or Blind and Disabled. Dental services for these populations must be provided through the University of Utah School of Dentistry or their associated statewide provider network.

22-19 Silver Diamine Fluoride Coverage for EPSDT Eligible Members

Effective January 1, 2022, Medicaid covers Silver Diamine Fluoride (SDF), a topical caries arresting or inhibiting medicament for the treatment of primary teeth for EPSDT eligible members. Application of SDF is limited to once every 6 months per tooth. CDT code D1354 is used to report this service:

- D1354 - *interim caries arresting medicament application - per tooth; Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure*

The Dental, Oral Maxillofacial, and Orthodontia Services Provider Manual, Chapter 8 *Programs and Coverage* has also been updated with the following:

> 8-8   Silver Diamine Fluoride
>
> Silver Diamine Fluoride (SDF) is a liquid substance used to help prevent tooth cavities (or caries) from forming, growing, or spreading to other teeth. Medicaid covers SDF for treatment of primary dentition for EPSDT eligible and pregnant members when:
>
> - Used for treatment of dental caries
> - May be applied once per tooth every 6 months
>
> Medicaid does not cover SDF for caries prevention or dental hypersensitivity.
>
> Additional coverage and reimbursement information by procedure code is found in the Coverage and Reimbursement Code Lookup.

Providers are encouraged to familiarize themselves with these changes.

22-20 Drug Testing for Substance Use Disorder Treatment Clarification

When drug testing is performed for substance use disorder treatment by an independent laboratory (provider type 70), the laboratory submits fee-for-service claims to State Medicaid for reimbursement. For details, see Chapter 8-11.3, Urine Drug Testing, in the Utah Medicaid Provider Manual for Physician Services and Medicaid Information Bulletin 21-35 Laboratory Services – Update to Urine Drug Testing Policy.

Drug testing performed in a primary care setting for substance use disorder treatment is reimbursed through the member's physical health plan or UMIC Plan.

In-house drug testing is not included in the scope of services for mental health and substance use disorder providers. These providers may only be reimbursed for services contained in the Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services.

Please send any questions to Medicaidbh@utah.gov.