

MEDICAID INFORMATION BULLETIN

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22-21 Section I Provider Manual Clarification from January MIB

Under [SB 27](#), Medicaid will update policy to state that physician assistants and nurse practitioners can report services as assistants to surgery working within their scope of practice, outlined in Utah Code Title 58:

- [Occupations and Professions, Chapter 31b: Nurse Practice Act](#)
- [Occupations and Professions, Chapter 70a: Utah Physician Assistant Act](#)

In January 2022, the [Medicaid Information Bulletin \(MIB\)](#) stated that changes will be made to [Section I: General Information Provider Manual](#) and the [Physician Services Manual](#) on March 1, 2022. Please note that the manual changes were published prematurely and are not effective until the anticipated effective date of March 1, 2022.

For questions concerning these changes, please email the Medical Policy Team at: dmhfmedicalpolicy@utah.gov.

22-22 Psychiatric Hospitals Eligible for Reimbursement for Medical Detoxification

For dates of service on or after January 1, 2022, licensed psychiatric hospitals may bill Medicaid for medical detoxification for a substance use disorder for Medicaid members enrolled in Medicaid's Fee for Service Network. Prior authorization from Medicaid is not required.

For Medicaid members enrolled in an ACO or Utah Medicaid Integrated Care Plan, medical detoxification must be obtained through their plan.

Please email questions or comments to Medicaidbh@utah.gov.

22-23 Rehab Mental Health Substance Use Disorder Provider Manual Updated

Updates to the *Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services* are effective March 1, 2022. Providers can access the revised provider manual at <https://medicaid.utah.gov>.

In Chapter 1-2, Definitions, in the definition of Behavioral health disorders, the term 'SUDs' has been defined.

In Chapter 1-4, Scope of Services, the 'Telemedicine' section, and in Chapter 1-10, Billings, place of service codes have been updated for dates of service on or after April 1, 2022. Providers must specify place of service as follows:

'02' (Telehealth Provided Other than in Patient's Home)

'10' (Telehealth Provided in Patient's Home)

For dates of service prior to April 1, 2022, continue to report behavioral health services provided via telehealth with the '02' place of service code.

Also, in Chapter 1-10, Billings, clarification has been made on reporting a range of dates on a single line of a claim.

In Chapter 2-5, Psychotherapy, the term 'and/or family member' has been removed from 'psychotherapy with patient' to align with the name of the service in the CPT manual.

In the 'Prolonged Services Add-On Codes' section of Chapter 2-5, the time rules for converting the duration of the service to the appropriate prolonged service add-on procedure codes have been revised to align with the rules in the CPT manual.

In Chapter 2-6, Psychotherapy for Crisis, in order to align with the CPT manual, 'and/or family member' has been removed from procedure codes 90832 and 90833. And 'with patient and/or family member' has been removed from procedure code 90839.

Also, in Chapter 2-6, under 'Procedure Codes and Unit of Service', the time rules for coding procedure codes 90839 and 90840 have been corrected to align with the CPT manual. For reporting 90839, the timeframe is 31 minutes through 74 minutes (not 31 through 75 minutes as previously indicated).

This correction also results in corrections to the minutes listed in the time rules for procedure code 90840. Also, a minor change in the name of procedure code 90840 has been made to align with the CPT manual, which is 'each additional 30 minutes.'

Chapter 2-8, Pharmacologic Management (Evaluation and Management (E/M) Services), has been reorganized so that all prolonged services add-on codes (99354-99357 and 99417) are addressed in the same section of this chapter, 'Prolonged Services Add-On Codes 99354-99357 and 99417'. Minor changes have been made for clarity regarding use of prolonged services add-on codes.

In Chapter 2-13, Substance Use Disorder (SUD) Treatment in Licensed SUD Residential Treatment Programs (ASAM Levels 3.1, 3.3, 3.5, 3.7), and in Chapter 2-17, Mental Health Treatment in Licensed Mental Health Residential Treatment Programs, the 'Who' sections have been updated to clarify that providers are licensed residential treatment programs licensed in accordance with Section 62A-2-101 of the Utah Code.

In Chapter 2-16, Clinically Managed Residential Withdrawal Management (ASAM Level 3.2-WM), the 'Record' section has been updated to clarify documentation requirements. Meeting written documentation requirements in Utah Rule, R501-11-6 (C) and R510-11-13 (B) suffice for the evaluation and treatment plans requirements in Chapter 1-6 and Chapter 1-7 of this manual.

Chapter 3 has been updated to clarify that the services contained in this chapter also apply to HOME, along with prepaid mental health plans (PMHPs) and Utah Integrated Care (UMIC) Plans. Other changes have been made for clarity.

In Chapter 1-9, Collateral Services, the policy has been revised for consistency with the CPT manual which requires that for psychotherapy with patient and psychotherapy with evaluation and management (E/M) services, the patient should be present for all or some of the service. Policy has also been revised for consistency with the Centers for Medicare and Medicaid Services (CMS) policy on collateral services.

In the 'Who' section of the chapters where APRN interns are listed as qualified providers, 'licensed' has been added for clarity.

In Chapter 2-2, Psychiatric Diagnostic Evaluation, in the 'Procedure Codes and Unit of Service' section, a physician assistant specializing in mental health care, in accordance with Section 58-71a-501 of the Utah Code, has been added as a provider qualified to provide procedure code 90792.

In the 'Who' sections throughout the manual the following minor changes have been made:

1. Where an individual working toward licensure as a social service worker is a qualified provider, clarification has been made to state that the individual must be actively engaged in completing the DOPL-required hours of qualifying experience to obtain licensure as a social service worker.
2. Where types of substance use disorder counselors are qualified providers, minor changes have been made for clarity.
3. Where registered nursing students and individuals enrolled in a qualified substance use disorder education program are qualified providers, minor changes have been made for clarity.
4. Where registered nursing students are qualified providers, 'required supervision' has been clarified to state 'DOPL-required supervision'.

In the 'Who' section of Chapter 2-3, Mental Health Assessment, clarification has been made that the supervising licensed mental health therapist must be qualified to provide the supervision in accordance with state law.

In Chapter 2-4, Psychological Testing, in the 'Who' section, #4 has been revised to clarify that the individual must be under DOPL-required supervision.

In Chapter 2-5, Psychotherapy, and Chapter 2-7, Psychotherapy with Evaluation and Management (E/M) Services, minor changes have been made for clarity or consistency with the Psychiatry section of the CPT manual. In Chapter 2-5, Psychotherapy, in the 'Who' section, #2 has also been revised for clarity.

In Chapter 2-8, Pharmacologic Management (Evaluation and Management (E/M) Services), the definition of the service has been updated for consistency with the nurse medication management definition in Chapter 2-9, and for consistency with revised policy in Chapter 1-9, Collateral Services.

Also, in the section, 'E/M Code Selection When More Than 50 Percent of Time Is Counseling and/or Coordination of Care' of Chapter 2-8, a quotation from a previous edition of the CPT manual has been removed for consistency with the current CPT manual.

In Chapter 2-9, Nurse Medication Management, minor changes have been made in the definition for clarity and for consistency with revised policy in Chapter 1-9, Collateral Services.

In Chapter 2-17, Mental Health Treatment in Licensed Mental Health Residential Treatment Programs, 'Residential' has been added to the chapter heading, and a new section, Programs with 16 or Fewer Beds, has been added. The name of this chapter has been revised to include 'Residential' which had inadvertently been left out.

Changes have been made for clarification, or consistency with changes in other chapters, including changes in the opening paragraph of this chapter, and in the 'Who', 'Limits' and 'Prior Authorization (PA)' sections.

In the 'Limits' section, limit #3 has been added regarding the age limit of age 18 and older for using the bundled per diem procedure code.

The 'Record' section has been updated to include all documentation requirements in one section, some of which were previously included in Chapter 6.

Updated documentation requirements include:

- Estimated length of stay, and
- Post-discharge plans

In Chapter 2-17, Mental Health Treatment in Licensed Mental Health Residential Treatment Programs, the following changes have been made:

Clarification has been made that programs must report services using the applicable per diem bundled procedure code specified in the 'Procedure Codes and Unit of Service' section of this chapter.

In the 'Who' section, revisions have been made to provider qualifications for clarity and consistency with changes in other 'Who' sections in the manual.

In the 'Limits' section, minor changes to limit #1 and #2 have been made for clarity. Also, see policy stated in limits #3 through #5. And limit #10 regarding services provided in a different location due to COVID-19 has been revised for clarity.

In the 'Record' section of Chapter 2-17, revisions to item #1 have been made for clarity. A documentation requirement has been added in a new #3 which requires that documentation include an estimated length of stay and post-discharge plans that include, at a minimum, aftercare treatment (when clinically indicated) and anticipated living arrangements.

Please review the 'Record' section of Chapter 2-17 to ensure that all required documentation is maintained.

22-24 Retroactive Prior Authorizations During the COVID-19 Public Health Emergency for Substance Use Disorder (SUD) Treatment in Licensed SUD Residential Treatment Programs

Providers of substance use disorder (SUD) treatment in licensed SUD residential treatment programs will be allowed to follow the guidance stated in the February 2021 MIB article titled, *21-17, Retroactive Prior Authorization During the COVID-19 Public Health Emergency*. Based on this guidance, providers will need to explain the reason a prior authorization request is untimely.

Please email questions or comments to Medicaidbh@utah.gov.