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Utah Department of Health & Human Services
Integrated Healthcare

Medicaid Information Bulletin (MIB)

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

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Unless otherwise noted, all changes take effect on November 1, 2024

24-89 Durable Medical Equipment Policy Update Correction

There has been an update to the September 2024 Medicaid Information Bulletin (MIB) article, 24-79, Durable Medical Equipment Policy Update. Medicaid is rescinding the following area of this MIB article:

The following codes were changed from continuous rental items to capped rental items as of 4/1/2023:

E0465- Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)
E0466- Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)
E0467- Home ventilator, multi-function respiratory device, also performs any or all of aspiration, and cough stimulation, includes all accessories, components and supplies for all functions the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions
E0468- Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions

These codes are changed back to continuous rental items, effective April 1, 2023.

24-90 Licensed Mental Health Residential Treatment Programs

Effective November 1, 2024, the transition days for licensed mental health residential treatment programs with 17 or more beds has been changed from 14 calendar transition days to 7 calendar transition days. See the revised Behavioral Health Services provider manual, Chapter 8-18, Mental health residential treatment.

24-91 Psychiatric Hospitals - Institutions for Mental Diseases (IMDs)

Effective November 1, 2024, the Hospital Services provider manual, Chapter 8-11.1, Psychiatric hospitals considered institutions for mental diseases (IMDs), has been updated as follows:

Admissions to psychiatric hospitals considered IMDs are covered when medically necessary, for up to 60 days, for members ages 21 through 64 through an 1115 demonstration waiver. Per limitations set forth by the waiver, no more than 60 calendar days will be authorized per treatment episode and if treatment exceeds 60 days, no part of the stay is eligible for reimbursement.

24-92 Behavioral Health Services Provider Manual Revised

The Rehabilitative Mental Health and Substance Use Disorder Services provider manual has been renamed and updated to meet formatting guidelines found in other Utah Medicaid provider manuals. The revisions to this manual are in formatting only and no changes to policies for behavioral health services have been made.

The Rehabilitative Mental Health and Substance Use Disorder Services manual has been renamed to the Behavioral Health Services manual. References to this manual in other Medicaid manuals will be updated to the new name. In addition to the name change, the following updates have been included in the manual revision:

- Reorganization of chapters and information.
- Removal of information and provisions pertaining to managed care plans. This information will be added to a future managed care manual.

Providers are encouraged to review the Behavioral Health Services provider manual available on the Medicaid website.

24-93 Vision Care Services Provider Manual Updated

The Vision Care Services provider manual has been updated to clarify language and emphasize that adult Medicaid members are eligible for one routine eye exam per rolling year and may be eligible for additional exam(s) when deemed medically necessary, or if their glasses have been lost or broken. Eyeglasses and contacts are not covered for non-pregnant adults aged 21 and older. For requests that exceed the standard coverage limit, providers may submit requests for additional exams or eyeglasses through PRISM at https://prism.health.utah.gov.

Chapter 4-1.2, Corrective lenses, is updated to clarify the existing policy to state:

Separate charges for glasses fitting are not reimbursable. Fitting fees are included in the reimbursement rate for the provided items.

The following spectacle (eyeglasses) fitting codes are closed as this service is included in the reimbursement rate for the eyeglasses:

92340- Fitting of spectacles, except for aphakia; monofocal
92341- Fitting of spectacles, except for aphakia; bifocal
92342- Fitting of spectacles, except for aphakia; multifocal, other than bifocal
92352- Fitting of spectacle prosthesis for aphakia; monofocal
92353- Fitting of spectacle prosthesis for aphakia; multifocal

See the Vision Care Services provider manual, Chapter 4-1.2, Corrective lenses, for more information.

24-94 Integrated Healthcare Services Provider Manual Added

Medicaid has formalized and published a new policy manual titled, Integrated Healthcare Services. The purpose of the manual is to help direct providers towards the reporting of integrated healthcare services that, in many cases, are already being furnished. The services addressed within the manual include:

- Chronic Care Management (CCM)
- Principal Care Management (PCM)
- Behavioral Health Integration (BHI)
- The Psychiatric Collaborative Care Model (CoCM)
- Health Behavior Assessments and Interventions (HBAI)
- Transitional Care Management
- Advanced Care Planning (ACP)

Details related to each of these services are included in the manual. Each of the sections incorporate information related to:

- Medicaid enrolled providers that may deliver these services,
- medically necessity requirements for members to receive coverage of the services,
- documentation requirements, and
- reporting integrated healthcare delivered services, which includes coding and billing.

Of note, the policies published in this manual are not new to Medicaid. Rather, the manual serves as a repository of information specific to integrated healthcare. The reconciliation and synthesizing of the policy contained within makes congruent the coding and billing of integrated healthcare with the guidance of the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS).

Coding and billing requirements can be found within the manual itself and the PRISM Coverage and Reimbursement Code Lookup.

24-95 Baby Watch Early Intervention

Baby Watch Early Intervention (BWEI) providers who submit claims for services to BWEI-eligible children residing in skilled nursing facilities (SNFs) will receive a remittance advice indicating the need to submit supporting documentation. The remittance advice will include denial code 190, which indicated that payment for the service is already included in the SNF's per diem rate.

Providers may submit documentation supporting that the BWEI provider delivered care outside of the services covered under the per diem rate for the SNF. If documentation is not submitted, Medicaid will be

unable to adjudicate the claim. Once documentation is submitted through PRISM, BWEI providers may contact the medical policy team at dmhfmedicalpolicy@utah.gov to begin the process.

24-96 Nurse Practitioner and Physician Assistant Policy Updates

Effective November 1, 2024, nurse practitioner (NP) and physician assistant (PA) reportable codes have been updated to align with their respective scope of practice and Medicaid coverage. Refer to the PRISM Coverage and Reimbursement Code Lookup tool for code-specific policy.

24-97 DUR Board Updates

In October 2024, the Drug Utilization Review (DUR) Board met to review long-acting injection antipsychotics utilization. In November 2024, the DUR Board will meet to review various proposed prior authorization forms.

DUR Board meeting minutes are posted on the Utah Medicaid website at https://medicaid.utah.gov/pharmacy/drug-utilization-review-board/. DUR Board Meeting recordings can be found on the YouTube Channel @dmhf_webdohdhhs2.

24-98 P&T Committee Updates

In November 2024, the Pharmacy and Therapeutics (P&T) Committee will meet to review treatments for Duchenne Muscular Dystrophy.

The minutes for P&T Committee meetings can be found at https://medicaid.utah.gov/pharmacy/pt-committee/. P&T Committee meeting recordings can be found on the YouTube Channel @dmhf_webdohdhhs2.

24-99 Pharmacy Prior Authorization Update

The cyberattack on Change Healthcare on February 21, 2024, affected the Utah Medicaid pharmacy point of sale (POS) system, disrupting pharmacy operations and the ability to process prior authorizations (PAs).

The Medicaid pharmacy program began accepting PAs via fax for pharmacy POS drugs and provider-administered drugs on October 15, 2024. Completed pharmacy PA requests should be faxed to 855-828-4991. Pharmacy PA forms can be found at https://medicaid.utah.gov/pharmacy/prior-authorization.

For claims processing issues, or pharmacy PA questions, please contact the Utah Medicaid pharmacy team at (801) 538-6155, options 3, 2, 2.

24-100 Ultra High-Cost Drugs Defined

Utah Medicaid defines ultra high-cost drugs (UHCDs) as medications costing greater than or equal to one million dollars per dose. These medications are carved out of the DRG (diagnosis-related group) and the Managed Care Plans and require prior authorization as stated on the Preferred Drug List. Providers administering an UHCD shall submit the Ultra High-Cost Drug Invoice Submission Form for reimbursement. State staff will audit these services one year after the Ultra High-Cost Drug Invoice Submission Form is submitted to the state with the Ultra High-Cost Drug AAC Payment Follow-up Form.

24-101 Continuation of Care Policy Update

Members transitioning to Medicaid from other payers may encounter differences in pharmacy coverage (preferred/non-preferred status), or requirements in clinical prior authorization resulting in claim denial. Exceptions to non-preferred or clinical prior authorization may be made when a request is received for continuation of care.

Continuation of care (COC) is defined as evidence of the member being on the requested medication for a minimum of 60 out of the last 90 days (measured from when the prior authorization is received), unless the medication is used emergently. Evidence, or supporting documentation, to request support of approval must be submitted and include at least one of the following:

- Confirmation of previous approval or fills through a Managed Care Entity (MCE) or other commercial plans.
- Chart notes demonstrating the member has been taking the requested medications.
- Fill history obtained from the controlled substance database (CSD) or dispensing pharmacy claims history.
- Email messages provided by the prescriber clinical staff.
- Letter of medical justification.
- Medicaid claims history.

- Verbal or written attestation provided by the prescriber's clinical staff.

Continuation of care may not be approved in any of the following situations:

- Non-preferred dosing when the member can reasonably use preferred dosing to make up for the non-preferred requested dosing.
- Non-preferred dosage forms (capsule/tablet or tablet/capsule), unless clinical rationale is provided by supporting documentation.
- Non-preferred brand/generic, unless clinical rationale is provided by supporting documentation.

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

24-102 COVID-19 Vaccine Update

Effective October 1, 2024, Utah Medicaid will continue to cover all Food and Drug Administration (FDA) approved COVID-19 vaccines. Vaccines that were previously granted emergency use authorization under the COVID-19 public health emergency will no longer be covered after the American Rescue Plan Act. COVID-19 vaccination coverage period ends on September 30, 2024.

Additionally, the COVID vaccines administration fee is updated to $14.10 when processed through the pharmacy point of sale system. To receive the administration fee of $14.10, pharmacy providers must submit the code "MA" in the professional service code field. If no "MA" is submitted in the professional service code field, the pharmacy will be paid only for the cost of the vaccine (lesser of logic) and associated dispensing fee.

For questions, contact the Utah Medicaid pharmacy team at (801) 538-6155, options 3, 3, 2.

24-103 Advisory Committee on Immunization Practices (ACIP) 2024-2025 Influenza Vaccine Recommendation Updates

The Center for Disease Control Advisory Committee on Immunization Practices (ACIP) released the 2024-2025 Influenza Vaccine Recommendations.[1]

The ACIP recommends that all persons who are 6 months old or older without contraindications should receive the annual influenza vaccine since 2010. For the 2024-2025 season, the ACIP updated the

recommendation for adults aged 18 through 64 years old solid organ transplant recipients who are receiving immunosuppressive medication regimens to receive HD-IIV3 and allV3 as acceptable options.

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]

Vaccination to prevent influenza is particularly important for members who are at increased risk for severe illness and complications from influenza. Emphasis should be placed on the vaccination of high-risk groups including:

- All children aged 6 months through 59 months.
- All persons aged 50 years and older.
- Adults and children who have 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 immunosuppression caused by medications or HIV infection).
- Persons who are or will be pregnant during the influenza season.
- Children and adolescents (aged 6 months through 18 years) who are receiving aspirin-containing or salicylate-containing medications and who might be at risk for experiencing Reye syndrome after influenza virus infection.
- Residents of nursing homes and other long-term care facilities.
- American Indian or Alaska Native persons.
- Persons with extreme obesity (body mass index ≥40 for adults).
- Caregivers and contacts of those at risk:
    - Household contacts (including children aged 6 months or older) and caregivers of children aged 59 months or younger (less than 5 years) and adults 50 years or older, particularly contacts of children aged < 6 months.
    - Household contacts and caregivers of persons with medical conditions associated with increased risk of severe complications from influenza.
- Healthcare personnel who have the potential for exposure to patients or infectious materials.

Timing of vaccination

For most persons who need only 1 dose of influenza vaccine for the season, vaccination should ideally be offered during September or October. However, vaccination should continue after October and throughout the season as long as influenza viruses are circulating and unexpired vaccines are available. Influenza vaccines might be available as early as July or August; however, vaccination during these months is not recommended for most groups because of the possible waning of immunity throughout the influenza season. However, vaccination during July and August can be considered in instances where there is concern that the persons will not be available for vaccination at a later date.

Considerations for timing of vaccination include the following:

- For most adults (particularly adults aged 65 years and older) and for pregnant persons in the first or second trimester: Vaccination during July and August should be avoided unless there is concern that vaccination later in the season might not be possible.
- Children who require 2 doses: These children should receive their first dose as soon as possible (including during July and August, if the vaccine is available) to allow the second dose (which must be administered at least 4 weeks later) to be received, ideally, by the end of October.
- Children who require only 1 dose: Vaccination during July and August can be considered for children of any age who need only 1 dose of influenza vaccine for the season before the start of school when the vaccination opportunity is present.
- Pregnant persons in the third trimester: Vaccination during July and August can be considered for pregnant persons who are in the third trimester. Vaccination might reduce the risk of influenza illness in their infants during the first months after birth. For pregnant persons in the first or second trimester during July and August, vaccination in September or October is preferable, unless there is concern that later vaccination might not be possible.

Vaccination of persons with a history of egg allergy

ACIP recommends that all persons aged 6 months or older, with an egg allergy, should receive the influenza vaccine that is appropriate for their age and health status. Egg allergy alone necessitates no additional safety measures for influenza vaccination beyond those recommended for any recipient of any vaccine, regardless of the severity of previous reaction to the egg. All vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of acute hypersensitivity reactions are available.

Choice of influenza vaccine

ACIP makes no preferential recommendation about the choice of influenza vaccine. It only recommends that it should be appropriate based on the age and health status of the patient. Utah Medicaid recognizes the ACIP recommendations and will cover “FluMist” for administration during the 2024-2025 flu season.

Available influenza vaccines for the 2024 – 2025 influenza season*

Trade name (Manufacturer)	Presentation	Age indication	Route
IIV3s (standard-dose, egg-based vaccines†)			
Afluria (Seqirus)	0.5-mL PFS§	≥3 yrs§	IM¶
	5.0-mL MDV§	≥6 mos§ (needle/syringe) 18 through 64 yrs (jet injector)	
Fluarix (GlaxoSmithKline)	0.5-mL PFS	≥6 mos	IM¶
FluLaval (GlaxoSmithKline)	0.5-mL PFS	≥6 mos	IM¶
Fluzone (Sanofi Pasteur)	0.5-mL PFS††	≥6 mos††	IM¶
	5.0-mL MDV††	≥6 mos††	
ccIIV3 (Standard dose, cell culture-based vaccine)			
Flucelvax (Seqirus)	0.5-mL PFS	≥6 mos	IM¶
	5.0-mL MDV	≥6 mos	
HD-IIV3 (High dose, egg-based vaccine†)			
Fluzone High-Dose (Sanofi Pasteur)	0.5-mL PFS	≥65 yrs	IM¶
aIIV3 (Standard dose, egg-based† vaccine with MF59 adjuvant)			
Fluad (Seqirus)	0.5-mL PFS	≥65 yrs	IM¶
RIV3 (Recombinant HA vaccine)			
Flublok (Sanofi Pasteur)	0.5-mL PFS	≥18 yrs	IM¶
LAIV3 (egg-based vaccine†)			
FluMist (AstraZeneca)	0.2-mL prefilled single-use intranasal sprayer	2 through 49 yrs	NAS

Abbreviations

ACIP = Advisory Committee on Immunization Practices
aIIV3 = adjuvanted inactivated influenza vaccine, trivalent
ccIIV3 = cell culture-based inactivated influenza vaccine, trivalent
HA = hemagglutinin
HD-IIV3 = high-dose inactivated influenza vaccine, trivalent
IIV3 = inactivated influenza vaccine, trivalent

IM = intramuscular
LAIV3 = live attenuated influenza vaccine trivalent
MDV = multidose vial
NAS = intranasal
PFS = prefilled syringe
RIV3 = recombinant influenza vaccine, trivalent

* Manufacturer package inserts and updated CDC and ACIP guidance should be consulted for additional information concerning, 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/vaccines/vaccines-licensed-use-united-states. Availability and characteristics of specific products and presentations might change or differ from what is described in this table and the text of this report.

† Although a history of a severe allergic reaction (e.g., anaphylaxis) to eggs is a labeled contraindication to the use of egg-based IIV3s and LAIV3, ACIP recommends that all persons aged ≥6 months with egg allergy should receive influenza vaccine and that any influenza vaccine (egg-based or nonegg based) that is otherwise appropriate for the recipient's age and health status can be used (see Persons with a History of Egg Allergy).

§ The approved dose volume for Afluria is 0.25 mL for children aged 6 through 35 months and 0.5 mL for persons aged ≥3 years. However, 0.25-mL prefilled syringes are no longer available. For children aged 6 through 35 months, a 0.25-mL dose must be obtained from a multidose vial.

IM-administered influenza vaccines should be administered by needle and syringe only, except for the MDV presentation of Afluria, which can alternatively be given by the PharmaJet Stratis jet injector for persons aged 18 through 64 years only. For older children and adults, the recommended site for IM influenza vaccination is the deltoid muscle. The preferred site for infants and young children is the anterolateral aspect of the thigh. Additional specific guidance regarding site selection and needle length for IM administration is available in the General Best Practice Guidelines for Immunization available at https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html.

** Not applicable.

†† Fluzone is approved for children aged 6 through 35 months at either 0.25 mL or 0.5 mL per dose; however, 0.25-mL prefilled syringes are no longer available. If a prefilled syringe of Fluzone is used for a child in this age group, the dose volume will be 0.5 mL per dose.

References

1. Centers for Disease Control and Prevention. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2024–25 Influenza Season. August 29, 2024. https://www.cdc.gov/mmwr/volumes/73/rr/rr7305a1.htm?s_cid=rr7305a1_w
2. Division of Integrated Healthcare. Utah Medicaid Provider Manual. Pharmacy Services. Updated July 2024.

https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Pharmacy/Pharmacy.pdf
3. Utah Office of Administrative Rules. R414-60-7. https://adminrules.utah.gov/public/rule/R414-60/Current%20Rules?searchText=R414-60-5

24-104 GLP-1 Agonists Updates

Prescriptions for Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists indicated for type 2 diabetes require a diagnosis code to be submitted with the claim. Additionally, concurrent use of more than one GLP-1 Agonist is restricted. All GLP-1 Agonists are mutually exclusive with each other. Only one GLP-1 per month may be covered.

For more information, please refer to the preferred drug list here: https://medicaid.utah.gov/pharmacy/preferred-drug-list.

24-105 Housing Related Services and Supports Program Update

The Housing Related Services and Supports (HRSS) program provides housing-related services and supports in the form of tenancy support, community transition and supportive living services to Medicaid members experiencing homelessness, food insecurity, transportation insecurity, interpersonal violence and/or trauma. HRSS services are provided under the authority of Utah's 1115 Demonstration Waiver. The eligibility criteria are consistent with the Targeted Adult Medicaid (TAM) program combined with eligible risk factors, which have been updated. In February of 2024, an additional risk factor was added to the eligibility criteria to include, "Is a victim of domestic violence and living in or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter."

HRSS services are available to Medicaid members, ages 19 through 64, who are members of the Targeted Adult Medicaid (TAM) population and meet the needs-based criteria and risk factors criteria.

24-106 Personal Care Services Prior Authorization Update

Effective November 1, 2024, prior authorization will be required for HCPCS code T1019.