September 2024

Utah Department of Health & Human Services
Integrated Healthcare

Medicaid Information Bulletin (MIB)

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

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

24-67 Balance Billing Training Video

The May 2024 MIB, Article 24-30, stated, "Utah Medicaid has experienced an increase in balance billing referral cases to the Utah Office of Inspector General (UOIG). Per the Utah Medicaid Provider Agreement, Section 1, 3-4, Medicaid providers are prohibited from balance billing patients."

In addition to the information included in the article, a short training video is available on YouTube entitled, Balance Billing Policy for Medicaid Providers. Providers are encouraged to watch the video as it contains other important information about billing Medicaid members.

24-68 Medicaid 1115 Justice-Involved Waiver Approval

The Centers for Medicare and Medicaid Services (CMS) approved Utah Medicaid's justice-involved 1115 waiver (formally titled: "Medicaid Reform 1115 Demonstration") on July 2, 2024. Utah Medicaid submitted the demonstration waiver at the direction of House Bill 38, Substance Use and Healthcare Amendments, which passed during the 2020 General Legislative Session.

The new Medicaid justice-involved program provides a limited coverage of targeted ambulatory services for individuals incarcerated in a state prison, county jail, or juvenile justice facility for up to 90 days prior to the individual's expected release date.

Key services that will be covered include, but are not limited to, intensive case management, Medication-Assisted Treatment (MAT) services for all types of Substance Use Disorders (SUD), a 30-day supply of prescription medication upon release, targeted outpatient services, lab and radiology services, diagnosis and treatment of physical and behavioral health conditions, and screening for housing related services.

The coverage of these targeted services is designed to improve care transitions of incarcerated individuals back to the community. This includes promoting continuity of coverage, service receipt, and quality of care, as well as the proactive identification of both physical and behavioral health needs.

For any questions regarding Utah Medicaid's justice-involved program please use the following email address: medicaidjusticewaiver@utah.gov. More information on this program can be found on Utah Medicaid's website using the following link: https://medicaid.utah.gov/programs-and-services/justiceinvolved/.

24-69 Medicare-Medicaid Dual Status Codes

Utah Medicaid began transmitting Dual Status Codes (DSC) in July 2024 on the 270/271 HIPAA transaction for both batch and real-time inquiries. Members who are dually eligible for Medicare and Medicaid benefits have a DSC that is used to categorize individuals as either "full duals" or "partial duals" based on the level of Medicaid benefits they receive.

- DSCs will always be reported for the individual full month(s) of the eligibility inquiry period.
- DSCs will be reported in the MSG01 in Loop 2110C under the first iteration of the EB segment, or unless the EB01= I (non-covered) or EB01= 6 (inactive).
- DSCs will only be reported if one is present in the system for the time periods in the eligibility inquiry request.
- DSCs for the requested inquiry period will be returned in the below format:
    - MSG*DSC<code><Space><MMDDYYYY-MMDDYYYY>
    - If the inquiry is for multiple months, then the delimiter will be used
    - MSG*DSC<code><Space><MMDDYYYY-MMDDYYYY>| MSG*DSC<code><Space><MMDDYYYY-MMDDYYYY>
    - Example: MSG*DSC02 01012023-01312023|DSC08 02012023-02282023|DSC02 03012023-03312023~

DSC List:

- DSC "01" [“Partial-benefit”] Qualified Medicare Beneficiaries without Medicaid (QMB-only)
- DSC "02" [“Full-benefit”] Qualified Medicare Beneficiaries plus full Medicaid (QMB-Plus)
- DSC "03" [“Partial-benefit”] Specified Low-Income Medicare Beneficiaries without Medicaid (SLMB-only)
- DSC "04" [“Full-benefit”] Specified Low-Income Medicare Beneficiaries plus full Medicaid (SLMB-plus)
- DSC "05" [“Partial-benefit”] Qualified disabled and Working Individuals (QDWI)
- DSC "06" [“Partial-benefit”] Qualifying Individuals (QI)
- DSC "08" [“Full-benefit”] Other full-benefit dual eligible /Medicaid Only Dual Eligibles (Non-QMB, non-SLMB, non-QDWI, non-QI)

For more information regarding DSCs, please visit https://www.cms.gov.

This information can also be found in the 270/271 Companion Guide found on the Utah Medicaid website: https://medicaid.utah.gov/hipaa/providers/#companion-guides.

24-70 RHC and FQHC Services Provider Manual Update

The Utah Medicaid Rural Health Clinics and Federally Qualified Health Centers Services Provider Manual, Chapter 11-1, *Billing Codes,* has been updated to remove language advising the necessity of billing CPT code T1015 on provider claims.

24-71 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Provider Manual Update

The EPSDT program is a critical component of Medicaid, ensuring that children and young adults have access to necessary healthcare from birth through the end of the month in which their 21st birthday occurs. The program plays a key role in identifying and addressing health issues early in a child's development to prevent more serious conditions later in life. EPSDT benefits include well-child check-ups performed throughout a child's development including services such as preventative physical exams, hearing and vision screenings, mental health care, and access to all necessary immunizations.

The Utah Medicaid EPSDT Services Provider Manual has been updated to meet the formatting guidelines found in other Utah Medicaid provider manuals.

In addition, the following updates have been included in the manual revision:

- Inaccurate and outdated policy has been removed or revised.
- Additional state and federal program information has been added that may apply to members eligible for EPSDT benefits.
- Additional services that are covered by Utah Medicaid for EPSDT-eligible members but have not been detailed in historic versions of the manual have been added including:
    - Non-emergency medical transportation services
    - Interpreter services
    - Medical appointment assistance and appointment follow-up services provided by local health departments

Providers are encouraged to review the updated provider manual available on the Medicaid website.

24-72 School-Based Skills Development Provider Orders

Effective September 1, 2024, Local Education Agencies (LEAs) must maintain provider orders for the below listed services, including nursing. Individualized Education Plans (IEPs) may serve as the documentation of medical necessity for the provider order if they include the provider's recommendation for services, as well as the scope, frequency, and duration of services, along with the provider's signature and date.

The School-Based Skills Development program must align with federal rules and regulations. Per 42 CFR 440.110 and 42 CFR 440.130, the following covered services must be rendered in accordance with a provider order:

- Speech therapy (42 CFR 440.110(c)(1))
- Physical therapy (42 CFR 440.110(a)(1))
- Audiology (42 CFR 440.110(c)(1))
- Occupational therapy (42 CFR 440.110(b)(1))
- Behavioral services (42 CFR 440.130))
- Orientation and mobility (42 CFR 440.130))
- Vision and hearing adaptation services (42 CFR 440.110(c)(1))

For LEAs that choose not to use an IEP as the provider order, a separate provider order must be completed.

24-73 Behavioral Health Licensing Amendment

In accordance with Senate Bill 26, *Behavioral Health Licensing Amendment,* from the 2024 Legislative Session, three new types of providers will be eligible for enrollment with Utah Medicaid, effective September 1, 2024. Under the Mental Health Professional Practice Act these new providers are:

1. Licensed master addiction counselor and licensed associate master addiction counselor,
2. Licensed behavioral health coach, and
3. Certified behavioral health technician.

Licensure and certification are available through the Utah Division of Professional Licensing. The Rehabilitative Mental Health and Substance Use Disorder Services and the Targeted Case Management for Serious Mental Illness Services manuals have been updated to include the new provider types.

24-74 Private Duty Nursing Updates

Private Duty Nursing Prior Authorization Requirement

Effective September 1, 2024, the prior authorization requirement for private duty nursing services will be extended from 90 to 180 days.

Private Duty Nursing Acuity Grid

The Private Duty Nursing (PDN) Acuity Grid has been updated to better reflect evidence-based practices and standards of care. The updated grid is effective for submission as of September 1, 2024, and can be found on the Utah Medicaid Forms webpage.

Please note the home health services attachments folder has been removed from the Utah Medicaid Official Publications webpage. All forms can be found on the Utah Medicaid Forms webpage.

24-75 Targeted Case Management (TCM) for Individuals with Serious Mental Illness Update

Effective March 1, 2024, all providers qualified to report targeted case management services for individuals with serious mental illness are able to do so. The Utah Medicaid State Plan and the Targeted Case Management for Individuals with Serious Mental Illness provider manual have been updated to remove the limitations advising that providers must be employed by or under contract with one of the following entities:

1. a local mental health and/or substance abuse authority (usually PMHP contractors),
2. a local authority's designated mental health and substance use disorder services provider (usually PMHP contractors),
3. the Department of Health and Human Services, or
4. a program providing Medicaid-covered services, including targeted case management services for individuals with serious mental illness, under the authority of 1915(a) of the Social Security Act (i.e., HOME). Providers authorized under Section 1915(a) of the Social Security Act provide targeted case management services only to Medicaid members enrolled in the 1915(a) program.

24-76 Transcranial Magnetic Stimulation

Effective September 1, 2024, the following codes will be open for coverage by physicians and other qualified healthcare professionals:

90867 - Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery, and management
90868 - Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session
90869 - Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management

Prepaid Mental Health Plans (PMHPs), Utah Medicaid Integrated Care (UMIC) Plans, and Healthy Outcomes Medical Excellence (HOME) program may implement utilization review, including prior authorization (PA) of services. For information on PMHPs', UMIC Plans', and HOME's PA and utilization review requirements and processes, providers must contact these plans. See Chapter 1-3, 'Medicaid Behavioral Health Delivery System' of the Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services, for information on managed care plans.

For members not enrolled in a managed care plan, prior authorization is required and requests for this service must be submitted through the PRISM portal. Prior authorization request forms and instructions may be found on the Utah Medicaid website at https://medicaid.utah.gov/prior-authorization/.

24-77 Code Updates

The following codes have been updated effective July 1, 2024. For code and provider-specific coverage, please see the Coverage and Reimbursement Lookup Tool.

90637	Influenza virus vaccine, quadrivalent (qirv), mrna; 30 mcg/0.5 ml dosage, for intramuscular use
90638	Influenza virus vaccine, quadrivalent (qirv), mrna; 60 mcg/0.5 ml dosage, for intramuscular use
C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation
C1606	Adapter, single-use (i.e., disposable), for attaching ultrasound system to upper gastrointestinal endoscope
C9901	Endoscopic defect closure within the entire gastrointestinal tract, including upper endoscopy (including diagnostic, if performed) or colonoscopy (including diagnostic, if performed), with all system and tissue anchoring components

G9038 Co-management services with the following elements: new diagnosis or acute exacerbation and stabilization of existing condition; condition which may benefit from joint care planning; condition for which specialist is taking a co-management role; condition expected to last at least 3 months; comprehensive care plan established, implemented, revised or monitored in partnership with co-managing clinicians; ongoing communication and care coordination between co-managing clinicians furnishing care
H0014 Alcohol and/or drug services; ambulatory detoxification
J0211 Injection, sodium nitrite 3 mg and sodium thiosulfate 125 mg (nithiodote)
J0687 Injection, cefazolin sodium (wg critical care), not therapeutically equivalent to J0690, 500 mg
J0872 Injection, daptomycin (xellia), unrefrigerated, not therapeutically equivalent to J0878 or J0873, 1 mg
J0911 Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)
J1597 Injection, glycopyrrolate (glyrx-pf), 0.1 mg
J1598 Injection, glycopyrrolate (fresenius kabi), not therapeutically equivalent to J1596, 0.1 mg
J1748 Injection, infliximab-dyyb (zymfentra), 10 mg
J2183 Injection, meropenem (wg critical care), not therapeutically equivalent to J2185, 100 mg
J2246 Injection, micafungin in sodium (baxter), not therapeutically equivalent to J2248, 1 mg
J2267 Injection, mirikizumab-mrkz, 1 mg
J2373 Injection, phenylephrine hydrochloride (immphentiv), 20 micrograms
J2468 Injection, palonosetron hydrochloride (avyxa), not therapeutically equivalent to J2469, 25 micrograms
J2470 Injection, pantoprazole sodium, 40 mg
J2471 Injection, pantoprazole (hikma), not therapeutically equivalent to J2470, 40 mg
J3247 Injection, secukinumab, intravenous, 1 mg
J3263 Injection, toripalimab-tpzi, 1 mg
J3393 Injection, betibeglogene autotemcel, per treatment
J3394 Injection, lovotibeglogene autotemcel, per treatment
J7171 Injection, adamts13, recombinant-krhn, 10 iu
J7355 Injection, travoprost, intracameral implant, 1 microgram
J8611 Methotrexate (jylamvo), oral, 2.5 mg
J8612 Methotrexate (xatmep), oral, 2.5 mg
J9361 Injection, efbemalenograstim alfa-vuxw, 0.5 mg
Q4311 Acesso, per square centimeter
Q4312 Acesso ac, per square centimeter
Q4313 Dermabind fm, per square centimeter
Q4314 Reeva ft, per square centimeter
Q4315 Regenelink amniotic membrane allograft, per square centimeter
Q4316 Amchoplast, per square centimeter
Q4317 Vitograft, per square centimeter
Q4318 E-graft, per square centimeter
Q4319 Sanograft, per square centimeter
Q4320 Pellograft, per square centimeter
Q4321 Renograft, per square centimeter

Q4322 Caregraft, per square centimeter
Q4323 Alloply, per square centimeter
Q4324 Amniotx, per square centimeter
Q4325 Acapatch, per square centimeter
Q4326 Woundplus, per square centimeter
Q4327 Duoamnion, per square centimeter
Q4328 Most, per square centimeter
Q4329 Singlay, per square centimeter
Q4330 Total, per square centimeter
Q4331 Axolotl graft, per square centimeter
Q4332 Axolotl dualgraft, per square centimeter
Q4333 Ardeograft, per square centimeter
Q5137 Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg
Q5138 Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg

The following codes have been updated effective March 22, 2024. For code and provider-specific coverage, please see the Coverage and Reimbursement Lookup Tool.

M0224 Intravenous infusion, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known sars-cov-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, includes infusion and post administration monitoring
Q0224 Injection, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known sars-cov-2 exposure, and who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, and are unlikely to mount an adequate immune response to COVID-19 vaccination, 4500 mg

24-78 Durable Medical Equipment Policy Update

Many Medicaid covered Durable Medical Equipment (DME) HCPCS codes have been updated. Previously some DME items were listed as continuous rental items (requiring the RR modifier to be appended to the code when billed/reported) and others as capped rentals where the item was considered purchased after a 12-month rental period (requiring the LL modifier to be appended to the code when billed/reported). Other codes were updated from a capped or continuous rental to a purchase or from a purchase to a capped or continuous rental.

If the DME was previously listed as a continuous rental item and is now considered a purchase item, providers may only bill submitted charges to Medicaid for the remaining balance of the purchase price. For example, if the item was previously listed as rental with a monthly rental rate of $10 per month and was

rented on April 1, 2024, and the item is now considered a purchased item with a rate of $100, the provider would bill Medicaid on August 1, 2024, the remaining $60 of the total purchase price as they were reimbursed $10 a month for the months of April, May, June, and July. Providers should not bill the total purchase price for any item for which the provider received a daily or monthly rental rate reimbursed by Medicaid if the code has subsequently been updated to a purchased item.

If the DME was previously listed as a purchase item and is now considered a capped or continuous rental item, and the item has already been reimbursed for purchase, providers may not bill for rental.

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

B9002- Enteral nutrition infusion pump, any type
B9006- Parenteral nutrition infusion pump, stationary
E0193- Powered air flotation bed (low air loss therapy)
E0424- Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0431- Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
E0434- Portable liquid oxygen system, rental; includes portable container, supply mask, and tubing reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing
E0439- Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing
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
E0791- Parenteral infusion pump, stationary, single or multi-channel

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

E0373- Non-powered advanced pressure reducing mattress
E0480- Percussor, electric or pneumatic, home model
E0550- Humidifier, durable for extensive supplemental humidification during ippb treatments or oxygen delivery
E0562- Humidifier, heated, used with positive airway pressure device
E0639- Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories

The following codes were changed from continuously rented items to purchased items as of 4/1/2023:

E0443- Portable oxygen contents, gaseous, 1 month's supply = 1 unit
E0840- Traction frame, attached to headboard, cervical traction
E0860- Traction equipment, overdoor, cervical
E0870- Traction frame, attached to footboard, extremity traction, (e.g., buck's)
E0890- Traction frame, attached to footboard, pelvic traction

24-79 Alcohol Use Disorder Treatments

The categories of medications carved out from Managed Care Entity (MCE) coverage have been updated to include alcohol use disorder treatments. As carved-out medications, treatments for alcohol use disorder treatments are covered by Fee for Service Medicaid, even for members with MCE coverage.

24-80 Mandatory 3-Months Supply for Maintenance Medications

Fee for Service Medicaid requires members to fill a three-month supply of medication if the medication is listed on the Preferred Drug List - 3 Month Supply Required Drugs. Pharmacy staff are encouraged to work with prescribers to make any necessary changes to prescriptions to conform to this requirement. The pharmacy may process the original prescription without having to contact the provider if there are enough refills for a three-month supply. The pharmacy may also submit the Exception to 3 Month Supply Prior Authorization if there is rationale for an exception to this policy.

24-81 Concurrent Use of Opioids/Muscle Relaxants/Sedative Hypnotics

On August 31, 2016, the U.S. Food and Drug Administration (FDA) issued a drug safety announcement regarding Black Box Warning (BBW) labeling regarding the increased risk of respiratory depression (RD) and death associated with the concurrent use opioids with benzodiazepines and other central nervous system (CNS) depressants. Muscle relaxants (MRs) and some sedative-hypnotics (SHs) were included in the FDA's list of Benzodiazepines and other CNS depressants. MRs include baclofen, carisoprodol, chlorzoxazone, dantrolene, metaxalone, methocarbamol, orphenadrine, and tizanidine. SHs agents include non-benzodiazepine receptor agonists/z-drugs (eszopiclone, zaleplon, zolpidem); melatonin receptor agonists (ramelteon, tasimelteon); orexin receptor antagonists (daridorexant, lemborexant, and suvorexant); and

tricyclic antidepressant, doxepin. The FDA and other pain-focused guidelines discourage concurrent use of opioids with any CNS depressant and promote limiting co-use to patients in whom alternatives are inadequate and when benefits outweigh risks.

The Centers for Disease Control and Prevention (CDC) emphasizes prevention of opioid overdose. Per the CDC, the following patients are at high risk of overdose: patients with a history of overdose, patients with a history of substance use disorder, patients with sleep-disordered breathing, patients taking higher doses of opioids (e.g. ≥ 50 MME/day), patients taking benzodiazepines with opioids, and patients at risk for returning to a high dose to which they have lost tolerance.

Risk mitigation strategies issued by the CDC, the American Society of Interventional Pain Physicians (ASIPP), and Veterans Affairs/Department of Defense (VA/DoD) guidelines are important tools to reduce the risk of overdose and RD. Providers are encouraged to continue to use the following strategies to mitigate risks from concurrent use: 1) Screen patients for overdose/RD risk factors, 2) Use the lowest effective dose for the shortest duration, and consider dose reduction(s) when adding an additional CNS depressant, 3) Provide education to patients and caregivers to monitor for sedation/RD, and offer naloxone to "high-risk" patients, 4) Monitor the Prescription Drug Monitoring Program (PDMP) before starting acute/chronic opioid therapy and periodically with long-term use, and 5) Perform more frequent follow-up in patients taking CNS depressants with opioids, and consider interdisciplinary care for pain and behavioral health conditions for patients with chronic pain and high-risk behaviors.

References:

1. U.S. Food & Drug Administration. FDA Drug Safety Communication: FDA warns about serious risks and death when combining opioid or cough medicines with benzodiazepines; requires its strongest warning. 2017. Last Updated September 20, 2017. https://www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-warns-about-serious-risks-and-death-when-combining-opioid-pain-or

2. Manchikanti L, Kaye AM, Knezevic NM, et al. Comprehensive, Evidence-Based, Consensus Guidelines for Prescription of Opioids for Chronic Non-Cancer Pain from the American Society of Interventional Pain Physicians (ASIPP). *Pain Physician*. 2023;26(7s):S7-s126.

3. Dowell D, Ragan KR, Jones CM, Balwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022. *MMWR Recomm Rep*. 2022;71(3):1-95.

4. Use of Opioids in the Management of Chronic Pain Work Group. *VA/DoD Clinical Practice Guideline for the Use of Opioids in the Management of Chronic Pain*. Version 4.0 Defense DoVAaDo; 2022: 177 pages. Last Updated May 2022.

24-82 Ultra High-Cost Drugs Update

Ultra High-Cost Drugs (UHCD), defined by Utah Medicaid as medications costing one million dollars or greater per dose, require a fully completed prior authorization form along with required documentation, and if approved, completion of the Ultra High-Cost Drug Invoice Submission Form for reimbursement. The Ultra High-Cost Drug Invoice Submission Form can be found on the Utah Medicaid Pharmacy website.

24-83 Vaccine Policy Update

Claims billed through PRISM for vaccines will no longer require the SL modifier for claim adjudication.

24-84 Montelukast Box Warning

In March 2020, the U.S. Food and Drug Administration (FDA) issued a requirement for a box warning on serious neuropsychiatric events including but not limited to agitation, aggression, depression, sleep disturbances, suicidal thoughts and behavior with montelukast medication (Singulair and generics). The FDA recommends health care providers consider the risks and benefits of montelukast when prescribing or continuing patients on the medication, and to provide counseling to all patients receiving montelukast. The FDA advised healthcare providers to restrict montelukast for the use of allergic rhinitis in patients w ho have an inadequate response or intolerance to alternative therapies.

Montelukast is FDA-approved for prophylaxis and chronic treatment of asthma in patients 1 year of age and older. Montelukast is also approved to prevent exercise-induced bronchoconstriction in patients 6 years of age and older. In addition, montelukast is indicated for the relief of symptoms of seasonal allergic rhinitis in patients 2 years and up.

Effective July 10, 2024, the Utah Medicaid Fee for Service pharmacy point-of-sale system applies an age limit edit to montelukast products per the FDA-approved age indication for specific products. An exception to this policy can be requested by submitting the Medication Coverage Exception prior authorization form.

References:

1. U.S. Food & Drug Administration. FDA requires a Boxed Warning about serious mental health side effects for asthma and allergy drug montelukast (Singulair); advises restricting use for allergic rhinitis. https://www.fda.gov/drugs/drug-safety-and-availability/fda-requires-boxed-warning-about-serious-mental-health-side-effects-asthma-and-allergy-drug

24-85 Long-Acting Reversible Contraceptive Post Delivery

Long-acting reversible contraceptive (LARC) devices, inserted following a delivery, will be excluded from the DRG reimbursement calculation and will be separately paid according to the fee schedule as an additional amount to the DRG reimbursement calculation. Facilities must include the appropriate LARC HCPCS code on the submitted claim to be adjudicated correctly. All rates can be found in the PRISM Coverage and Reimbursement Code Lookup.

LARC devices are only reimbursed when used per the manufacturers' full prescribing information guidelines. Post-payment reviews may be done, and recoveries made if initially inappropriately paid.

24-86 DUR Board Updates

In September 2024, the Drug Utilization Review (DUR) Board will meet to review antipsychotics used in adults.

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.

24-87 P&T Committee Updates

In September 2024, the Pharmacy and Therapeutics (P&T) Committee will meet to review treatments for hereditary angioedema.

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.

24-88 Melatonin Coverage

Starting September 1, 2024, Utah Medicaid will cover a 90-day supply of over-the-counter melatonin for children and adults with a prescription from a healthcare provider.