

MEDICAID INFORMATION BULLETIN

Medicaid Information: 1-800-662-9651

medicaid.utah.gov

24-22 PROVIDER ENROLLMENT AUTO CLOSURES	1
24-23 REPORTING CPT CODES AS PROFESSIONAL, TECHNICAL, OR GLOBAL	2
24-24 PRISM SYSTEM DOWNTIME NOTIFICATIONS.....	3

24-22 Provider Enrollment Auto Closures

Provider Enrollment restarted the auto-closure process in January 2024. Per Utah Administrative Code R414-23-4, the Department may automatically close a provider contract for any of the following reasons:

- (1) Failure to revalidate within the required three or five-year cycle as directed by 42 CFR 424.515.
- (2) Expiration of professional license, or expiration of any license associated with the program for clinical laboratory improvement amendments (CLIA).
- (3) Upon state or federal reporting of a deceased provider.
- (4) Failure to bill Medicaid for one or more years without notification.

Providers who fail to complete their revalidation timely will be closed at the end of their revalidation cycle. This includes fee-for-service and Accountable Care Organization (ACO) providers.

Utah Medicaid will attempt to notify providers through incremental correspondence when it is time to complete their revalidation cycle. The auto-closure letters are mailed 90 days prior and 30 days prior to the auto-closure date. If the provider has not completed the process in time, a final termination letter is sent.

Providers should keep their information current in PRISM to ensure letters are sent to the correct location when a license expires. Letters are mailed to the "Correspondence Address" listed in the provider's file.

Providers who have been auto closed will need to contact the Provider Enrollment team to be reopened to allow for re-enrollment and should submit their enrollment documents within 30 days of the closure to avoid a gap in their enrollment dates. If the modification and required documentation is received after 30 days, providers may see a lapse in their enrollment dates.

A retro enrollment request (up to 120 days) may be submitted for consideration. However, a request over 120 days may be subject to an administrative hearing.

For questions or concerns, contact Provider Enrollment at 1-800-662-9651 (toll free) or (801) 538-6155 option 3, then 4, or by email at providerenroll@utah.gov.

24-23 Reporting CPT Codes as Professional, Technical, or Global

[Section I: General Information provider manual, Chapter 12-7.3 Modifier used in a Claim](#), has been retroactively updated to March 1, 2023. The title of the chapter has been changed to “Modifiers” and the body has been updated to state the following:

Modifiers 26 and TC: Certain diagnostic and procedural services are comprised of two components: a professional component (PC); and a technical component (TC). The PC and TC may be furnished independently or by different providers, or they may be furnished together as a global service. When services have separately billable PC and TC components, the payment for the global service equals the sum of the payment for the TC and PC.

- Professional (Modifier 26) - Certain procedures are a combination of a physician or other qualified health care professional component and a technical component. When the physician or other qualified health care professional component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.
- Technical (Modifier TC) - Under certain circumstances, a charge may be made for the technical component alone; under those circumstances the technical component charge is identified by adding modifier TC to the usual procedure number; technical component charges are institutional charges and not billed separately by physicians; however, portable x-ray suppliers only bill for technical component and should utilize modifier TC; the charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.

If the same provider is performing both the technical and professional component of a service, the global service (i.e., the procedure code without the TC or 26 Modifier) should be reported.

This policy has been made retroactively effective to March 1, 2023. Providers may resubmit claims in accordance with this updated policy, which adheres to correct coding standards.

24-24 PRISM System Downtime Notifications

Notifications of PRISM system downtime are distributed with recorded messages on the customer service hotline, as well as with banner messages on the Medicaid website, in the PRISM system, and on the UHIN website. These notifications are made one week in advance of planned downtime, or as soon as possible for unexpected downtime.

For email notifications of PRISM system downtime, please subscribe on the PRISM page on the Medicaid website: <https://medicaid.utah.gov/prism>.