

SECTION 2

NON-TRADITIONAL MEDICAID PLAN

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1 General Information

All underlined words contained in this document should serve as hyperlinks to the appropriate internet resource. Email dmhfmedicalpolicy@utah.gov if any of the links do not function properly noting the specific link that is not working and the page number where the link is found.

For general information regarding Utah Medicaid, refer to [Section I: General Information, Chapter 1, General Information](#).

1-1 Non-Traditional Medicaid Plan

Non-Traditional Medicaid (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. This manual describes the scope of services provided to members who are eligible for the Non-Traditional Medicaid Plan.

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 the [1115 Waiver](#), [Utah Administrative Rule](#), the [Medicaid Provider Agreement](#), the [Utah Medicaid provider manuals](#), any attachments specific to a provider manual, and the [Medicaid Information Bulletins](#).

1-1.1 Authority

Non-Traditional Medicaid 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](#).

2 Managed Care Entities

For more information about Managed Care Entities (MCEs), refer to [Section I: General Information, Chapter 2, Managed Care Entities](#).

For more information about Prepaid Mental Health Plans (PMHPs), refer to the [Rehabilitative Mental Health and Substance Use Disorder Services Provider Manual](#).

A list of MCEs and PMHPs with which Medicaid has a contract to provide health care services is found on the Medicaid website [Managed Care](#).

3 Provider Participation and Requirements

Refer to [Section I: General Information, Chapter 3, Provider Participation and Requirements](#).

4 Record Keeping

Refer to [Section I: General Information, Chapter 4, Record Keeping](#).

5 Provider Sanctions

Refer to [Section I: General Information, Chapter 5, Provider Sanctions](#).

6 Member Eligibility

In accordance with the [1115 Waiver](#), Non-Traditional Medicaid members includes adults with dependent children and adult caretaker relatives on Family Medicaid programs.

Refer to [Section I: General Information, Chapter 6, Member Eligibility](#), for information about how to verify a member's eligibility, third party liability, ancillary providers, and member identity protection requirements. Medicaid members who are not enrolled in a managed care plan may receive services from any provider who accepts Medicaid and is an enrolled Utah Medicaid provider.

7 Member Responsibilities

For information on member responsibilities including establishing eligibility and co-payment requirements, refer to [Section I: General Information, Chapter 7, Member Responsibilities](#).

8 Programs and Coverage

The scope of service under NTM is similar to Traditional Medicaid but with some limitations, reduced benefits, and non-covered services.

For services covered under NTM, please refer to the [Coverage and Reimbursement Code Lookup](#).

8-1 Definitions

Definitions of terms used in multiple Medicaid programs are in [Section I: General Information, Chapter 1-9, Definitions, Utah Administrative Code R414-1. Utah Medicaid Program](#), and [Utah Administrative Code R414-200. Non-Traditional Medicaid Health Plan Services](#).

8-2 Audiology Services

Per the [1115 Waiver](#), hearing evaluations or assessments for hearing aids are covered. Hearing aids covered only if hearing loss is congenital.

8-3 Emergency Transportation Services

Per the [1115 Waiver](#), ambulance (ground and air) services covered for medical emergencies only under NTM.

8-4 End-Stage Renal Disease - Dialysis

End-stage renal disease services covered under NTM are the same as those covered under Traditional Medicaid.

Refer to the Utah Medicaid Provider Manual for [Pharmacy Services, Chapter 9, End Stage Renal Disease \(ESRD\)](#).

8-5 Family Planning Services

Family planning services covered under NTM are the same as those covered under Traditional Medicaid.

Refer to the [Section I: General Information](#), *Chapter 8-4.3, Other Covered Services*.

For birth control benefits, refer to the [Birth Control chart](#).

8-6 Free-Standing Ambulatory Surgical Center Services

Covered services in freestanding ambulatory surgical centers under NTM are the same as those covered under Traditional Medicaid.

Refer to the Utah Medicaid Provider Manual for [Hospital Services](#), *Chapter 8-10, Ambulatory Surgical Centers Coverage and Reimbursement*.

8-7 Home Health Services

Home health services covered under NTM are the same as those covered under Traditional Medicaid.

Refer to the Utah Medicaid Provider Manual for [Home Health Services](#).

8-8 Hospice Services

Hospice services covered under NTM are the same as those covered under Traditional Medicaid.

Refer to the Utah Medicaid Provider Manual for [Hospice Services](#).

8-9 Hospital Services

Hospital services covered under NTM are the same as those covered under Traditional Medicaid. (Inpatient Hospital, Outpatient Hospital, and Emergency Department)

Refer to the Utah Medicaid Provider Manual for [Hospital Services](#).

8-10 Interpretive Services

[Interpretive services](#) covered under NTM are the same as those covered under Traditional Medicaid.

Refer to the Utah Medicaid Provider Manual, [Section I: General Information](#), *Chapter 3-8, Medical Interpretive Services*, *Chapter 3-8.2 Fee-for-Service Members*, *Chapter 3-8.3, How to obtain an Interpreter*, and *Chapter 8-4.3, Other Covered Services*.

8-11 Laboratory and Radiology Services

Laboratory and radiology services covered under NTM are the same as those covered under Traditional Medicaid.

Refer to the Utah Medicaid Provider Manual for [Physician Services](#), *Chapter 8-11, Laboratory Services*.

For services covered under NTM, refer to the [Coverage and Reimbursement Code Lookup](#).

8-12 Medical Supplies and Equipment

For [medical supplies and equipment](#), there are differences in coverage between NTM and Traditional Medicaid.

For services covered under NTM, refer to the [Coverage and Reimbursement Code Lookup](#).

8-13 Organ Transplants

Organ transplants covered under NTM are bone marrow, cornea, heart, kidney, liver, lung, and stem cell.

Refer to [Utah Administrative Code R414-10A](#) for coverage criteria.

For prior authorization and coverage, refer to the [Coverage and Reimbursement Code Lookup](#).

8-14 Pharmacy Services

Pharmacy services covered under NTM are the same as those covered under Traditional Medicaid.

Refer to the Utah Medicaid Provider Manual for [Pharmacy Services](#).

8-15 Physical Therapy and Occupational Therapy Services

Physical and occupational therapy services are covered under NTM.

Refer to the Utah Medicaid Provider Manual for [Physical Therapy and Occupational Therapy Services](#).

For services covered under NTM, refer to the [Coverage and Reimbursement Code Lookup](#).

8-16 Physician Services

Physician services covered under NTM are the same as those covered under Traditional Medicaid.

Refer to the Utah Medicaid Provider Manual for [Physician Services](#).

8-17 Podiatry Services

Podiatry services covered under NTM are the same as those covered under Traditional Medicaid.

Refer to the Utah Medicaid Provider Manual for [Podiatry Services](#).

8-18 Rehabilitative Mental Health and Substance Use Disorder Services

Rehabilitative Mental Health and Substance Use Disorder Services covered under NTM are the same as those covered under Traditional Medicaid.

Refer to the Utah Medicaid Provider Manual for [Rehabilitative Mental Health and Substance Use Disorder Services](#).

8-19 Vision Care Services

Vision services covered under NTM are the same as those covered under Traditional Medicaid for non-pregnant adults.

Refer to the Utah Medicaid Provider Manual for [Vision Care Services](#).

9 Non-Covered Services and Limitations

Non-covered services for the Traditional Medicaid members are also non-covered for Non-Traditional Medicaid members.

The following services are non-covered for Non-Traditional Medicaid members:

- Chiropractic services
- Dental services
 - Dental services are non-covered under NTM
 - When determined medically necessary, limited emergency dental services for NTM members may be covered
- Long-term care services
- Non-emergency transportation of any kind
- Preventive services
- Private duty nursing
- Speech-language pathology services

9-1 Limited Abortion Services

Limited abortion services covered under NTM are the same as Traditional Medicaid.

Refer to [Section I: General Information](#), Chapter 9-1, Limited Abortion Services, and Utah Administrative Code R414-1B. Payment for Limited Abortion Services.

9-2 Sterilization and Hysterectomy Procedures

Sterilization services covered under NTM are the same as Traditional Medicaid.

Sterilization and hysterectomy procedures are limited to those which meet the requirements of [42 CFR 441, Subpart F](#).

9-3 Family Planning Services

Family planning services limitations are the same as those for Traditional Medicaid.

Refer to the Utah Medicaid Provider Manual for [Physician Services](#), *Chapter 9-3.1, Voluntary Sterilization*, [Hospital Services](#), *Chapter 9-3.1, Voluntary Sterilization*, and [Hospital Services](#), *Chapter 9-14, Non-Covered Services*.

10 Prior Authorization

For Medicaid medical or surgical services requiring prior authorization, the physician must obtain approval from Medicaid before service is rendered to the patient. For information regarding prior authorization, see [Section I: General Information](#), *Chapter 10, Prior Authorization*. Additional resources and information can be found on the [Utah Medicaid Prior Authorization](#) website.

For information on codes requiring prior authorization, manual review, or non-covered status, refer to the [Coverage and Reimbursement Code Lookup](#).

10-1 Retroactive Authorization

There are limited circumstances in which a provider may request authorization after service is rendered. These limitations are described in [Section I: General Information](#), *Chapter 10-3, Retroactive Authorization*.

11 Billing Medicaid

Refer to [Section I: General Information](#), *Chapter 11, Billing Medicaid*, for more information about billing instructions.

12 Coding

Refer to the [Section I: General Information](#), *Chapter 12, Coding*, for information about coding, including diagnosis, procedure, and revenue codes.

For coverage and reimbursement information for specific procedure codes see the [Coverage and Reimbursement Code Lookup](#). Generally, the fees represented on the Coverage and Reimbursement Code Lookup are only for fee-for-service claims paid directly by Utah Medicaid using Utah Medicaid's fee schedule. This fee schedule does not account for any enhancement in fee schedule amounts (i.e., rural physician enhancements, rural dental enhancements, etc.).