



# 2013 Medicaid Billing/Provider Seminar

**Presented by:**

Medicaid Operations  
Managed Health Care  
Prior Authorizations  
Office of the Inspector General

# Training



**Introducing:**

**Provider's Choice Training Program**

# Program Details



- Limited number of group training sessions
- Scheduled phone appointments with a Provider Specialist
- Scheduled training appointments at the Utah Department of Health
- Online topical training presentations
- Reinforce the importance of the Medicaid Information Bulletins (MIB)

# Benefits



- One-on-one help from a Provider Specialist
- Year round availability
- If we notice that you are having a problem with your claims, we will contact you to help
- Provides a forum for feedback and suggestions on how we can improve

# Contact Us



**Please use the e-mail address listed below for the following reasons:**

Schedule a phone appointment with a Provider Specialist

Ask questions about a specific topic

Provide feedback or suggestions

**[providertrainingsupport@utah.gov](mailto:providertrainingsupport@utah.gov)**

# Questions?



# Coverage & Reimbursement Policy



**If you have questions about Coverage and Reimbursement  
Policy issues, please contact:**

**Caryn K. Slack, MD, MPH**

Medical Director, Division of Medicaid and Health Financing  
Assistant Director, Bureau of Coverage and Reimbursement Policy

Office: 801-538-6149

Fax: 801-536-0965

Email: [ckslack@utah.gov](mailto:ckslack@utah.gov)

# Dental Changes



## Reminder:

Please use the ADA Council on Dental Practice Division as a guideline when billing for dental services, as long as it is in line with Utah state law, administrative rule, and Medicaid policy.

<http://www.ada.org>

# Podiatry



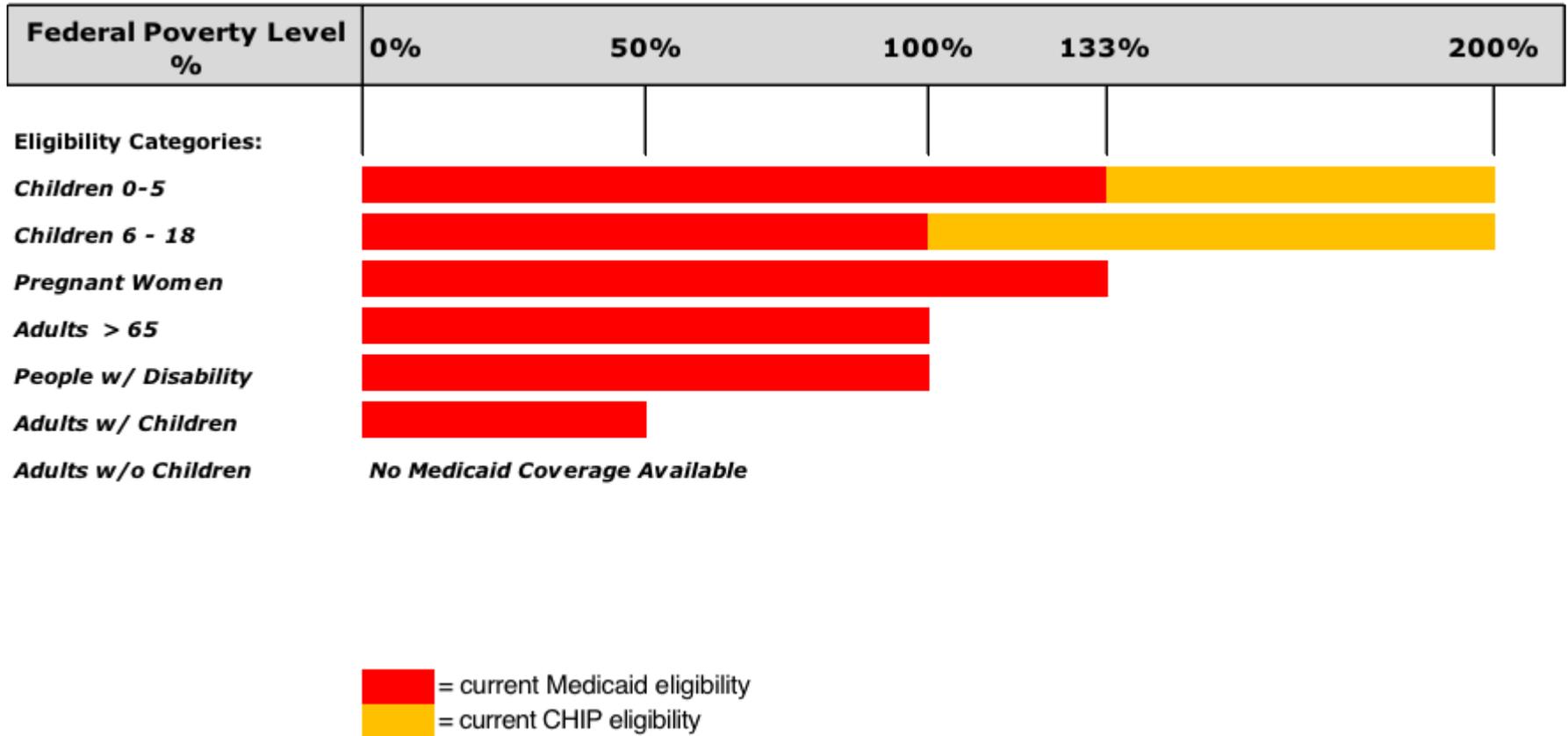
- Effective July 1, 2013, the restriction of services for non-pregnant adults will be removed and any podiatric service previously available to only pregnant women and children will also be open to non-pregnant adults eligible for Traditional and Non-Traditional Medicaid (when provided by a podiatrist).

# Income Limits for Medicaid and CHIP Eligibility

Current Coverage Levels through December 2013

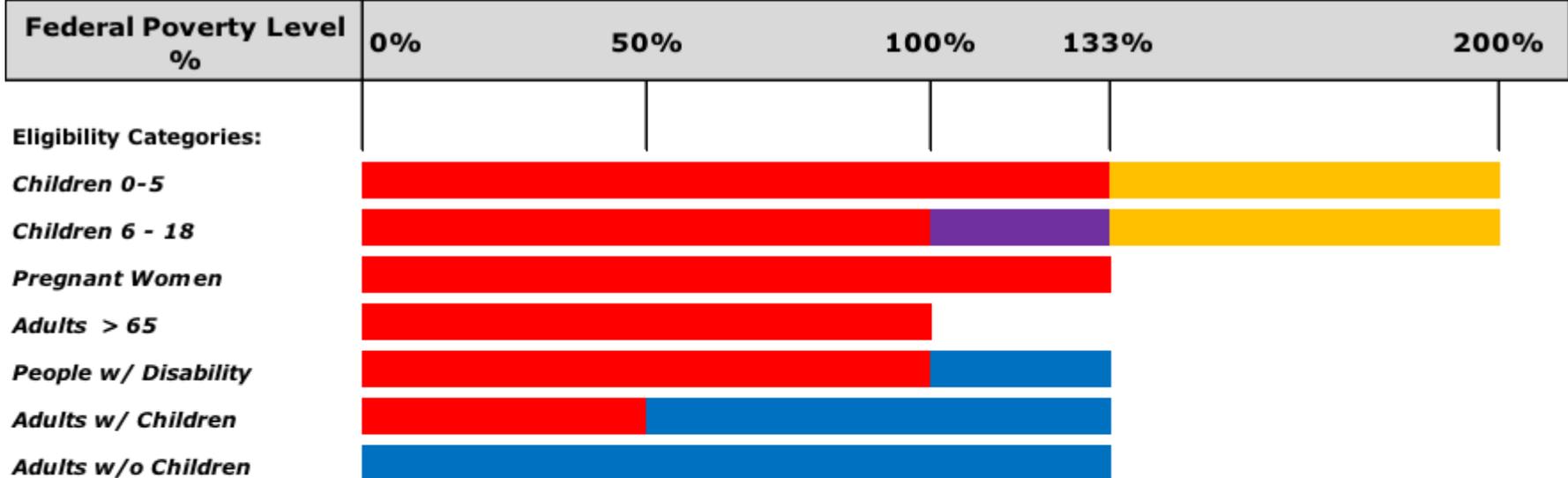


UTAH DEPARTMENT OF  
**HEALTH**  
MEDICAID



# Income Limits for Medicaid and CHIP Eligibility

Medicaid Eligibility Optional Expansion via the ACA

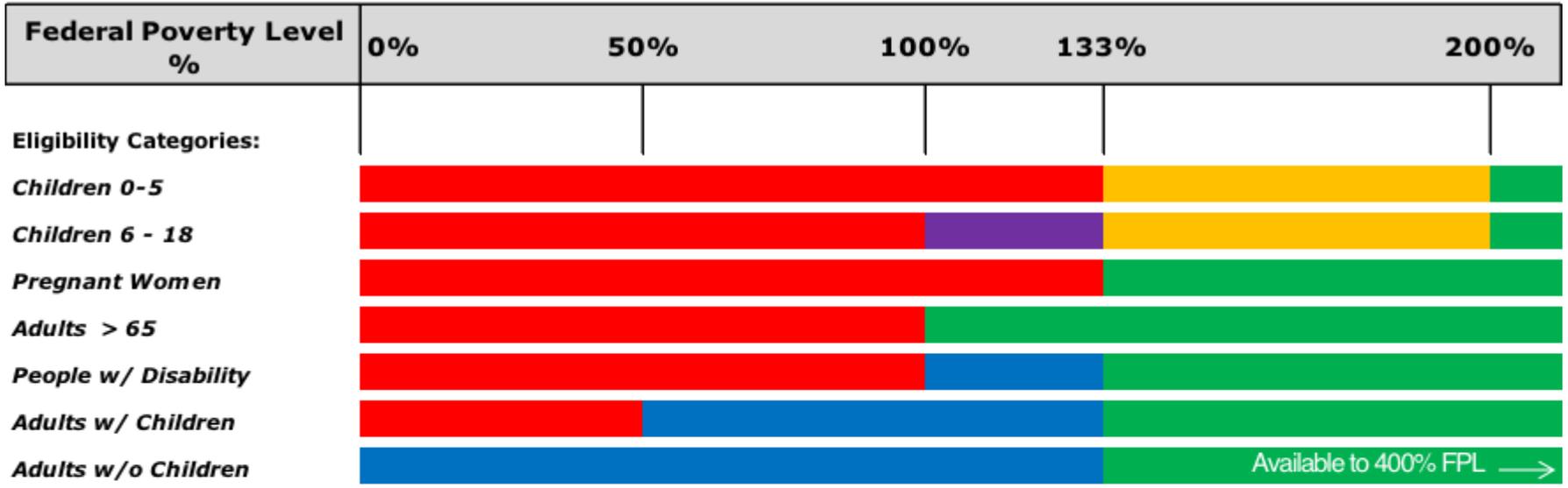


- = current Medicaid eligibility
- = current CHIP eligibility
- = Medicaid expansion (not optional under ACA)
- = Medicaid expansion (optional under ACA)

# Income Limits for Medicaid, CHIP and Tax Credit Eligibility



Medicaid Eligibility Optional Expansion via the ACA

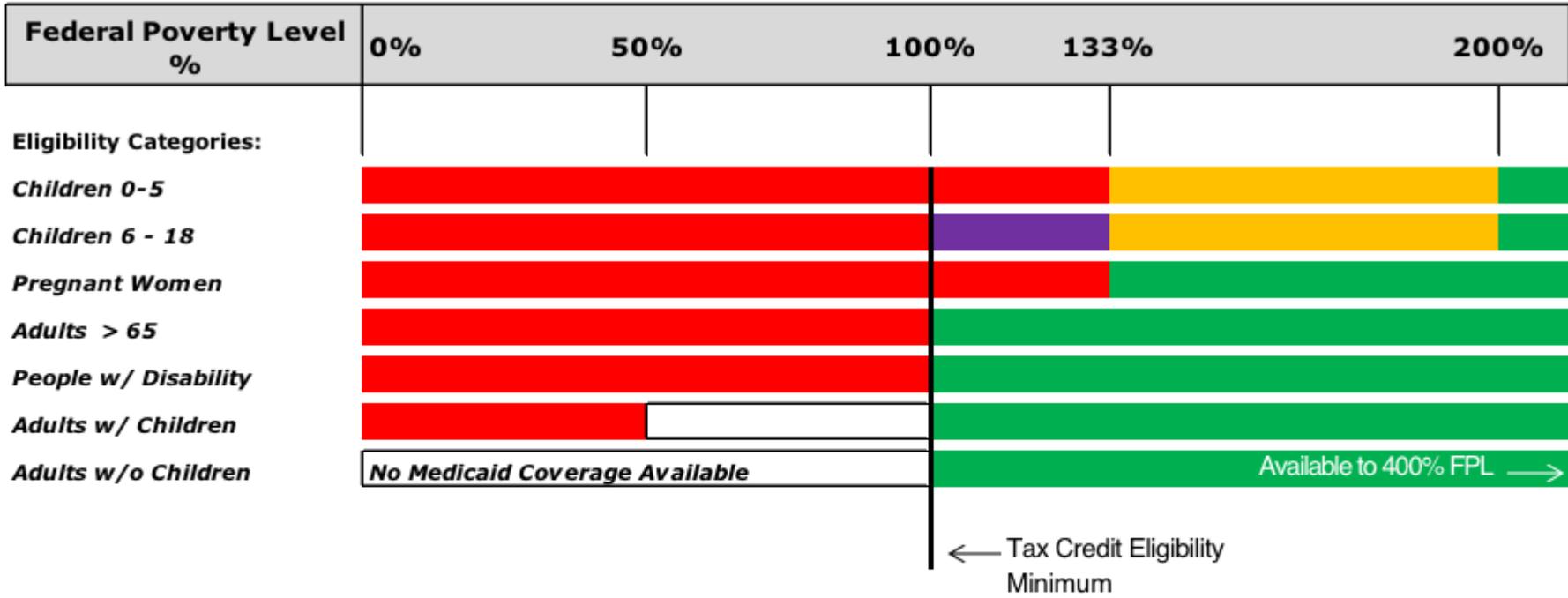


- = current Medicaid eligibility
- = current CHIP eligibility
- = Medicaid expansion (not optional under ACA)
- = Medicaid expansion (optional under ACA)
- = Eligible for Tax Credits for use in the Exchange (up to 400% of FPL)

Available to 400% FPL →

# Income Limits for Medicaid, CHIP and Tax Credit Eligibility

No Optional Medicaid Expansion Scenario



- = current Medicaid eligibility
- = current CHIP eligibility
- = Medicaid expansion (not optional under ACA)
- = Eligible for Tax Credits for use in the Exchange (up to 400% of FPL)

# Sending In Documentation



- Documentation for Manual Review, Emergency Only Program, Timely Filing, Provider Preventable Conditions and Sterilization Consent Forms MUST be submitted with a Documentation Submission Form – regardless of submission method. Any documentation received without a Documentation Submission Form will be returned to you. (April 2011 MIB, Section 11-37)
  - The Documentation Submission Form can be found on our website: <http://health.utah.gov/medicaid/provhtml/forms.htm>
    - Please be sure you are using the most current version of all Medicaid Forms; which can be found on our website.
  - Documentation Submission Form must be **completely** filled out and include all necessary supporting documentation.

# Documentation (continued)



- Documentation for Manual Review, Emergency Only Program and Sterilization Consent Forms MUST be received within 365 days from the date of service AND submitted to the correct department to ensure documents are received timely.
- Timely Filing Review and Provider Preventable Conditions documentation MUST be received within 30 days of original denial.
- As of 09/01/2013, all documentation submitted to the incorrect department will be returned to you versus being forwarded to the correct department as previously done.

# Fax Numbers

- Fax numbers for review departments:

<b>Manual Review</b>	<b>801-536-0463</b>
<b>Emergency Only Program</b>	<b>801-536-0475</b>
<b>Timely Filing</b>	<b>801-536-0164</b>
<b>Provider Preventable Conditions</b>	<b>801-536-0974</b>
<b>Sterilization Consent Forms</b>	<b>801-237-0745</b>

Note: If you have sent in documentation for review and have not yet received a Remittance Advice confirming payment on your claim and have also not received a denial letter, please DO NOT re-submit the documentation. Your claim is more than likely still in review. Please call Customer Service to verify that your documentation has been received before re-submitting.

# Manual Review

- Absolutely NON-REVIEWABLE through Manual Review:
  - Sterilization Consent Forms
  - Emergency Only Reviews
  - Timely Filing Reviews
  - Non-emergent ER visits for PCN patients
  - Claims denying as Not Payable To Provider Type
  - Codes that require Prior Authorization
    - The **only** exception to this is if it is the DIAGNOSIS that is requiring Prior Authorization

# Emergency Only Program



- Listing the ENTIRE 17-digit TCN number of your claim on the Documentation Submission Form will ensure quicker processing of your review.
- Non-Reviewable Situations:
  - Sterilization procedures
  - Claims denying for Not Payable To Your Provider Type
- A letter will be sent to you for:
  - Requests received with no documentation
  - Duplicate submissions
  - Denied reviews
  - Faxes containing documentation for more than one client
    - See April 2013 MIB, Section 13-33

# Timely Filing Review

- Reviewable Items:
  - Client is approved by the Department of DMD for disability
  - Disability is approved by Social Security
  - Court Order
  - State discrepancy (Discrepancy reason MUST be listed in the comments section on the Documentation Submission Form)
  - Medicare EOB (Medicare EOB's do not need to go to hearing IF Medicare has paid in the last 6 months)
- All other Timely Filing Review requests will be denied.
  - You will need to request a hearing for any other appropriate, justifiable reason
  - All Timely Filing Review and/or Hearing requests MUST be received within 30 days from original denial

# Sterilization Consent Forms

- Prior Authorization is **required** for all sterilizations
  - At the time a Prior Authorization is requested, it is mandatory that you also send in a current Medicaid Sterilization Consent Form. All sections of the form **MUST** be filled out COMPLETELY with the exception of the Physician's Statement section – which you will leave blank until:
    - The day of the surgery: Fill in the Physician's Statement section (that includes the physician signing and dating the form) and fax a copy of the **COMPLETED** form to Sterilizations (NOT the PA department)

# Sterilization Consent Forms

(continued)



- Remember: Per Federal Guidelines, there MUST be at least 30 days between the day the client signs the form and the date of service
  - The ONLY exceptions to this rule are: Premature delivery and emergency abdominal surgery which MUST be indicated on the form.
- Outdated, incomplete, unsigned and/or invalid forms will be returned to you.
- Sending in invalid forms has the potential of making your claims timely.

# Vaccines For Children

- Admin codes (Must be billed with an SL modifier AND total admin units billed MUST match total VALID vaccines).
  - 90471
    - Initial vaccine
    - Only bill 1 unit
    - CANNOT be billed in conjunction with 90473
    - CANNOT bill oral vaccine for this admin
  - 90472
    - Additional vaccines
    - CANNOT bill oral vaccine for this admin
  - 90474
    - Oral vaccine MUST be billed for this admin
    - Only bill 1 unit

# VFC (continued)

- 90473
  - Oral vaccine MUST be billed for this admin
  - Only bill 1 unit
  - Can ONLY be billed alone or in conjunction with 90472
  - CANNOT be billed in conjunction with 90471 or 90474
  
- Acceptable admin combinations:
  - 90471
  - 90471 & 90472
  - 90471, 90472 & 90474
  - 90473
  - 90473 & 90472

# VFC (continued)

- Valid vaccine codes (oral vaccines are highlighted):

90633	90647	90648	90649
90650	90655	90656	90657
90658	90660	90669	90670
90696	90698	90680	90681
90700	90707	90710	90713
90714	90715	90716	90718
90721	90723	90734	90740
90743	90744	90747	90748

# Enhanced VFC Payments

- Beginning January 1<sup>st</sup>, 2013 through December 31<sup>st</sup>, 2014, the State is allowed to increase payments to qualifying physicians for E/M services and VFC admin rates.
- The rule publication can be found on the Federal Register page at <http://www.gpo.gov/fdsys/pkg/FR-2012-11-06/pdf/2012-26507.pdf>
  - A table of the current regional maximum fee and the updated regional maximum fee, by state, is provided in this publication.
- Further information regarding enhanced payments is provided by CMS in the form of a FAQ document and can be found by going to:
  - [www.medicaid.gov](http://www.medicaid.gov)
    - State Resource Center
    - FAQ – Medicaid and CHIP AVA Implementation
    - Q & A on increased Medicaid payments for PCP's

# Enhanced VFC Payments

(continued)



- Physicians must self-attest to qualify
  - Use **individual** NPI, not group
  - Self-attestation form can be found at:  
<https://docs.google.com/a/utah.gov/spreadsheet/viewform?formkey=dG0wVnVZMXh26mh36TdDNE9CNmoxVWc6MQ#gid=0>
  - Non-physician providers should not self-attest, but may bill under a supervising physician if appropriate.
- Attestations are subject to audit and will be reviewed and validated by Utah Medicaid.
  - Review results are posted on the Medicaid website and will state whether it was properly submitted or note any problems.

# Enhanced VFC Payments

(continued)



- <http://health.utah.gov/medicaid/stplan/bcrp/htm>
  - Click Physician Enhancement Resources
  - Download Physician Enhancement Listing
  
- Payments:
  - Details on how the enhanced payments will be made are still being finalized with CMS.
  - We anticipate that payments will be made as quarterly lump sum payments.
  
- Please refer to the April 2013 MIB (section 13-32) for more detailed information.

# 270/271 Transactions

- Provider must be enrolled with Medicaid for the date submitted in the eligibility query. Can query back 3 years.
- Subscriber minimum requirement for a search:
  - Client Medicaid ID and Full Name
  - Client Medicaid ID, Last Name and Date of Birth
  - Client Medicaid ID, First Name and Date of Birth
  - Full Name and Date of Birth
- Limited to 20 EQ specific requests (service types)
- Batch limited to 99 client inquiries
- Information returned includes Program type, ACO, co-pays, out-of-pocket, remaining liability, accumulators

# 276/277 Claim Status



- Minimum search criteria:
  - Claim Level Search:
    - TCN and Billing Provider ID
    - Recipient ID, Billing Provider ID, Service Dates
  - Line Level Search:
    - TCN, Billing Provider ID, Service Dates, Procedure Code, Line Charge Amount
    - Recipient ID, Billing Provider ID, Service Dates, Procedure Code, Line Charge Amount
- Billing provider ID must match the claim
- Information returned:
  - Claim Charge, Paid Amount, Adjudication Date, Payment Method, Warrant/EFT Number, Line Detail (Line search or line denials), Denial messages

# Provider Overpayments



- Send documentation with the check
  - Copy of remittance with billing changes noted that affected the overpayment
  - Spreadsheet listing provider name, NPI/ID on original claim, client name, client ID, date of service, original submitted charge, amount of overpayment and detailed reason for overpayment (i.e. procedure code changed 99213 to 99212, procedure 87000 billed in error, TPL – include EOB, etc.)
  - Copy of credit balance letter (mark on envelope if due to credit balance letter/remit information)
  - Billing provider ID must match the claim

# Utah RX Portal



# Utah Medicaid Program

## Medicaid From A - Z

Index of keywords, with links

## Medical Assistance

Help with the cost of medical care

- [Children's Health Insurance Program \(CHIP\)](#)
- [Primary Care Network \(PCN\)](#)
- [Utah's Premium Partnership for Health Insurance "UPP"](#)
- [Baby Your Baby](#)
- [Utah Medical Benefits](#)
- [Utah Medical Programs Summary](#)
- [Medicaid Education Video](#)
- [Medicaid Policy](#)
- [CHIP Policy](#)

## Clients

- [How and Where to Apply for Medicaid](#)
- [Apply On-Line](#)
- [Find a Health Program Representative](#)
- [Medicaid Member Guide](#)
- [Forms](#)
- [Adult Program Co-Pay Charts](#)
- [Leaving Foster Care](#)
- [Dental Information](#)
- [Buyout Program](#)
- [Safe To Wait Emergency Department Grant](#)
- For information related to the Medicaid clients missing data, [click here](#), or call the information hotline at 1-800-662-9651

## Health Care Providers

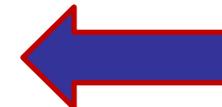
Information for Medicaid providers

- [Enroll as a Utah Medicaid Provider](#)
- [Ordering/Referring/Prescribing Enrollment](#)
- [Utah Medicaid Newsletter](#) - Subscribe to an e-mail list server and receive notices of program changes, announcements of MIBs, and other information. Unsubscribe at any time.
- [Bulletins](#)
- [Manuals](#)
- [Forms](#)
- [Criteria \(Instructions\)](#)
- [Fee Schedule](#)
- [Coverage & Reimbursement Lookup Tool](#) *New*
- [835 Error Codes List](#)
- [State Plan](#)
- [5010 Companion Guides](#) *New*
- [Coordination of Benefits \(COB\) Instructions](#)
- [EDI Enrollment Tutorial](#) *New*
- [Electronic Data Interchange \(EDI\) Enrollment](#)
- [Health Information Technology \(HIT\)](#)
- [Pharmacy Program](#)
- [Provider-Preventable Conditions Report \(Excel version\)](#)

## What's New

Bulletins, press releases, notices, waivers

- [Utah Autism Waiver](#)
- [ACO Quality Measures](#)
- [MMIS Replacement Project](#)
- [Technology Dependent Waiver Renewal Application](#)
- [1115 PCN Waiver Extension](#)
- [Utah Community Service Medicaid Pilot Program](#)



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# Utah Medicaid Program

## WHAT'S NEW

[May 2013 Interim MIB](#)

[April 2013 Interim MIB](#)

[April 2013 MIB](#)

[February 2013 Interim MIB](#)

[January 2013 MIB](#)

[Utah Provider Portal](#) - Providers may register to check eligibility for pharmacy benefits, submit an RX to the pharmacy, and submit a PA to Medicaid for a drug.

[List of Injection Codes](#) - Procedure codes requiring a National Drug Code (NDC). Updated August 2010.

[FAX Numbers to Medicaid Operations](#)

[Utah Medicaid Newsletter](#) - Subscribe to an e-mail list server and receive notices of program changes, announcements of MIBs, and other information. Unsubscribe at any time.

[5010 Security Measures](#) - Medicaid 5010 Eligibility Server (DTS).

[Baby Your Baby Program Training Manual](#)



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Login

User ID:

Password:

Login



[Register](#) | [Forgot Password](#)



## Registration

Welcome to the Utah Provider Portal Registration Page

By filling out this form, you are requesting access to the Utah Provider Portal

This information will be processed and verified. Please give us a couple of business days to finish processing your request

Required fields are marked by an asterisk (\*).

User role \*:  ▼

Prefix:  ▼

First name\*:

MI:

Last name\*:

Postfix:

Title:

NPI\*:

Email\*:

**Medicaid providers, business associates, contractors, or subcontractors who use this website are subject to the**

**privacy and confidentiality laws set forth in the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH). By checking the acceptance box on this website, the user acknowledges and agrees to: (1) abide by the provisions of HIPAA and HITECH, (2) protect the data and information, and (3) utilize the data and information only for the minimum necessary use.**



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**This system contains confidential information.**



PA Inbox

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## Patient Search

Utah Medicaid ID or Name (last , first)

Search

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Patient

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### Utah Medicaid ID

ID

### Utah Medicaid Eligibility

06/01/2013

06/30/2013

### Member Name

First Name

M.I.

Last Name

### Date of Birth

### Gender

F

### Address

Street 1

Street 2

City

State

Zip Code

### Phone Number

[Drug Profile](#)

This screen does not guarantee eligibility and prescription coverage. Please validate complete eligibility and benefit coverage following the standard processes

CURRENTLY SELECTED

Patient [REDACTED]

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## Drug profile for [REDACTED]

[Return to Member Profile](#)

Rx Date	Rx Number	Product	Quantity	Days Supply	Prescriber	Pharmacy
[REDACTED]	[REDACTED]	HYDROCO/APAP TAB 5-500MG	25.0	2	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	IBUPROFEN TAB 800MG	100.0	33	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	BUPROPN HCL TAB 300MG XL	30.0	30	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	CITALOPRAM TAB 40MG	30.0	30	[REDACTED]	[REDACTED]

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## Pharmacy Search

Pharmacy

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Your search for "Fresh market" returned 24 records

## Pharmacy Search

Pharmacy

Pharmacy Name	Address	City	State	Phone	
<a href="#">FRESH MARKET PHARMACY #2303</a>	1784 W 12600 S	RIVERTON	UT	(801) 978-8493	Select
<a href="#">FRESH MARKET PHARMACY #2350</a>	1638 S 9TH E	SALT LAKE CITY	UT	(801) 978-8493	Select
<a href="#">FRESH MARKET PHARMACY #2356</a>	3945 WASHINGTON BLVD	OGDEN	UT	(801) 978-8493	Select
<a href="#">FRESH MARKET PHARMACY #2365</a>	1760 PARK AVENUE	PARK CITY	UT	(801) 978-8493	Select
<a href="#">FRESH MARKET PHARMACY #2367</a>	1825 W 4700 S	TAYLORSVILLE	UT	(801) 978-8493	Select
<a href="#">FRESH MARKET PHARMACY #2371</a>	2040 S 23RD E	SALT LAKE CITY	UT	(801) 978-8493	Select
<a href="#">FRESH MARKET PHARMACY #2374</a>	49 E 400 N	LOGAN	UT	(801) 978-8493	Select
<a href="#">FRESH MARKET PHARMACY #2377</a>	910 N FAIRFIELD ROAD	LAYTON	UT	(801) 978-8493	Select
<a href="#">FRESH MARKET PHARMACY #2378</a>	135 E MAIN	AMERICAN FORK	UT	(801) 756-2411	Select
<a href="#">FRESH MARKET PHARMACY #2379</a>	1212 DRAPER PARKWAY	DRAPER	UT	(801) 832-1890	Select
<a href="#">FRESH MARKET PHARMACY #2382</a>	2044 HARRISON BLVD	OGDEN	UT	(801) 978-8493	Select



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## FRESH MARKET PHARMACY #2379

### Pharmacy Name

FRESH MARKET PHARMACY  
#2379

### NPI

[REDACTED]

Select

### Address

Address: 1212 DRAPER PARKWAY

City: DRAPER

State: UT

Zip Code: 840209097

### Phone Number(s)

Phone: (801) 832-1890

Fax: [REDACTED]



## Formulary Search

Name (brand or generic):

**General Criteria for all PDL categories-**For more information or help using the PDL, providers may call 1-800-662-9651; members should call 1-800-662-9651. To access PDL and PA materials via the internet: [Utah PDL Directory](#)

Many drugs in the Medicaid pharmacy program do not require a Prior Authorization (PA), but are still subject to restrictions that are outlined in the Medicaid Pharmacy Services Manual and the Medicaid Physician Services Manual. This section serves as a quick reference for the specific policies that govern coverage of these drugs.

In accordance with the Utah Medicaid Provider Manual for Pharmacy Services, SECTION 2, Chapter 4-9, Limits on Certain drugs, some drugs are limited by a quantity in any thirty-day period. These drugs do not qualify for early refills, as stated in Chapter 4-7, Early Refills. The limits listed are those approved by the Medicaid Drug Utilization Review (DUR) Board. Physicians and other prescribers who feel that a patient has specific needs that exceed the limits may appeal to the DUR Board. All medications remain subject to all the other requirements of the Utah Medicaid Pharmacy Program, as described in the Utah Medicaid Manual for Pharmacy Services.

Non-Traditional Medicaid has additional restrictions in place. In accordance with the Utah Medicaid Provider Manual for Non-Traditional Medicaid, SECTION 2, Chapter 2-19.2, no lozenges, suckers, rapid dissolve, lollipop, pellets, patches or other unique formulation delivery methodologies developed to garner "uniqueness" will be covered, except where the specific medication is unavailable in any other form (Duragesic and Actiq). Drugs are covered for labeled indications only

Cumulative limits on long-acting narcotic analgesics and short-acting single entity narcotic analgesics are waived for the treatment of cancer-related pain. Additionally, Fentanyl 100mcg patches, fentanyl lozenges, and fentanyl buccal tablets are covered only for cancer-related pain. The prescriber must provide an appropriate ICD.9 diagnosis code for cancer on prescriptions for these drugs

All requests for exceptions to policy require a petition to the DUR board. DUR meetings are held on the second Thursday of every month. Petitions to the

## Search Results

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Name	Description	Route	OTC Code	B/G Code	Packaging	PDL Status		
<a href="#">CYMBALTA</a>	CYMBALTA CAP 20MG	OR	RX	B	BOTTLE	<a href="#">Preferred</a>		E-Fax Rx
<a href="#">CYMBALTA</a>	CYMBALTA CAP 30MG	OR	RX	B	BLISTER	<a href="#">Preferred</a>		E-Fax Rx
<a href="#">CYMBALTA</a>	CYMBALTA CAP 30MG	OR	RX	B	BOTTLE	<a href="#">Preferred</a>		E-Fax Rx
<a href="#">CYMBALTA</a>	CYMBALTA CAP 30MG	OR	RX	B	BOX	<a href="#">Preferred</a>		E-Fax Rx
<a href="#">CYMBALTA</a>	CYMBALTA CAP 60MG	OR	RX	B	BLISTER	<a href="#">Preferred</a>		E-Fax Rx
<a href="#">CYMBALTA</a>	CYMBALTA CAP 60MG	OR	RX	B	BOTTLE	<a href="#">Preferred</a>		E-Fax Rx
<a href="#">CYMBALTA</a>	CYMBALTA CAP 60MG	OR	RX	B	BOX	<a href="#">Preferred</a>		E-Fax Rx

## Alternatives

Page  of 2 Page Size

Name	Description	Route	OTC Code	B/G Code	Packaging	PDL Status		
<a href="#">DESVENLAFAXINE ER</a>	DESVENLAFAX TAB 50MG ER	OR	RX	G	BOTTLE	<a href="#">Non Preferred</a>	Request PA	E-Fax Rx
<a href="#">DESVENLAFAXINE ER</a>	DESVENLAFAX TAB 100MG ER	OR	RX	G	BOTTLE	<a href="#">Non Preferred</a>	Request PA	E-Fax Rx
<a href="#">EFFEXOR</a>	EFFEXOR TAB 25MG	OR	RX	B	BOTTLE	<a href="#">Non Preferred</a>	Request PA	E-Fax Rx
<a href="#">EFFEXOR</a>	EFFEXOR TAB 37.5MG	OR	RX	B	BOTTLE	<a href="#">Non Preferred</a>	Request PA	E-Fax Rx
<a href="#">EFFEXOR</a>	EFFEXOR TAB 50MG	OR	RX	B	BOTTLE	<a href="#">Non Preferred</a>	Request PA	E-Fax Rx
<a href="#">EFFEXOR</a>	EFFEXOR TAB 100MG	OR	RX	B	BOTTLE	<a href="#">Non Preferred</a>	Request PA	E-Fax Rx

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## CYMBALTA CAP 20MG

### Product

Name: CYMBALTA

Strength: 20 MG

Description: Duloxetine HCl Enteric Coated Pellets Cap 20 MG

Packaging: BOTTLE

Dosage Form: CPEP

Route of Administration: OR

Preferred drugs must be tried and failed due to lack of efficacy or intolerable side effects before non-preferred drugs will be approved, unless an acceptable clinical exception is offered on the Prior Authorization form, such as the presence of a condition that prevents usage of the preferred drug or a significant potential drug interaction between another drug and the preferred drug(s) exists.

[Request PA](#)[E-Fax Rx](#)

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Your search for "314.2" returned 1 record



## Diagnosis Search

Diagnosis Desc or ICD 9 Code

ICD-9

Description

[314.2](#)

Hyperkinetic conduct disorder

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If you have questions, comments or concerns on the information provided, please contact [Us](#).

# Web PA

Required fields are marked by an asterisk (\*).

## Brand Name Medication [Change Form](#)

### Patient

Patient ID:  [Lookup Patient](#)

First Name:  Last Name:

DOB:  (DD/MM/YYYY)

Street 1:   
Street 2:   
City:  State:  Zip Code:

Phone:

### Provider

NPI:

First Name:  Last Name:

Street 1:  [Change Address](#)

Phone:  Fax:

### Pharmacy

Pharmacy Name:

Street 1:

Street 2:

City:  State:  Zip Code:

Phone:  Fax:

### Diagnosis

ICD-9:

Description:

### Drug Information

**Drug Name:**                      **Strength:** **Package:**                      **Dosage Instruction:**                      **Quantity\*:** **Days Supply\*:** **Refills:**

CYMBALTA    CAP 20MG        20 MG    BOTTLE                1

**FAX DOCUMENTATION FROM PROGRESS NOTES TO 855-828-4992 note the new fax number**

### CRITERIA:

- Explanation of why treatment was initiated with the branded product OR
- Details of adverse reaction, allergy or inadequate response to the generic equivalent

## Drug Information

Drug Name:

Strength: Package:

Dosage Instruction:

Quantity\*: Days Supply\*: Refills:

CYMBALTA CAP 20MG

Lookup

20 MG

BOTTLE

1 ▼

**FAX DOCUMENTATION FROM PROGRESS NOTES TO 855-828-4992 note the new fax number**

### CRITERIA:

- Explanation of why treatment was initiated with the branded product OR
- Details of adverse reaction, allergy or inadequate response to the generic equivalent

### NOTES:

- Many extended-release branded products do not have extended-release generic equivalents. In these cases, an adequate trial of the short-acting generic product is required.
- Prior authorizations for brand name medications require physician evaluated, charted documentation of an allergic reaction or adverse reaction. Patient complaints of lack of efficacy are not acceptable reasons for failure such as "Client said", "client reports", "doesn't work" or "causes nausea."
- This Prior Authorization is only available to clients enrolled in Traditional Medicaid (Purple Card). Clients enrolled in Non-Traditional Medicaid (Blue Card) or Primary Care Network (Yellow Card) must pay full price for brand name medications with available generics.

### AUTHORIZATION

One year

### RE-AUTHORIZATION

Updated letter of medical necessity

Submit



## ePrescription

Required fields are marked by an asterisk (\*).

### Patient

Patient ID:

Lookup

First Name:

Last Name:

DOB:

 (DD/MM/YYYY)

Street 1:

Street 2:

City:

State:

Zip Code:

Phone:

### Provider

NPI:

Change Address

First Name:

Last Name:

Phone:  Fax:

### Pharmacy

Pharmacy Name:

Street 1:

Street 2:

City:  State:  Zip Code:

Phone:  Fax:

### Diagnosis

ICD-9:

Description:

### Drug Information

**Drug Name:**                      **Strength:** **Package:**                      **Dosage Instruction:**                      **Quantity\*:** **Days Supply\*:** **Refills:**

### Notes to the Pharmacist

Add any notes to the pharmacist



[Dashboard](#) [Patients](#) [Pharmacies](#) [Formulary](#) [Diagnosis](#) [Web PA](#) [E-Fax Rx](#) [Rx Outbox](#) [Rx Search](#) [User Preferences](#) [Help](#)



## Rx Outbox

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If you have questions, comments or concerns on the information provided, please contact [Us](#).

CURRENTLY SELECTED

Patient: [REDACTED]

Diagnosis [314.2](#)



[Dashboard](#) [Patients](#) [Pharmacies](#) [Formulary](#) [Diagnosis](#) [Web PA](#) [E-Fax Rx](#) [Rx Outbox](#) [Rx Search](#) [User Preferences](#) [Help](#)

Your search for "[REDACTED]" returned no results



## RX Search

RX Number, Utah Medicaid ID, First name, or Last name:

[Search](#)

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## User Preferences



Address Preference



Address Management



Notification Preferences



Office Worker Management



User Information



Change Password

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## Users

As the enrolled Medicaid professional or organization with access to this Provider Portal, it is your responsibility to manage the staff or other persons acting on your behalf who are allowed to have access under your log-in. It is also your responsibility to update access as staff changes arise.

[Add Office Worker](#)

Found 0 Workers

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If you have questions, comments or concerns on the information provided, please contact [Us](#).

[Dashboard](#) [Patients](#) [Pharmacies](#) [Formulary](#) [Diagnosis](#) [Web PA](#) [E-Fax Rx](#) [Rx Outbox](#) [Rx Search](#) [User Preferences](#) [Help](#) **Add Office Worker**

Required fields are marked by an asterisk (\*).

Prefix:  First name\*: MI: Last name\*: Postfix: Title: Email\*: 

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If you have questions, comments or concerns on the information provided, please contact [Us](#).



[Dashboard](#) [Patients](#) [Pharmacies](#) [Formulary](#) [Diagnosis](#) [Web PA](#) [E-Fax Rx](#) [Rx Outbox](#) [Rx Search](#) [User Preferences](#) [Help](#)

## Notification Preferences

When a Prior Authorization status has changed, you have the option of being notified.

### Please let us know which status you would like us to notify you about

Approved Status

Denied Status

Incomplete Status

Deferred Status

### Now, tell us how you'd like to be notified

Fax

Email

Test Notifications

Save

[Dashboard](#) [Patients](#) [Pharmacies](#) [Formulary](#) [Diagnosis](#) [Web PA](#) [E-Fax Rx](#) [Rx Outbox](#) [Rx Search](#) [User Preferences](#) [Help](#)

## Change Password

Required fields are marked by an asterisk (\*).

Passwords must be 8 to 64 characters long, and contain 2 of the following 3: Upper Case letter(s), Numbers and/or Special Characters

Special Characters are : !, @, #, \$, &, \*, \_ , - , =

Password\*:

Verify Password\*:

Save

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If you have questions, comments or concerns on the information provided, please contact [Us](#).



[Dashboard](#) [Patients](#) [Pharmacies](#) [Formulary](#) [Diagnosis](#) [Web PA](#) [E-Fax Rx](#) [Rx Outbox](#) [Rx Search](#) [User Preferences](#) [Help](#)



## Help

Utah Provider Portal v. 2013.05.07 r.498

The State of Utah Provider Portal is available to support Providers in the HealthCare treatment of Utah Medicaid members.

We will accomplish this by providing accurate and up-to-date information for Members, Pharmacist and Healthcare Providers regarding medications on Utah Preferred Drug List, prior authorization requirements, web based prior authorizations and member eligibility.

If you have any questions regarding how to use this Provider Portal you may either download the User Guide listed below or call Goold Health Systems at 1-888-445-0497

[User Guide](#)

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If you have questions, comments or concerns on the information provided, please contact [Us](#).

# Requirements for Medicaid Prior Authorization Requests



- An up-to-date Utah Medicaid prior authorization request form
- All information must be legible
- Client Medicaid ID number
- The CPT, HCPCS code that is being requested
- The direct fax number and phone number of the provider
- Using the instructions on page 3 of the Utah Medicaid Prior Authorization Request Form, complete all of the mandatory fields for the requested service

# Hospice Prior Authorization Process Update



- As of July 1, 2013, the pathway for submitting hospice prior authorization request are now the same process that providers currently use to submit home health service authorization requests.
- The fax number to submit hospice prior authorization request is 801-323-1562.
- If hospice providers need additional assistance with this process they will be required to use the Medicaid Information Line: 801-538-6155 or toll-free 800-662-9651 (option 3, option 3, option 8).
- Hospice providers will continue to use the prior authorization request form they are currently using.

**Utah Medicaid Provider Manual  
Division of Medicaid and Health Financing**

**Request for Prior Authorization  
Updated January 2013**

FORM NUMBER  
**24 06 37**  
UTAH DEPARTMENT OF HEALTH  
MEDICAL SERVICES FORM

**\*DO NOT USE THIS FORM FOR HEALTH CHOICE UTAH, MOLINA, HEALTHY U OR SELECTHEALTH REQUESTS\***

<b>1. DATE OF REQUEST:</b> _____ <b>2. REQUESTED DATE(S) OF SERVICE:</b> _____ - _____ <b>3. RETROACTIVE REQUEST:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>4. REQUEST CHANGE TO A CURRENT PA:</b> <input type="checkbox"/> NO <input type="checkbox"/> YES PA # _____ <b>5. NUMBER OF PAGES INCLUDED WITH REQUEST:</b> _____ <b>6. IS THIS REQUEST FOR AN INPATIENT CLIENT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b><u>FAX THIS COMPLETED FORM AND ALL REQUIRED SUPPORTING DOCUMENTATION TO THE APPROPRIATE NUMBER ON THE ATTACHED INSTRUCTIONS PAGE</u></b> <b>OR MAIL TO:</b> <b>UTAH MEDICAID PRIOR AUTHORIZATION UNIT</b> <b>PO BOX 143111</b> <b>SALT LAKE CITY, UT 84114-3111</b> <b>FOR QUESTIONS REGARDING PRIOR AUTHORIZATIONS, PLEASE CALL:</b> <b>(801) 538-6155 OPTIONS 3, 3</b>			
<b>7. Patient Name: Last, First, M.I.</b>		<b>8. Date of Birth</b>	<b>9. Age</b>	<b>10. Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>11. Medicaid ID #</b>
<b>12. Medical Supply, Therapy, Imaging or Procedure Requested (List primary procedure first)</b>		<b>13. CPT, Medical Supply or Surgical Code</b>	<b>14. Units/Visits Requested</b>	<b>15. Estimated Cost</b>	
1)					
2)					
3)					
<b>16. Will the service of an Anesthesiologist be used?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>17. Will the service of an Assistant Surgeon be used?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>A. Is the above patient in an institution?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>C. Is the above patient in a nursing facility?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>B. Does the above patient have an intellectual disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>E. Does the patient have a court appointed legal guardian?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>D. Does the above patient have a mental illness?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>18. Hospital/Facility Name, Address and NPI #</b> Name _____			<b>19. Diagnosis Description &amp; ICD-9-CM Code(s)</b> _____		

**18. Hospital/Facility Name, Address and NPI #**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

NPI # \_\_\_\_\_

**19. Diagnosis Description & ICD-9-CM Code(s)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**20. SUMMARY OF HISTORY:** (Physical Examination, X-ray studies, prescriptions and other applicable documentation must be supplied in sufficient detail to justify the necessity for the procedure/supply that is being requested. Please see the appropriate Utah Medicaid manual for criteria of requested item/procedure)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**21. Name, Address and NPI # of Requesting or Supplying Provider**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Office Contact Name \_\_\_\_\_

NPI # \_\_\_\_\_

**22. Name, Address and NPI # of Referring or Prescribing Provider**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Office Contact Name \_\_\_\_\_

NPI # \_\_\_\_\_

**NOTE: THIS IS NOT A CERTIFICATE OF ELIGIBILITY NOR A GUARANTEE OF PAYMENT AMOUNT REQUESTED. ELIGIBILITY MUST BE CONFIRMED BY REVIEWING AN ELIGIBILITY CARD CURRENT FOR THE MONTH SERVICES ARE TO BE PERFORMED.**

\*\*\*USE THIS FORM FOR ADDITIONAL CODES CARRIED OVER FROM PAGE ONE OF THE PRIOR AUTHORIZATION REQUEST FORM\*\*\*

PATIENT NAME: \_\_\_\_\_ MEDICAID ID # \_\_\_\_\_

11. Medical Supply, Therapy, Imaging or Procedure Requested <i>(Do not include codes from page 1)</i>	12. CPT , Medical Supply or Surgical Code	13. Units Requested	14. Estimated Cost
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			
16)			
17)			
18)			
19)			
20)			
21)			
22)			

## INSTRUCTIONS FOR REQUEST FOR PRIOR AUTHORIZATION FORM

**\* ALL BOLDED INFORMATION BELOW MUST BE COMPLETED LEGIBLY AND CORRECT OR THE REQUEST WILL BE RETURNED WITHOUT BEING PROCESSED \***

1. Date of request
2. Requested dates of service
3. Retroactive authorization (check yes if request is for a date(s) of service prior to request date)
4. Request change to a current prior authorization (if yes, please provide the current PA #)
5. Number of pages included with request
6. Patient name
7. Date of birth
8. Age
9. Sex
10. Medicaid ID # (Enter the entire 10 digit Medicaid Identification Number of recipient)
11. Requested medical supply, therapy, imaging or procedure (Up to 3 entries may be made on page 1, for additional entries please use "page 2 of Prior Authorization Request Form")
12. Requested CPT, medical supply or surgical code (Up to 3 entries may be made on page 1, for additional entries please use "page 2 of Prior Authorization Request Form")
13. Amount of units requested (Enter the number of times the procedure requested is to be performed or the total units required, please see the Medical Supplies Manual and List to determine units allowed per DME item)
14. Estimated cost (Enter estimated cost for supply/drug/therapy/procedure requested)
15. Will Services of an anesthesiologist be used?
16. Will assistant surgeon be used?
17. Hospital/facility name & address: include street address, city, state and zip code and facility NPI#.
18. Diagnosis description & ICD-9-CM code
19. SUMMARY OF HISTORY (Enter a narrative description of the patient's history)
20. Name/address/contact information and NPI# of requesting or supplying provider:
21. Name/address/contact information of referring or prescribing provider

PLEASE FAX PRIOR AUTHORIZATION REQUESTS AND ANY ATTACHMENTS TO THE NUMBERS BELOW:

Outpatient Therapies (Speech, Occupational & Physical) & Diabetic Teaching.....	(801)536-0491
Sleep Studies, Hyperbaric Oxygen Therapy, CPAP, BiPAP & Supplies.....	(801)536-0167
Specialty Beds.....	(801)536-0166
Durable Medical Supplies & Inpatient Rehab.....	(801)536-0955
Surgeries.....	(801)536-0472
Wheelchairs.....	(801)536-0975
Dental, Vision, Audiology, Genetic Testing & Transportation.....	(801)536-0958
Imaging.....	(801)536-0160
In home therapies (Occupational, Physical & Speech) & Home Health Services.....	(801)323-1562
Sterilizations & Transplants.....	(801)237-0789
Negative Pressure Wound Therapy.....	(801)536-0142
Private Duty Nursing.....	(801)536-0165
Emergency Only Program.....	(801)536-0475
All other requests.....	(801)536-0162

IF FAX IS NOT AVAILABLE, MAIL THE ORIGINAL COMPLETED FORM AND ANY ATTACHMENTS TO:

MEDICAID PRIOR AUTHORIZATION  
 BOX 843111-3111  
 SALT LAKE CITY UT 84114-3111  
 Attention: Prior Authorization

Medicaid Information:

In the Salt Lake City area, ..... (801)538-6155  
 Toll-free in Utah, Arizona, New Mexico, Nevada Idaho, Wyoming and Colorado ..... (800)662-9651  
 From all other areas ..... (801)538-6155



# Utah Medicaid Program

- HOME
- PROGRAMS
- PROVIDERS
- CLIENTS
- ESPAÑOL
- MMIS REPLACEMENT PROJECT
- CONTACT US

## Medicaid From A - Z

Index of keywords, with links

## Medical Assistance

Help with the cost of medical care

- [Children's Health Insurance Program \(CHIP\)](#)
- [Primary Care Network \(PCN\)](#)
- [Utah's Premium Partnership for Health Insurance "UPP"](#)
- [Baby Your Baby](#)
- [Utah Medical Benefits](#)
- [Utah Medical Programs Summary](#)
- [Medicaid Education Video](#)
- [Medicaid Policy](#)
- [CHIP Policy](#)

## Clients

- [How and Where to Apply for Medicaid](#)
- [Apply On-Line](#)
- [Find a Health Program Representative](#)
- [Medicaid Member Guide](#)
- [Forms](#)
- [Adult Program Co-Pay Charts](#)
- [Leaving Foster Care](#)
- [Dental Information](#)
- [Buyout Program](#)
- [Safe To Wait Emergency Department Grant](#)
- For information related to the Medicaid data breach, [click here](#), or call the information hotline at 1.855.238.3339 *New*

## Health Care Providers

Information for Medicaid providers

- [Enroll as a Utah Medicaid Provider](#)
- [Ordering/Referring/Prescribing Enrollment](#)
- [Utah Medicaid Newsletter](#) - Subscribe to an e-mail list server and receive notices of program changes, announcements of MIBs, and other information. Unsubscribe at any time.
- [Bulletins](#)
- [Manuals](#)
- [Forms](#)
- [Criteria \(Instructions\)](#)
- [Fee Schedule](#)
- [Coverage & Reimbursement Lookup Tool](#) *New*
- [835 Error Codes List](#)
- [State Plan](#)
- [Companion Guides](#)
- [5010 Companion Guide](#) *New*
- [Coordination of Benefits \(COB\) Instructions](#)
- [Electronic Data Interchange \(EDI\) Enrollment](#)
- [Health Information Technology \(HIT\)](#)
- [Pharmacy Program](#)
- [Provider-Preventable Conditions Report \(Excel version\)](#)

## What's New

Bulletins, press releases, notices, waivers

- [2012 Statewide Provider Training](#)
- [New Business Hours](#)
- [MMIS Replacement Project](#)
- [Utah Community Service Medicaid Pilot Program](#)
- [Outpatient Hospital Resources](#)
- [Utah Medicaid Payment and Service Delivery Reform Waiver](#)



# Utah Medicaid Program

## Coverage and Reimbursement Code Lookup

The information provided by this lookup tool does not guarantee reimbursement, but is intended to provide coverage and reimbursement information for selected procedure codes as of the "Updated On" date specified in the search results. For the most current information regarding covered items or rates, please consult the [Medicaid Provider Manuals](#) or [contact us](#).

This fee schedule does not apply to hospital outpatient services billed under the Outpatient Prospective Payment System (OPPS). Medicaid covered claims adjudicated through OPPS will be paid according to the applicable Medicare fee schedule. Generally, the fees represented here are only for claims paid using Utah Medicaid's fee schedule.

**If you would like to view the entire fee schedule rather than searching for a particular code please use our [Fee Schedule Download Tool](#).**

Select Provider Type:

Enter Code:

Date of Service:  (MM/DD/YYYY)

- [HOME](#)
- [PROGRAMS](#)
- [PROVIDERS](#)
- [CLIENTS](#)
- [ESPAÑOL](#)
- [CONTACT US](#)



Can't find it? Try the Search Utah.gov feature below.



## Coverage and Reimbursement Code Lookup

The information provided by this lookup tool does not guarantee reimbursement, but is intended to provide coverage and reimbursement information for selected procedure codes of the "Updated On" date specified in the search results. For the most current information regarding covered items or rates, please consult the [Medicaid Provider Manuals](#) or [contact us](#).

This fee schedule does not apply to hospital outpatient services billed under the Outpatient Prospective Payment System (OPPS), nor does it apply to Utah's 1915(c) HCBS waivers. Medicaid covered claims adjudicated through OPPS will be paid according to the applicable Medicare fee schedule, and 1915(c) HCBS waiver providers should refer to the appropriate waiver specific fee schedule. Generally, the fees represented here are only for claims paid using Utah Medicaid's fee schedule.

**If you would like to view the entire fee schedule rather than searching for a particular code please use our [Fee Schedule Download Tool](#).**

Select Provider Type:

Enter Code:

Date of Service:  (MM/DD/YYYY)

[HOME](#)

[PROGRAMS](#)

[PROVIDERS](#)

[CLIENTS](#)

[ESPAÑOL](#)

[CONTACT US](#)



**Name:** HOSPITAL BED,SEMI-ELECTRIC,SIDE RAILS,W MATTRESS

**Type Of Service:** DME - Rental

**Updated On:** 06/01/2013

**Special Note:** Client resides at home, not an institution, care facility, etc. Medical condition is such that client is "bed confined" [80% of time (19-20 hours) is spent in confinement]. Condition necessitates positioning in a way not applicable to an ordinary bed. Condition necessitates attachments to bed which could not be affixed to an ordinary bed. . Rental per month

	<b>Traditional</b>	<b>Non-Traditional</b>	<b>PCN</b>
<b>Coverage Status:</b>	Covered	Covered	Not Covered
<b>Billable by Provider:</b>	Yes	Yes	<b>No</b>
<b>Charge Factor:</b>	\$93.64	\$93.64	N/A
<b>Effective Start Date:</b>	07/01/2010	07/01/2010	07/01/2010
<b>Effective End Date:</b>	---	---	---
<b>Allowed Age Range:</b>	Only all ages	Only all ages	None
<b>PA Required?</b>	<b>PA Required - See Notes Above</b>	<b>PA Required - See Notes Above</b>	N/A
<b>PA Age Range:</b>			None
<b>PA Limit:</b>	0	0	0
<b>Co-Payment (Per Month):</b>	N/A	N/A	N/A



- [HOME](#)
- [PROGRAMS](#)
- [PROVIDERS](#)
- [CLIENTS](#)
- [ESPAÑOL](#)
- [CONTACT US](#)



# Utah Medicaid Program

## Coverage and Reimbursement Code Lookup

The information provided by this lookup tool does not guarantee reimbursement, but is intended to provide coverage and reimbursement information for selected procedure codes as of the "Updated On" date specified in the search results. For the most current information regarding covered items or rates, please consult the [Medicaid Provider Manuals](#) or [contact us](#).

This fee schedule does not apply to hospital outpatient services billed under the Outpatient Prospective Payment System (OPPS). Medicaid covered claims adjudicated through OPPS will be paid according to the applicable Medicare fee schedule. Generally, the fees represented here are only for claims paid using Utah Medicaid's fee schedule.

**If you would like to view the entire fee schedule rather than searching for a particular code please use our [Fee Schedule Download Tool](#).**

Select Provider Type:

Enter Code:

Date of Service:  (MM/DD/YYYY)

**Name:** POLYSOMNOGRAPHY,SLEEP STAG,4+PARAMETERS,TECHNOLOG

**Type Of Service:** Technical

**Updated On:** 05/05/2012

**Special Note:** See sleep study criteria

	Traditional	Non-Traditional	PCN
<b>Coverage Status:</b>	Covered	Covered	Not Covered
<b>Billable by Provider:</b>	Yes	Yes	Yes
<b>Charge Factor:</b>	\$474.93	\$474.93	N/A
<b>Effective Start Date:</b>	10/01/2010	10/01/2010	07/01/2010
<b>Effective End Date:</b>	---	---	---
<b>Allowed Age Range:</b>	Includes all ages	Includes all ages	None
<b>PA Required?</b>	Quantity limit applies <b>See Criteria</b>	Quantity limit applies <b>See Criteria</b>	N/A
<b>PA Age Range:</b>			None
<b>PA Limit:</b>	0	0	0
<b>Co-Payment Required:</b>	Yes	Yes	N/A
<b>PostOp Days Allowed:</b>	None	None	N/A
<b>Assistant Surgeon Modifier:</b>	No	No	N/A
<b>Billable for Nursing Home Residents:</b>	Covered in per diem rate	Covered in per diem rate	N/A
<b>Billable on Multiple Claim Lines:</b>	No	No	N/A
<b>Override Age limitations for Pregnant Women:</b>	Yes	Yes	No

# health.utah.gov/medicaid/pa

Please Login

If you don't have an account  
[Register Here](#)

---

Forgot your password?  
[Recover Account](#)

Email or UserName:

Password:

Remember Me?



# Utah Medicaid Program

## Utah Medicaid Criteria

- HOME
- PROGRAMS
- PROVIDERS
- CLIENTS
- ESPAÑOL
- MMIS REPLACEMENT PROJECT
- CONTACT US

The InterQual® Smartsheets below are updated on a quarterly basis when necessary. They have been alphabetized for your convenience. If you have questions, contact the [webmaster](#) or call Medicaid Information at (801) 538-6155 or 1-800-662-9651.

To obtain a copy of criteria that is not listed below, please call the Prior Authorization Unit at (801) 538-6155, option 3, option 3, and then choose the appropriate program, or send an e-mail to: [medicaidcriteria@utah.gov](mailto:medicaidcriteria@utah.gov). Please make sure to include the CPT/HCPCS codes for the criteria that you are requesting, and allow 24 hours to receive the requested criteria.

All documentation that is required must be attached in addition to the Prior Authorization Request Form located on the [Forms](#) page.

For copies of the 2010 InterQual® Smartsheets, go to the [Criteria Archives](#).

Criteria for Medical and Surgical Procedures

Select Below

Criteria for Imaging

Select Below

Criteria for Medical Supplies

Select Below

Select Below



### Criteria for Medical Supplies

Select Below



### Criteria for Dental

Select Below



### Therapies and Education

Select Below



Important links below:

[Utah Medicaid Provider Manuals](#)  
[Utah Medicaid Transplant Criteria](#)

# InterQual SmartSheets



- Please check the provider manual or criteria section of the Utah Medicaid website to understand the criteria for the service(s) being requested, then assure that the required clinical documentation and forms are submitted with the request.
- Mckesson InterQual SmartSheets provide concise checklists that help enable Utah Medicaid providers to have quick and easy access to Medicaid criteria. The SmartSheets can be located on the Utah Medicaid website below under the “criteria” section. (A username and password must be used to access IQ SmartSheets.)

# Retroactive Authorization Documentation Guidelines

- There are limited circumstances when a prior authorization would be given after a service is rendered:
  - Retroactive Medicaid eligibility
  - Medical supplies provided in a medical emergency
  - Surgical emergency
  - Anesthesia may be authorized retroactively when billed for a surgical procedure that does not require a PA
  - Delay in PA rests with Medicaid
  - The hospital can get their own retro PA
- Complete the request for prior authorization and include documentation with the reason service was provided without prior authorization and all medical record documentation and send the request to the appropriate fax number listed on page 3 of the Utah Medicaid Prior Authorization Request Form.

# Request For Hearing/Agency Action



- An updated request for hearing/agency action form was published on the Utah Medicaid website in November 2010 under the “forms” section
- As published in the August 2010 Medicaid Information Bulletin, the Office of Formal Hearings reserves the right to return any request made on an outdated form and/or lacking the required information.
- For questions concerning the Hearing Request Form or its submission, please contact the Office of Formal Hearings at: 801-538-6576
- Requests for a hearing **MUST** be received by the Office of Formal Hearings within 30 days of the denial for services

11/2010

REQUEST FOR HEARING/AGENCY ACTION

\*Mandatory Fields. Please Print Clearly

This request must be filled out as completely as possible and filed with the Director's Office, Formal Hearings, Division of Medicaid and Health Financing, WITHIN THIRTY (30) DAYS OF THE DATE A DENIAL NOTICE IS ISSUED.

\*Person Requesting Hearing: \_\_\_\_\_ \*Phone #: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Name of Client: \_\_\_\_\_ Client ID.#: \_\_\_\_\_

Medicaid Provider Name: \_\_\_\_\_ Provider NPI# \_\_\_\_\_

\*Program (check one): Medicaid Traditional Medicaid Non-Traditional PCN CHIP Other \_\_\_\_\_

Procedure or Service Code(s): \_\_\_\_\_ Number of Units Requested: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_ Prior Authorization Request? Yes No

\*Please explain the reason for requesting a hearing (the relief or action sought): \_\_\_\_\_

Please list the facts and explanations for this request of relief: \_\_\_\_\_

**CONTINUED BENEFITS:** Some types of assistance can be continued pending a hearing **if hearing request is made within 10 days of the date of the notice with which you disagree.** If the hearing decision supports the Department's action and you are not successful in any further appeal of that decision, you may have an overpayment if you received continued assistance. You will have to pay back any overpayment.

**Do you want your benefits continued?** I want my benefits continued. I do not want my benefits continued.

You may represent yourself, have another person represent you, or retain an attorney to represent you. If you will be represented by an attorney, the attorney must file a Notice of Appearance at least ten (10) days before any scheduled hearing or prehearing. \*Will you have attorney representation? Yes No

Name of Representative/Attorney: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**PLEASE ENCLOSE A COPY OF THE DENIAL NOTICE** that caused you to request this hearing, and medical records that support your position. Lack of appropriate and complete medical records will delay your hearing.

Signature of person requesting hearing \_\_\_\_\_ Date \_\_\_\_\_

A copy of this request must be mailed to each person known to have a direct interest in the requested agency action.

Name and address of additional person(s) you would like to be notified of your hearing:

SEND REQUEST TO:

<b>Via U.S. Post Office</b> Director's Office/Formal Hearings Division of Medicaid and Health Financing PO Box 143105 Salt Lake City, UT 84114-3105	<b>Via UPS or FedEx</b> Director's Office/Formal Hearings Division of Medicaid and Health Financing 288 North 1460 West Salt Lake City, UT 84116-3231
Telephone: 801-538-6576	Fax: 801-536-0143

# Questions?



# Bureau of Managed Health Care



## The Bureau of Managed Health Care

- Health Program Representatives
- Managed Care Plans
- Restriction Program
- Medicaid Health Information Technology Incentive

# Health Program Representatives (HPRs)



HPRs on the Wasatch Front and contracted local health department HPRs can assist providers by:

- Educating Medicaid patients to help solve problems
- Answering benefit questions
- Helping to resolve access to care issues
- Providing a referral for patients who have moved, but have a primary care provider from another area on their Medicaid card

# Health Program Representatives (HPRs)



In addition, HPRs along the Wasatch Front provide benefit education for statewide recipients regarding:

- CHIP (Children's Health Insurance Program)
- PCN (Primary Care Network) and
- Provide tobacco cessation encouragement for pregnant women

# HPRs Are Here to Help



Let us know if you have a Medicaid patient who could use a reminder to:

- Bring their current Medicaid card
- Keep their appointments
- Treat your staff with courtesy and respect

# Health Plans



There are four health plans available in Weber, Davis, Salt Lake and Utah counties.

- Medicaid recipients living in these counties must choose a health plan or one will be assigned for them

There is at least one health plan in all other counties in Utah.

- Recipients living in other counties have the option of choosing a health plan, primary care provider or having an open Medicaid card

# Health Plans

- All health plans offer the same benefits including case management
- May offer special programs to their members
- On January 1, 2013, health plans became known as Accountable Care Organizations (ACOs) and are now responsible for member's pharmacy benefits except for a few specific drug classes

# Dental Plans for the Wasatch Front



Subject to final Federal approval, effective September 1, 2013, there will be two dental plans along the Wasatch Front:

## **Delta Care**

**1-877-787-8197**

[www.deltadentalins.com/ut-medicaid](http://www.deltadentalins.com/ut-medicaid)

## **Premier Dental**

**1-888-620-2447**

[www.premierlife.com/UTMedicaid](http://www.premierlife.com/UTMedicaid)

# Dental Plans for the Wasatch Front



- Pregnant women and children living in Davis, Salt Lake, Utah and Weber Counties will have to select a dental plan or one will be assigned for them
- Non pregnant adults with only emergency dental benefits will not choose a dental plan

# Mental Health



Prepaid Mental Health Plans are available in every county other than Wasatch

- As of July 1, 2013, San Juan County has a Prepaid Mental Health Plan:

**San Juan Counseling Center**  
435-678-2992

# Child Health Evaluation and Care (CHEC)



CHEC is a special benefit for all children on Medicaid. Anyone from birth through age 20 on Traditional Medicaid (purple card) can get CHEC covered services:

- Well child examinations
- Immunizations
- Dental services
- Follow-up treatments

# Adult Medical Programs



## Traditional Medicaid (purple card)

- Aged, blind or disabled
- Pregnant women and children are included in this program.

## Non- Traditional Medicaid (blue card)

- Typically covers parents between 19 and 65 years old who are eligible for Family Medicaid

## PCN (yellow card)

- Preventative benefits for ages 19-64 who do not have health insurance or qualify for Medicaid

# Always Check Medicaid Cards



It is important to check a patient's Medicaid card each time they are in your office. You should:

- Always require the patient to bring in their current Utah Medicaid card
- The Medicaid card shows the patient is eligible for the month
- The health plan may send the member an ID card but that card does not prove Medicaid eligibility

# Always Check Medicaid Cards



- Check for a health plan or a PCP on card
  - The selection may change from one month to the next
- Scan or copy the card
  - Having a copy of the card is proof of the patient's eligibility if there is ever a question

# Copayments

HPRs encourage Medicaid patients to pay their copayments at the time of service.

- Pregnant women, children and American Indians and Alaskan Natives do not have copayments
- There is no copayment for family planning, preventative care or immunizations

# Restriction and Care Coordination Program



- Medicaid patients who have been identified as unnecessarily over utilizing their Medicaid benefit are enrolled in a Restriction and Care Coordination Program
- Examples of unnecessary over utilization:
  - Drug seeking
  - Doctor shopping
  - Using the Emergency Department (ED) for non-emergent medical needs

# Restriction and Care Coordination Program



- **Benefits of Restriction Program:**
  - Reduce Emergency Department overutilization through education by helping members find alternative resources for non-emergent care
  - Reduce pharmaceutical overutilization by restricting patients who exhibit drug seeking or doctor shopping behaviors by:
    - Assigning a single PCP to authorize all medical treatment and prescriptions (PCP agrees to act as Restriction PCP for the patient)
    - Assigning a single pharmacy
    - Facilitating secondary prescriber/provider referrals

# Restriction and Care Coordination Program



## Caring for a Restricted Medicaid patient:

- Any PCP of a restricted Medicaid client may give approval for as many secondary providers and/or prescribers as needed to manage the patient effectively and efficiently.
- Examples of secondary prescribers/providers are:
  - providers who routinely cover for the PCP
  - approved specialists
  - pain management providers
- Approval for secondary prescribers /providers must be given by the PCP to State Medicaid Restriction or the ACO in writing or verbally. This form is available through State Medicaid Restriction: 801- 538-9045



MANAGED CARE PROGRAM  
REQUEST TO ADD AUTHORIZED PRESCRIBERS

Please fax this form to 801-536-0146 or email to [medicaidrestriction@utah.gov](mailto:medicaidrestriction@utah.gov)  
Questions? 801-538-9045

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Providers authorized to prescribe medication for this patient:

Name _____	<input type="checkbox"/> Ongoing	<input type="checkbox"/> Temporarily through: _____	Phone Number _____
			Date _____
Name _____	<input type="checkbox"/> Ongoing	<input type="checkbox"/> Temporarily through: _____	Phone Number _____
			Date _____
Name _____	<input type="checkbox"/> Ongoing	<input type="checkbox"/> Temporarily through: _____	Phone Number _____
			Date _____
Name _____	<input type="checkbox"/> Ongoing	<input type="checkbox"/> Temporarily through: _____	Phone Number _____
			Date _____

I agree to serve as the above listed patient's Primary Care Physician. I understand that my name will be listed on his/her Medicaid card and I will refer this patient to specialists as needed. In addition, I authorize the above listed providers to prescribe medication for this patient and will be responsible to authorize any additional prescribers in the future.

Signature of Primary Care Physician or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

# Restriction and Care Coordination Program



- Medicaid encourage providers to refer patients who may be unnecessarily over-utilizing healthcare resources or exhibiting drug seeking behaviors.
- **Phone: 801-538-9045** to provide a referral to the State Medicaid Restriction Program
- Notify the ACO in which the patient is enrolled

# The Office of Inspector General



Michael Green

John Slade

# Mission Statement

We, the Office of the Inspector General, commit to safeguarding taxpayer assets through the minimization of fraud, waste, and abuse. We are committed to treating all key stakeholders fairly.

# Topics of Discussion

- What is the Office of the Inspector General?
- Why are we here?
- What is fraud, waste and abuse?
- How to report instances of fraud, waste and abuse?
- Inspector General points of emphasis
- How to interact with the Office of Inspector General?
- What our Investigators look for in their reviews?

# Who are we?

- Established by H.B. 84 during 2011 Legislative Session. (U.C.A 63A-13-202 )
- Independent agency that actively monitors the Utah Medicaid programs
- This includes developing, implementing, and enforcing measures to identify, prevent and reduce fraud, waste and abuse
- Responsible for Medicaid Training and Education

# Who we are not?

- We are not the Federal Office of Inspector General
- We are not the Utah Department of Health
- We are not CMS (Centers for Medicare and Medicaid Services)

Why are we here today?

- To ask for your help
- Educate and train
- Eliminate fear and anxiety when encountering the OIG

# What is Fraud, Waste and Abuse?



**Fraud** includes obtaining a benefit through intentional misrepresentation or concealment of material facts

**Waste** includes incurring unnecessary costs as a result of deficient management, practices, or controls

**Abuse** includes excessively or improperly using government resources

Health care fraud,  
waste and abuse  
is a serious problem.



# Examples of Fraud

- Billing for patients who did not receive services from the provider (i.e. billing for "phantom patients").
- Intentionally billing for a higher level of service than was actually performed by the provider. This is called "up-coding."
- When a doctor, hospital or health care professional bills Medicaid for services before the treatment is completed.
- Intentional deceit to gain funds or benefits.

# Examples of Waste and Abuse

- Billing for services that are not medically necessary or required by the patient.
- When a doctor, hospital or health care professional makes a mistake and accidentally enters a wrong billing code or “up-codes,” causing an increase in reimbursement.
- No Intent



**Deliberate  
Ignorance**

# How to Report

Any person may report suspected Fraud, Waste & Abuse to the Office of Inspector General. To report any perceived Fraud, Waste, and Abuse, please call the hotline at:

**(855) 403-7283**

or complete a referral on our webpage at  
**<http://www.oig.utah.gov>**

# Other Important Healthcare Laws

- Stark Law (physician self-referral)
- Anti-kickback Statute
- False Claims Act

# Physician Self-Referral Statute (Stark Law)

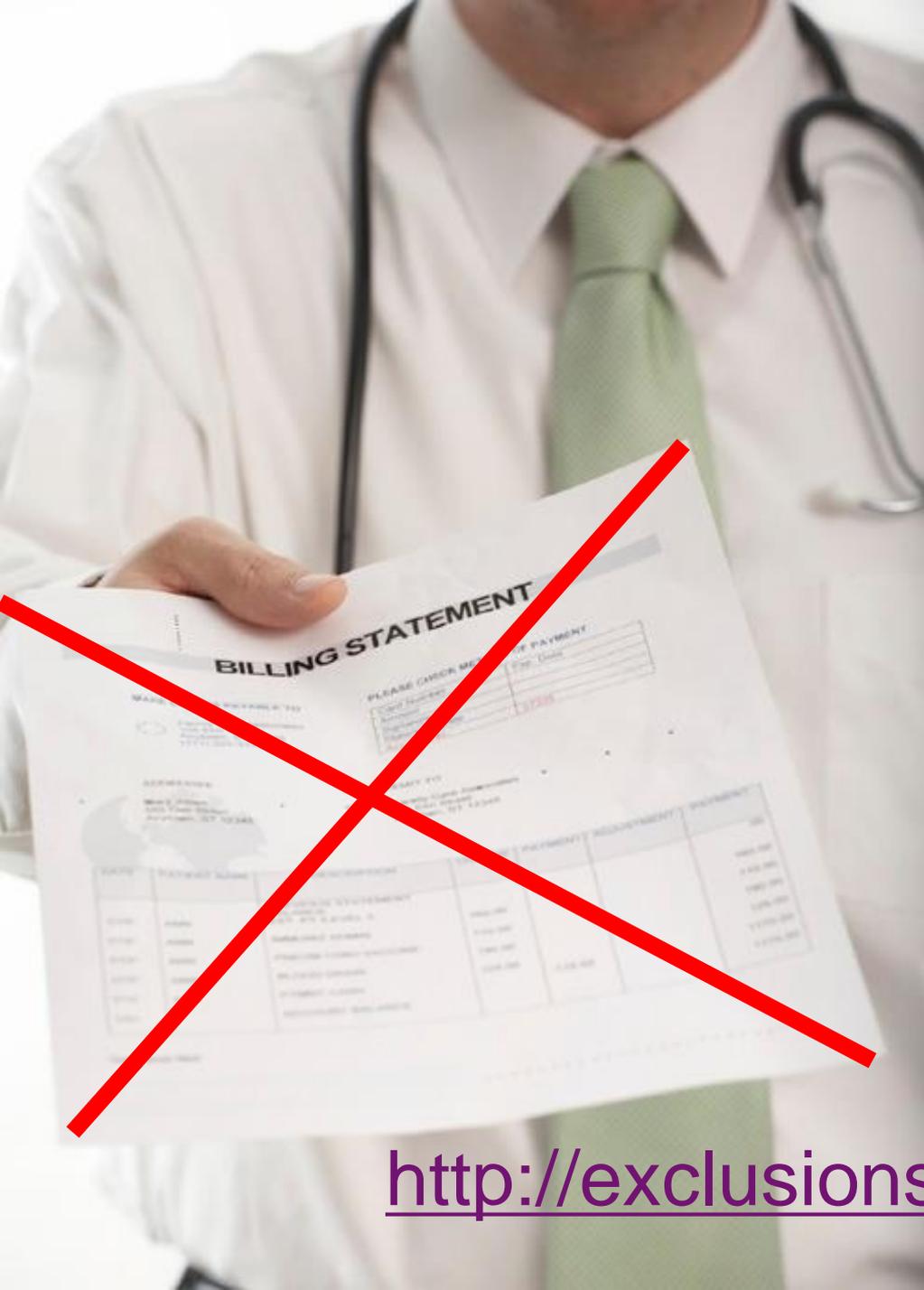
Limits physician referrals  
when you have a financial  
relationship with the entity.



# Anti-Kickback Statute



Prohibits asking for or receiving anything of value in exchange for referrals of federal health care program business.



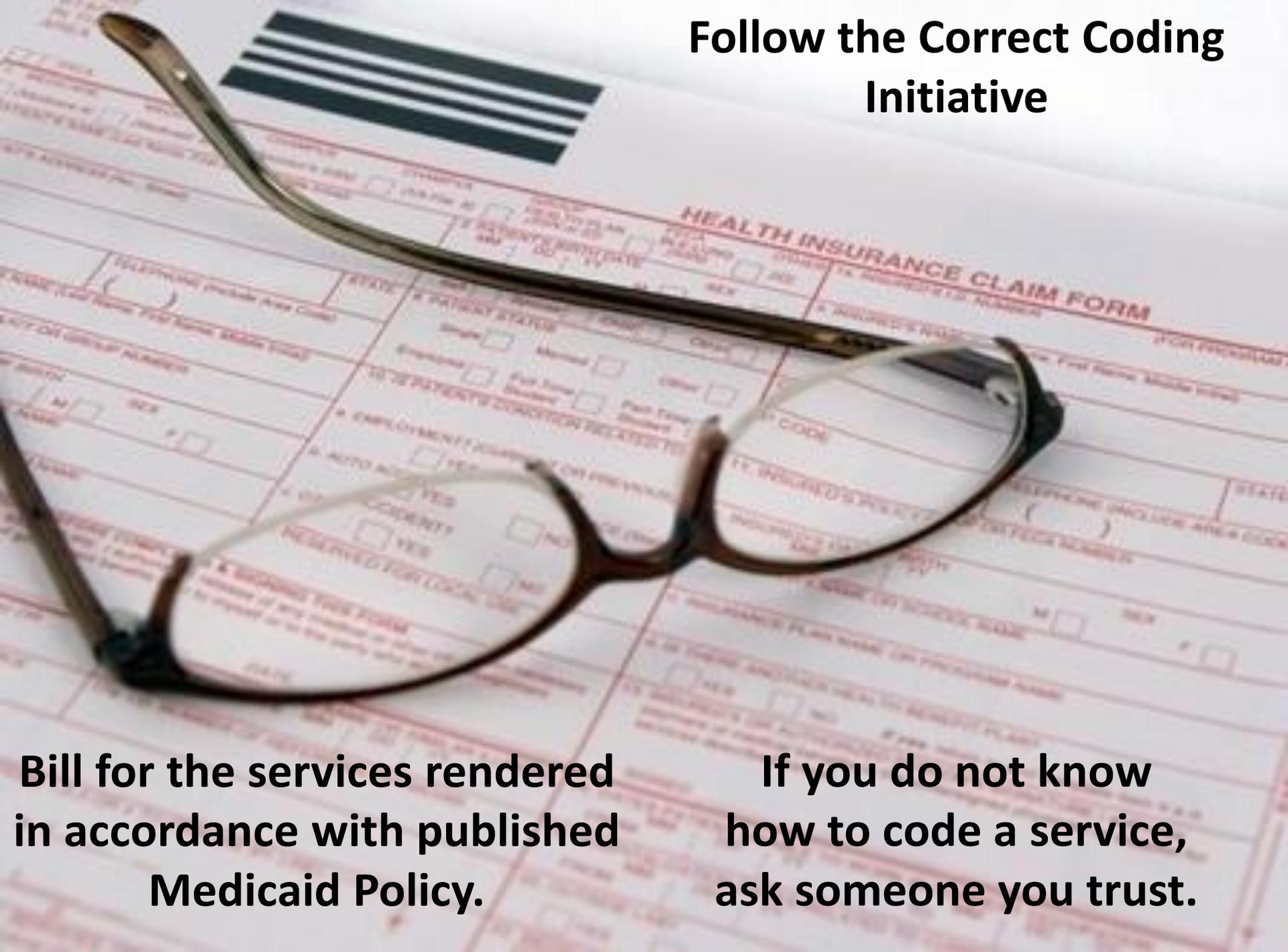
## Consequences of violation of the healthcare law:

- Payment denial
- Monetary penalties
- Exclusion
- Criminal penalties
- Education/Training

<http://exclusions.oig.hhs.gov>

# Inspector General Key Points of Emphasis

# Follow the Correct Coding Initiative

A pair of dark-rimmed glasses with clear lenses is positioned diagonally across a Health Insurance Claim Form. The form is filled with various fields, checkboxes, and text, including a barcode at the top left. The text on the form is partially obscured by the glasses.

**Bill for the services rendered  
in accordance with published  
Medicaid Policy.**

**If you do not know  
how to code a service,  
ask someone you trust.**



**Submit Medical  
Records Timely.**

**Accurate medical  
records are critical.**

# How to Interact with the Inspector General

# Requests for Medical Records

- Sent via First Class USPS
- 30 Days to Respond
- May submit via secured email: [oigmedical@utah.gov](mailto:oigmedical@utah.gov)



STATE OF UTAH

LEE WYCKOFF  
Inspector General

Office of the Inspector General

January 11, 2013

MPI- [REDACTED]  
MAILING CERTIFICATE

[REDACTED]  
[REDACTED]  
[REDACTED]  
OGDEN, UT 84405 [REDACTED]

Re: REQUEST FOR MEDICAL RECORDS

Dear Medicaid Provider:

The Office of Inspector General (OIG) is responsible to monitor Title XIX (Medicaid Program) of the Social Security Act. A part of this responsibility is a requirement, under the law, to complete a post-payment review and verify that claims have been paid in compliance with State Administrative Rules and Utah Medicaid Policy.

Enclosed is a list of Medicaid client(s) who have been selected for the review sample. Please forward photocopies of the original records for all dates of service listed. Supporting documentation may include the following:

**Hospital Reviews**

- Physician orders
- Hospital admission history and physical
- Discharge summary
- Consultation Reports
- Operative and or procedure reports
- ER record

**Physician Reviews**

- Office records
- Physician encounter notes and exams

# Requests for Medical Records

- Operative or procedural reports
- Laboratory and radiology reports
- Documentation supporting use of modifiers

Please submit these records within 30 days of the date of this letter. Do not send original records. Be sure to submit all documentation necessary to substantiate your billings.

For correct handling and delivery of these records, you must enclose a copy of this request letter. OIG will not be responsible for inappropriate routing of your records when a copy of our request is not attached.

Reimbursement for photocopies will be made only to a Medicaid provider who has been asked to provide photocopies of a record. Requests for payment to an outside copy service will not be honored. Photocopies of records must be legible. Reimbursement for photocopying is made at a rate of \$.10 per page when more than twenty (20) pages are copied. The first 20 pages are the responsibility of the provider. A statement for payment must be submitted by the medical records department and must accompany the requested record.

Mail the copies to:

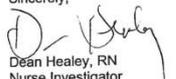
Office of Inspector General  
Attention: Dean Healey, RN  
PO Box 143103  
Salt Lake City, Utah 84114-3103

The release for this information has already been agreed to by each Medicaid client at the time of application, by each Medicaid provider as a part of the requirements of 42 CFR 431.107 and again when each claim is submitted for reimbursement. No further releases are required.

**PLEASE NOTE: THIS IS THE ONLY NOTICE YOU WILL RECEIVE.** You will receive no further notices or requests for records for these patients. If you have not responded to this request within 30 days from the date of this letter, the review will be completed using the information available. A lack of sufficient information to support your claims may show an overpayment and will result in a referral to the Bureau of Medicaid Operations for collection. (Utah Administrative Code, R414-1-14, Utilization Control)

Your cooperation is appreciated. If you have any questions, please contact Dean Healey, RN at (801) 538-6302

Sincerely,

  
Dean Healey, RN  
Nurse Investigator  
Office of Inspector General

Enclosure

WORKSHEET				
RECIPIENT ID	NAME	DOB	DOS	TCN
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

# Requests for Medical Records

**GOVERNOR'S OFFICE OF PLANNING AND BUDGET**  
Office of Inspector General of Medicaid Services

## **Mailing Certificate**

I certify that on this 11<sup>th</sup> day of January, 2013, I mailed a true and correct copy of the following Notice of Agency Action via first class U.S. mail, postage prepaid, to the following provider. The provider address is the Mailing Address on record with the Department of Health as agreed to in the Provider Enrollment Contract.

**Notice of Agency Action:** Request for Medical Records Letter

**Provider Name and Address:**

OGDEN REGIONAL MEDICAL CTR  
COLUMBIA OGDEN MEDICAL INC  
6475 SOUTH 500 EAST  
OGDEN, UT 84403

**Provider Number:**

  
Ann Carrillo  
Office Specialist I  
Office of Inspector General

# Receipt of Recovery Letter

- May come Certified Mail if over \$5,000.00
- Contains a Finding Report
- 30 Days to file a request for hearing

Page: 13/17

  
STATE OF UTAH  
LEE WYCKOFF  
Inspector General

Office of the Inspector General

March 11, 2013

MPI-12 [REDACTED]

[REDACTED]  
Ogden, UT 84405-6905

RE: Notice of Recovery

Dear Medicaid Provider:

The Utah Office of Inspector General (OIG) conducted post-payment reviews of selected Medicaid claims. As a result you are hereby notified that you were overpaid by Medicaid in the amount identified on the attached document.

Unless you have been instructed on the attachment to rebill a claim, or if you would prefer to make other arrangements, an offset will be initiated. For other arrangements, please contact Gene Cottrell at (801) 538-9284. If you agree with these findings and wish to mail a check for the amount, please mail it to:

Governor's Office of Planning and Budget  
Office of Inspector General  
350 North State Street, Suite 150  
PO Box 142210  
Salt Lake City, Utah 84114-2210



If you have questions or need any additional information please contact the Office of Inspector General at (801) 538-6087.

If you disagree with these findings, you have the right to a hearing. To obtain a hearing you must complete the enclosed "Request for Hearing" form. Your right to a hearing will be waived unless the completed form is received at the following address within thirty (30) calendar days from the date of this letter:

Cannon Health Building, 288 North 1460 West, Salt Lake City, Utah 84116 - Mailing: PO Box 143103 Salt Lake City, Utah 84114-3103  
telephone (801) 538-6087 - facsimile (801) 538-6382 - www.oig.utah.gov

# Receipt of Recovery Letter

11-APR-2013 16:08 From:80147928

Page:17/17



STATE OF UTAH

LEE WYCKOFF  
Inspector General

Office of the Inspector General

## Mailing Certificate

I certify that on March 11, 2013, I mailed a true and correct copy of the following Notice of Agency Action via first class U.S. mail, postage prepaid, to the following provider. The provider address is the mailing address on file with the Department of Health.

**Notice of Agency Action:** Notice of Recovery

**Provider Name and Address:**

[REDACTED]  
[REDACTED] South 500 East  
Ogden, UT 84405-6905

**Provider No:** [REDACTED]

**Case Number:** [REDACTED]

  
Gene D. Cottrell  
Office of Inspector General

Page:14/17

[REDACTED]

Governor's Office of Planning and Budget  
Office of Inspector General  
PO Box 143103  
Salt Lake City, Utah 84114-3103

For correct handling and delivery, you must enclose a copy of this letter with all correspondence. OIG will not be responsible for inappropriate routing when a copy of the letter is not attached.

Sincerely,

  
Gene D. Cottrell  
Office of Inspector General

**Enclosures:**  
Notice of Recovery  
Mailing Certificate  
Hearings Appeal Form

# Findings Report

Page: 15/17



## UTAH OFFICE OF INSPECTOR GENERAL FINDINGS REPORT

MPI-12-366-3656

PROVIDER: [REDACTED] ID# [REDACTED] RECIP NAME: [REDACTED]  
ID: [REDACTED] ID# [REDACTED]  
DOB: [REDACTED] DOB: [REDACTED]

### REASON FOR REVIEW:

The Office of Inspector General (OIG) is responsible to monitor Title XIX (Medicaid Program) of the Social Security Act. A part of this responsibility is a requirement, under the law, to complete a post-payment review and verify that claims have been paid in compliance with State Administrative Rules and Utah Medicaid Policy.

Records were requested from your facility for [REDACTED] - ID # [REDACTED], on January 11, 2013. Records have not been received from your agency to determine compliance with Medicaid policy, medical standards of practice and correct coding principles. Records should have been received by February 11, 2013 to meet the 30 day time frame. Therefore, recovery of the reimbursement for the care/services provided will be initiated.

This decision is supported by the following; which may be found at [www.rules.utah.gov](http://www.rules.utah.gov).

This action is supported by R414-1-14 (2), which reads: "The Medicaid agency may request records that support provider claims for payment under programs funded through the agency. Such requests must be in writing and identify the records to be reviewed. Responses to requests must be returned within 30 days of the date of the request. Responses must include the complete record of all services for which reimbursement is claimed and all supporting services. If there is no response within the 30 day period, the agency will close the record and will evaluate the payment based on the records available."

### RESULTS:

Based on this finding you are hereby notified of the intent to collect an overpayment that you received from the Utah State Medicaid Program in the amount of \$ 4732.12.

Reviewed by:  
Sally Valdez, CPC, RN, MPA  
Nurse Investigator  
March 7, 2013

# Filing of Appeal

- 30 Days to Respond
- Please write why you disagree with the findings
- This can be faxed or mailed
- Include any relevant documents
- This document opens a case

10/2011 REQUEST FOR HEARING/AGENCY ACTION

This request must be filled out as completely as possible and filed with the Office of Inspector General, WITHIN THIRTY (30) DAYS OF THE DATE A DENIAL NOTICE IS ISSUED.

Person Requesting Hearing: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Please explain the reason for requesting a hearing (the relief or action sought): \_\_\_\_\_

\_\_\_\_\_

Please list the facts and explanations for this request of relief: \_\_\_\_\_

\_\_\_\_\_

You may represent yourself, have another person represent you, or retain an attorney to represent you. If you will be represented by an attorney, the attorney must file a Notice of Appearance at least ten (10) days before any scheduled hearing or prehearing. Will you have attorney representation?  Yes  No

Name of Representative/Attorney: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**PLEASE ENCLOSE A COPY OF THE DENIAL NOTICE that caused you to request this hearing**

\_\_\_\_\_  
Signature of person requesting hearing Date

If applicable:  
Name of Client: \_\_\_\_\_ Client I.D.#: \_\_\_\_\_  
Medicaid Provider Name: \_\_\_\_\_ Provider NPI#: \_\_\_\_\_  
Date(s) of Service: \_\_\_\_\_

Name and address of additional person(s) you would like to be notified of your hearing:  
\_\_\_\_\_  
\_\_\_\_\_

SEND REQUEST TO:

<b>Via U.S. Post Office</b> Office of Inspector General PO Box 143103 Salt Lake City, UT 84114-3103 Telephone: 801-538-6087 Email: oighearings@utah.gov	<b>Via UPS or FedEx</b> Office of Inspector General 288 North 1480 West Salt Lake City, UT 84116-3231 Fax: 801-538-6382
--	---

NOTE: If you choose to use email to submit documents that include PI, please use a secure email.

# Scheduling Order

OFFICE OF THE INSPECTOR GENERAL

IN THE MATTER OF:

Petitioner.

NOTICE OF  
PREHEARING CONFERENCE

Case Nos. [REDACTED]  
Administrative Law Judge: Lena A. Ward

This matter has been scheduled for a telephonic Prehearing Conference on **June 4, 2013 at 10:15 a.m.** You will be contacted at that time, at the number provided in your Request for Hearing. If you will be at another number or prefer to have an in-person prehearing conference, please contact the Hearing Office Assistant at the number provided below. The prehearing is a time for the presiding officer and the parties to discuss the issue and the law that will apply to the case. The matters discussed will include the following:

1. The issues of the case.
2. Whether the matter will proceed to a formal or informal adjudication.
3. The production of documents, including medical or billing records that are relevant to the issue.
4. Applicable law and Medicaid policy for each issue.
5. Schedule of any further proceedings, including a time, date, and place it is to be held and the procedures to be followed.

You may represent yourself, use legal counsel, or an authorized representative. **Any counsel or authorized representative shall have full knowledge of the case and have authority to make stipulations or settlements where appropriate.**

**YOU, YOUR ATTORNEY OR REPRESENTATIVE (IF ANY), OR ALL AGENCY REPRESENTATIVES MUST BE PRESENT AT THE PREHEARING. IF NOT, AN ORDER OF DEFAULT MAY BE ENTERED AGAINST YOU UNLESS YOU NOTIFY OUR OFFICE PRIOR TO THE SCHEDULED PREHEARING. COLLECT CALLS WILL BE ACCEPTED. A PREHEARING CONFERENCE WILL ONLY BE RESCHEDULED FOR GOOD CAUSE.**

Please send all relevant medical records to substantiate the requested service(s) prior to the prehearing call.

Prior to the prehearing conference, it is expected that the parties will meet and confer at a settlement conference, by telephone or in person, to review matters, clarify issues, answer questions and discuss possible resolution.

**A SETTLEMENT CONFERENCE FOR THIS CASE WILL TAKE PLACE ON 29 MAY 2013 AT 1:20 P.M. THIS WILL BE AN OPPORTUNITY FOR BOTH PARTIES TO DISCUSS THE CASE AND POTENTIAL SETTLEMENT SOLUTIONS. THE CONFERENCE WILL TAKE PLACE TELEPHONICALLY AND THE OIG WILL INITIATE THE CALL. PLEASE CONTACT THE ADMIN ASSISTANT IF YOU HAVE ANY QUESTIONS AND TO CONFIRM THIS DATE AND TIME.**

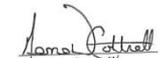
If you have questions or request an in-person prehearing conference, please call the assistant to the Administrative Law Judge, Gene Cottrell at (801) 538-9284. Please email, secure email, or fax all documents that you wish included in the administrative file to:

Office of Inspector General  
Attn: Gene D. Cottrell  
P.O. Box 143103  
Salt Lake City, UT 84114-3103

Or Fax, (801) 538-6382

Or Email, [oihearings@utah.gov](mailto:oihearings@utah.gov)

DATED, this 30<sup>th</sup> day of April 2013.

  
Gene D. Cottrell  
Administrative Assistant to  
Judge Lena A. Ward, ALJ

# Appeals Process

- Receive a scheduling order
- Settlement Conference
- Pre-Hearing
- Written Briefs
- Evidentiary Hearing
- Final agency decision (Order)
- Judicial Review
- Continuances
- Phone calls

# Investigator Reviews

- Utilization Reviews
- Most Common Issues

# How to Report

Any person may report suspected Fraud, Waste & Abuse to the Office of Inspector General. To report any perceived Fraud, Waste, and Abuse, please call the hotline at:

**(855) 403-7283**

or complete a referral on our webpage at  
<http://www.oig.utah.gov/>



- **Incentives to report fraud**
- **Self-reporting**
- **Self-audit**

# Questions???

Michael Green

[Mkgreen@utah.gov](mailto:Mkgreen@utah.gov)

(801) 538-7083

John Slade

[Jslade@utah.gov](mailto:Jslade@utah.gov)

(801)-885-0905