

COVID-19 and the Public Health Emergency

Plan for End of the Public Health Emergency (PHE) Benefit Flexibilities

General

The federal PHE will end on May 11, 2023. The end of the PHE will result in some unwinding of special benefit flexibilities. Many of the special allowances will no longer be applicable when the PHE ends. For comprehensive Medicaid policies, please refer to the [provider manuals](#). Additional coverage information is also located in the [Coverage and Reimbursement Code Lookup tool](#).

For the duration of the PHE, Medicaid has implemented several benefit flexibilities. **This document outlines those flexibilities and describes what will continue and expire at the end of the PHE.**

Home Health and Hospice

Utah Medicaid has allowed home health and hospice interventions to be delivered by telehealth when home visits have been restricted by quarantine or self-isolation or not allowed due to restrictions on facility/community access.

- Continuing - The following changes will remain:
 - Telehealth visits for home health and hospice services provided to members living in facilities will remain permitted when the facility is closed due to infection control measures.
 - Home Health and Hospice agencies that are CLIA certified can perform COVID-19 testing in patients' homes and receive reimbursement for these services.
- Expiring at the End of the PHE- The use of telehealth visits when members are in quarantine or self-isolation.

Face-to-Face Requirements

Utah Medicaid has followed CMS guidelines by waiving face-to-face or in-person requirements for providers where clinically appropriate. Face-to-face requirements are established under [42 CFR §440.70](#), and include requirements for the initiation of home health services, medical equipment, and others.

- Continuing - N/A
- Expiring at the End of the PHE - Utah Medicaid will continue to follow CMS guidelines regarding face-to-face requirements and end the waiving of face-to-face requirements required under [42 CFR §440.70](#)

Non-Emergency Medical Transportation

Special allowances were put in place to allow greater flexibility for transportation of Medicaid members related to non-emergency medical transportation (NEMT). These allowances will no longer be applicable after the end of the PHE.

- Continuing - N/A
- Expiring on the Dates Listed Below - Special allowances regarding NEMT services. This includes:
 - Transportation of non-traditional members to receive a COVID vaccine. (Expired: January 31, 2023)
 - Transportation of COVID positive members by emergency medical services (EMS), in non-emergent situations. Members that have tested positive for COVID-19 may be required to wear a mask during transportation, but will be allowed to receive NEMT.

Prior Authorization (PA)

Utah Medicaid allowed greater prior authorization flexibilities beyond existing Medicaid policy.

- Continuing - The following PA adjustments will continue:

- No PA requirement for HCPCS codes: E0562, E0470, E0471, and E0601. These codes are on a quantity limit of one each for every five years.
- Expiring at the End of the PHE - The following PA modifications will expire:
 - Increasing maximum allowed units for an authorization period
 - Extending authorization periods
 - Allowing retroactive authorization where there is a delay in the submission of the PA request due to a COVID related reason (e.g. provider was unable to submit the authorization because the office staff was unable to work due to COVID)

Prior Authorization - Temporary Adjustments to ABA Services Policy

Utah Medicaid has allowed flexibility for Applied Behavior Analysis (ABA) services during the PHE. Please refer to the [Autism Spectrum Disorder Services provider manual](#) for additional information.

- Continuing - The following changes related to ABA will remain at the end of the PHE. Including:
 - Telehealth services without geographic restriction for supervision and parent training by a psychologist or behavioral analyst
 - Telehealth services for CPT code 97151 and 97153 in limited circumstances; such as, issues with access to care
 - Use of additional autism diagnostic tools
 - Telehealth services for ABA therapy may only be delivered to one patient at a time
- Expiring at the End of the PHE - The following allowances related to ABA will end:
 - General use of CPT code 97151 and 97153 via telehealth (will be limited based on circumstances, see bullet point above)
 - Delivery of CPT codes 97155 and 97156 in lieu of codes 97153
 - CPT code 97155 and 97156 may no longer be delivered by a RBT

Quantity Limit Adjustments

Many quantity limits were increased at the start of the PHE. Some items also had the prior authorization requirement removed.

- Continuing - Certain quantity limits adjusted during the PHE will continue after the expiration of the PHE. The following procedure codes will continue to have no quantity limit imposed:
 - A4605, A4606, A4618, A4624, A4625, A6021, A6022, A6023, A6024, A6196, A6197, A6198, A6199, A6209, A6210, A6212, A6213, A6215, A6216, A6231, A6232, A6233, A6234, A6235, A6237, A6238, A6240, A6241, A6242, A6243, A6245, A6246, A6248, A6251, A6252, A6254, A6255, A6257, A6258, A6259, A6261, A6443, A6444, A6445, A6446, A6454, A7028, A7029, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, E0431, E0443
- Expiring at the End of the PHE - Increased quantity limits (certain quantity limits, for procedure codes not referenced above, that were increased during the PHE will revert to the pre-PHE limits)

PASRR Requirements for Nursing Home Admissions

The Pre-Admission Screening / Resident Review (PASRR) program requirements changes during the PHE will expire.

- Expiring at the End of the PHE - The following flexibilities will expire:
 - Instead of a requirement for completing the Level I screening prior to admission to a Medicaid certified nursing facility, nursing facilities had up to three days from day of admission to complete the Level I screening. This allowed the facilities to be flexible with the Level I without impacting their 10A effective date and take residents more quickly when hospitals needed to discharge a patient.
 - A waiver of the requirement for the Level II evaluation being completed prior to admission to the nursing facility. During the PHE, the nursing facilities had 25 days from the date of admission to refer to PASRR for any residents that had a positive Level I screen. This also

allowed more flexibility when hospitals needed to discharge patients to nursing facilities.

- Instead of a requirement for Level II evaluations to be completed in person, PASRR evaluators have been able to complete interviews using a secured telecommunication system. PASRR Level II evaluation interviews will return to in person, with evaluations by telehealth using a secure, interactive visual communication system allowed when pre-approved by the State Mental Health PASRR program director or designee.

Additional Changes

Utah Medicaid made additional changes during the PHE. The table below describes what will happen with these changes at the end of the PHE.

Additional Changes Continuing Post PHE	
Change	Description
Cost sharing waived for screening, testing, and treatment	Utah Medicaid will continue to waive cost sharing requirements for COVID-19 testing, treatment, and vaccines. The American Rescue Plan cost sharing exemption will last until one year and one quarter after the end of the PHE.
Audio Only telehealth	Utah Medicaid will continue to cover audio-only telehealth for services types when clinically appropriate.
Teledentistry	Utah Medicaid will continue to cover D9995 for audio-only teledentistry services when medically necessary.
Vaccine Counseling	Utah Medicaid will continue to cover vaccine counseling. This service is open

	<p>to members eligible for Traditional EPSDT coverage. Counseling may be performed for any vaccine. This service may not be billed during the same visit that a vaccine was delivered.</p> <p>Beginning July 1, 2023 providers should bill qualified services to a member's managed care plan if the member is enrolled in such a plan.</p>
<p>Home and Community Based Services (HCBS) waiver payment increases. (Appendix K flexibility)</p>	<p>As part of Utah's American Rescue Plan Act (ARPA) strategy, payment methodologies were described in the state's Appendix K. In order to continue payments throughout the ARPA period, the state will be amending each of the nine 1915(c) waivers to describe this reimbursement change.</p>
<p>Caregiver compensation (Appendix K flexibility)</p>	<p>During the Public Health Emergency, flexibilities were added through the state's Appendix K to allow, parents, guardians, and other legally responsible caregivers to be compensated for care provided to their loved ones. Utah Medicaid received funding to continue these payments beyond the PHE and is amending the 1915(c) waivers to make these payments for extraordinary care provided by these legally responsible caregivers ongoing.</p>

Pharmacy

Utah Medicaid allowed greater flexibility to access pharmaceuticals during the PHE. The table below describes what will happen at the end of the PHE.

Pharmacy Changes as the PHE concludes		
Change	Description	Date
Inhaler Quantity Limits	Quantity limits for inhalers will be reinstated at the end of the PHE	Effective 5/12/2023
SCC13	SCC13 can no longer be used to override early refills	Effective 5/12/2023
Uninsured Coverage of Testing, Treatment, and Vaccination	Coverage for the COVID-19 uninsured group will terminate at the end of the PHE.	Effective 5/12/2023
Delivery/postage Fee	Pharmacy Point of Sale (POS) claims will no longer adjudicate a delivery or postage fee.	Effective 5/12/2023
Carve-out of COVID-19 Treatments & COVID-19 Vaccines	COVID-19 Treatments, and COVID Vaccines will no longer be carved out and should be billed to the member's managed care plan if the member is enrolled in managed care.	Effective 7/1/2023
Copays for COVID-19 treatment, vaccines, and tests	Copays for COVID-19 treatment, vaccines and tests will continue to be waived for one year and one quarter after the end of the PHE. Effective 10/1/2024, copays will no longer be waived on claims that have a COVID-19 diagnosis.	Effective 10/1/2024
Coverage of COVID-19 Treatment and Over-The-Counter (OTC) Tests	COVID-19 treatment medications and OTC COVID-19 tests will continue to be covered for one year and a quarter following the end of the PHE without a copay. These drugs include: <ul style="list-style-type: none"> ● Actemra (tocilizumab) ● Lagevrio (molnupiravir) ● Paxlovid (nirmatrelvir with ritonavir) ● OTC Covid Tests 	Effective 10/1/2024
Reimbursement for COVID-19 Vaccine	There will be no changes to the COVID-19 vaccine reimbursement methodology until the free federal supply is exhausted.	TBD