

# Medicaid Information Bulletin (MIB)

Medicaid information: 1-800-662-9651

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medicaid.utah.gov

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## 25-23 Find a Provider

On July 1, 2025, Utah Medicaid’s Find a Provider online directory will be updated to comply with the 21<sup>st</sup> Century Cures Act. The purpose of the directory is to help Medicaid members find a provider and improve access to care. They will be able to search providers by name, type, specialty, and location.

The Find a Provider directory will include, at a minimum, the following required information for each provider:

Unless otherwise noted, all changes take effect on May 1, 2025

- Name(s) of provider
- Specialty of provider
- Address(es) where the provider offers services
- Telephone number(s) of provider
- Provider's cultural and linguistic abilities (languages, including American Sign Language, offered by the provider or by a skilled medical interpreter who provides interpretation services at the provider's office)
- If provider is accepting new clients (Medicaid/CHIP patients)
- ADA accommodations the provider's office or facility offers for individuals with physical disabilities
- Provider's website
- Telehealth services offered

Utah Medicaid's [Provider Reimbursement Information System \(PRISM\)](#) now includes this information. Providers are required to add this information as part of the application and modification process.

If providers have questions about their information, they can contact Provider Enrollment at 1-800-662-9651, option 3, then option 4.

## 25-24 2025 Medicaid Statewide Provider Training

Utah Medicaid will be offering the 2025 statewide provider training in an online live webinar format. This year we are hosting a variety of trainings covering specific topics. Providers can sign up to attend multiple trainings. Each training will have a short presentation then a time for questions. The Utah Office of Inspector General (UOIG) will have a full presentation then a time for questions.

To register for the 2025 training, please complete the [Google Form](#).

Previous statewide provider trainings are available on the [Medicaid website](#). The 2025 slides and recordings will be posted after the trainings conclude.

The following dates and times are scheduled for the 2025 Medicaid statewide provider training. The duration will be flexible based on the number of questions asked during the training.

Date	Time (MST)	Training
Tuesday, August 19	10:00 - 11:00	New Medicaid Providers Orientation
Wednesday, August 20	10:00 - 12:00	Claims and Billing
Thursday, August 21	10:00 - 12:00	Provider Enrollment
Tuesday, August 26	12:00 - 1:00	Pharmacy Program, including pharmacy prior authorization

Wednesday, August 27	10:00 - 11:00	Prior Authorization, medical services
Thursday, August 28	10:00 - 11:00	Managed Care
Tuesday, September 2	10:00 - 11:30	Healthcare Policy for Hospitals, Outpatient, and Physicians
Wednesday, September 3	10:00 - 11:30	Healthcare Policy for Behavioral Health Providers
Thursday, September 4	10:00 - 11:30	Healthcare Policy for DME, Home Health, Private Duty Nursing, and Personal Care Service Providers
Tuesday, September 9	10:00 - 11:00	Dental Providers (Fee-for-service and Managed Care)
Wednesday, September 10	10:00 - 11:00	Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
Thursday, September 11	10:00 - 11:30	Utah Office of Inspector General (UOIG)

## 25-25 Telehealth Services Updates

### Audio-Visual and Audio-Only Telehealth Services

Medicaid policy for telehealth has been updated on May 1, 2025. This update includes information regarding services that are delivered via audio-visual or audio-only telehealth.

[Section I: General Information Provider Manual](#), Chapter 8-4.2, is updated to state the following:

#### Telepsychiatric Consultation

Per 26B-3-123, Utah Code Annotated, interprofessional consultations are covered when a board-certified psychiatrist consults with a physician or physician assistant to provide expert treatment advice.

The consulting psychiatrist reports the appropriate interprofessional consultation CPT code to receive payment for their consulting services, and the treating physician or PA reports the appropriate E&M code. The requesting physician or PA must be identified on the claim. If the requesting entity is not identified on the claim, the consultation service will be denied.

Consultation codes may not be reported if the consulting provider saw the member within 14 days before the interprofessional consultation or if the consultation leads to a transfer of the member's care within 14 days.

Utah Administrative Code R414-42 Telehealth.

#### R414-42-3. Covered Services

(1) Medicaid covers telehealth services when performed via synchronous care. Telecommunication technologies that support synchronous care include:

- (a) Live video two-way, face-to-face interaction between the member and the provider using audio-visual communication, including E-visits through a secure online patient portal.
  - (b) Audio-only visits.
- (2) A licensed provider may deliver services via synchronous telehealth, as clinically appropriate. The types of services that may be delivered via synchronous telehealth may include:
- (a) Advanced care planning
  - (b) Behavioral health, including substance use disorders (SUD)
  - (c) Diabetes self-management
  - (d) End-stage renal disease (ESRD) related services
  - (e) Health assessments
  - (f) Medication therapy management
  - (g) Nutritional therapy
  - (h) Speech and hearing
  - (i) Tobacco cessation
- (3) There are no geographic restrictions surrounding the use of telehealth services.
- (4) Audio-only synchronous care, or care that does not clinically require visual inspection, is covered for a limited number of services as outlined in the Medicaid provider manual.
- (5) Asynchronous services are non-covered. These non-covered asynchronous services are outlined in the Medicaid provider manual.
- (6) Services not otherwise covered by Utah Medicaid are non-covered when delivered via telehealth.

A list of Medicaid-approved telehealth codes is published under the [All Providers General Attachments](#) on the Medicaid website. This list does not include codes that specify “telehealth” in the code description.

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## 25-26 Modifiers Updated

### Modifier 50

Medicaid policy and PRISM programming have been updated to allow modifier 50 to be appended to a claim for bilateral procedures when appropriate.

[Section I: General Information Provider Manual](#), Chapter 8-3.1 *Payment on Claims for Restricted Members*, is updated to include modifier 50 in the allowed modifiers eligible for reimbursement.

Also, Chapter 12-7.3 *Modifier used in a Claim*, of the same manual is updated to state the following:

Modifier 50: (Bilateral Procedures) Bilateral surgeries are procedures performed on both sides of the body during the same operative session. Do not append to procedures when the code description specifically states it is a unilateral or bilateral procedure.

### Modifier 91

[Section I: General Information Provider Manual](#), Chapter 12-7.3 *Modifiers*, has been updated to the following:

Modifier 91: Documentation may be requested supporting the claim that separate services were provided for a distinct medical purpose.

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## 25-27 EPSDT Training for Providers

A new online training module for providers concerning the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit is now available on the Medicaid website. The training provides:

- A general overview of the EPSDT benefit and its goals.
- Information concerning services covered.
- How the EPSDT benefit is managed by fee-for-service and Managed Care Plans.
- An explanation of the exception process for non-covered services.
- Resources available and where to access them on the website.

We encourage providers who serve EPSDT-eligible members to review this training resource at: <https://hhs-dmhf-prism-training.s3.amazonaws.com/C3/PRV/EPSDT%20Training%20for%20Medicaid%20Providers/story.html>.

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## 25-28 Fertility Preservation Amendment

Effective February 1, 2025, the coverage age range for fertility preservation services was extended to cover eligible members through 50 years of age. In addition, ovarian tissue cryopreservation services for pre-pubescent females is now a covered service in accordance with the American Society of Reproductive Medicine guidelines. The [Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\) Services Provider Manual](#), Chapter 1-14 *Fertility Preservation*, and the [Physician Services Provider Manual](#), Chapter 8-23 *Fertility Preservation*, have been updated to reflect these policy changes.

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## 25-29 Salpingectomy Coverage

Effective May 1, 2025, Utah Medicaid will cover salpingectomy procedure for the purpose of female sterilization. Prior authorization will not be required for this procedure; however, in order for claims to process correctly the [Sterilization Consent Form](#) must be completed and uploaded into the PRISM document management portal when submitting claims for these services. This form must be completed at least 30 days, but not more than 180 days, prior to the date of the sterilization, except in the case of premature delivery or emergency abdominal surgery.

This service will be reported using the following CPT codes:

- 58661- *Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)*
- 58700 - *Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)*

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## 25-30 Refraction Eye Exam

Effective May 1, 2025, determination of refractive state (CPT code 92015) will be a covered benefit once per rolling year in addition to the other covered eye exam codes.

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## 25-31 Hospice Care Services Provider Manual Update and Policy Clarification

In April 2023, a policy change removed hospice services from prior authorization (PA) requirements. Currently, policy does require hospice providers to submit a Hospice Admission Record Request through the Prior Authorization portal in PRISM to receive service reimbursement.

The [Hospice Care Services Provider Manual](#) has been updated to remove outdated references to a prior authorization requirement, update the definition of “attending physician” to include other qualified healthcare providers, as well as add clarification concerning documentation requirements for claims adjudication. The following reflects the updates made to the manual:

- The chapter title for Chapter 10 has been changed from *Prior Authorization* to *Hospice Admission Record Requests*.
- References to prior authorization have been removed from Chapter 10 and replaced with information concerning documentation requirements for hospice admission record requests.
- The documentation requirements for service intensity add-on (SIA) services have been clarified, and references to prior authorization removed.
- Outdated prior authorization forms and references have been removed from Chapter 14 *Resource table*.
- The definition of “Attending physician” has been updated to “Qualified healthcare provider (QHP)” to reflect the other clinicians that can serve as an attending QHP for members enrolled in a hospice program. References throughout the manual have been changed to reflect this updated definition.
- The Coverage and Reimbursement Lookup Tool note for HCPCS code G0155 - *Services of clinical social worker in home health or hospice settings, each 15 minutes* has been updated to remove references to a prior authorization requirement.

## 25-32 Behavioral Health Provider Manual Updates

The [Behavioral Health Services Provider Manual](#) has been updated to include clarifying information on behavioral health receiving centers, updates to chapter references, and updates to links that were no longer working. Additionally, references to physicians have been updated in this manual to state “qualified healthcare professional” for clarity on who may provide the services.

The supportive living services chapter has been updated due to unintended changes in the policy’s target group. When moving the service authority from the 1915(b) waiver to the Medicaid state plan authority the language limiting this service to people with a serious mental illness was changed. This update returns that language and clarifies the target group for the service. Supportive living is only available to members diagnosed with a serious mental illness (SMI).

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## 25-33 Pharmacy Maximum Allowable Cost (MAC) Survey

The Utah Department of Health and Human Services contracts with Myers and Stauffer to conduct ongoing maximum allowable cost (MAC) surveys for prescription drugs. Participation in this survey is for all selected pharmacy providers to ensure that MAC reimbursement rates adequately reflect the purchase conditions faced in the market by Utah providers. The initial survey letters will be sent via postal mail on May 1, 2025, to a randomly selected group of pharmacy providers across urban/rural/independent/chain and specialty providers. Reminder letters will be sent via postal mail approximately 14 days after the initial letters are sent to any non-responding pharmacy provider.

Purchase invoices can be submitted to:

### [Myers and Stauffer](#)

Email: [pharmacy@mslc.com](mailto:pharmacy@mslc.com)

Postal mail: 800 E. 96th Street, Suite 200, Indianapolis, IN 46240

Fax: (317) 566-3203

Please note, all submitted invoice data will remain strictly confidential. For general inquiries, contact the Myers and Stauffer Pharmacy Help Desk at <https://myersandstauffer.com/client-portal/utah/utah-pharmacy/>, or call 1-800-591-1183.

For general pharmacy questions, please contact Medicaid at:

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

Phone: (801) 538-6155, option 1, option 1

## 25-34 Sodium Fluoride

As a reminder, effective June 1, 2024, Utah Medicaid covers chewable fluoride supplements for members 16 years of age and under. The sodium fluoride liquid is covered for members 5 years of age and under. Utah Medicaid's Preferred Drug List has been updated to reflect this policy. For more information, please refer to the [Preferred Drug List & Resource Document](#) and [R414-60-5](#).

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## 25-35 DUR Board Updates

In March, the Drug Utilization Review (DUR) Board met to review new prior authorization (PA) criteria for Aucatzyl, Breyanzi, Kymriah, and Tecartus. In April, the DUR Board met to review Alyftrek and other cystic fibrosis transmembrane conductance (CFTR) modulators, and criteria for the CF Modulators and Zepbound prior authorization forms.

DUR Board meeting minutes are posted on the Utah Medicaid website at <https://medicaid.utah.gov/pharmacy/drug-utilization-review-board/>. DUR Board Meeting recordings can be found on the [YouTube Channel @dmhf\\_webdohdhhs2](#).

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## 25-36 P&T Committee Updates

In May, the Pharmacy and Therapeutics (P&T) Committee met to discuss Epidermal growth factor receptor (EGFR) inhibitors.

P&T Committee meeting recordings can be found on the [YouTube Channel @dmhf\\_webdohdhhs2](#).

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## 25-37 Refugee Medical Assistance

On March 21, 2025, the Office of Refugee Resettlement (ORR) announced a change to the eligibility period for Refugee Medical Assistance (RMA). Effective May 5, 2025, the eligibility period for Refugee Medical Assistance (RMA) has been shortened from 12 months to 4 months for newly eligible individuals. This change was published in the [federal register](#).



- Individuals who became eligible for RMA before May 5, 2025, will continue to receive up to 12 months of coverage.
- Individuals who become eligible for RMA on or after May 5, 2025, will receive 4 months of coverage.

After RMA ends, individuals will be screened for other medical programs. If they do not qualify, their information will be transferred to the Federally Facilitated Marketplace. Additional resources can be found [here](#).

## 25-38 Code Updates

The following codes have been updated for coverage with effective dates listed below. For specific code coverage information, please see the [Coverage and Reimbursement Lookup Tool](#).

HCPSC/ CPT	Long Description	Medicaid Covered	Coverage Start Date
90593	Chikungunya virus vaccine, recombinant, for intramuscular use	Yes	01/01/2025
90695	Influenza vaccine, H5N8, derived from cell cultures, adjuvanted, for intramuscular use	Yes	01/01/2025
92015	Test to determine if prescription eye wear is needed	Yes	05/01/2025
96041	Counseling for genetic testing provided by a genetic counselor, each 30 minutes of total time on the date of encounter	Yes	01/01/2025
A2030	Miro3d fibers, per milligram	Yes	04/01/2025
A2031	Mirodry wound matrix, per square centimeter	Yes	04/01/2025
A2032	Myriad matrix, per square centimeter	Yes	04/01/2025
A2033	Myriad morcells, 4 milligrams	Yes	04/01/2025
A2034	Foundation drs solo, per square centimeter	Yes	04/01/2025
A2035	Corplex p or theracor p or allacor p, per milligram	Yes	04/01/2025
A6515	Gradient compression wrap with adjustable straps, full leg, each, custom	Yes	04/01/2025
A6516	Gradient compression wrap with adjustable straps, foot, each, custom	Yes	04/01/2025
A6517	Gradient compression wrap with adjustable straps, below knee, each, custom	Yes	04/01/2025
A6518	Gradient compression wrap with adjustable straps, arm, each, custom	Yes	04/01/2025

A6519	Gradient compression garment, not otherwise specified, for nighttime use, each	Yes	04/01/2025
A6611	Gradient compression wrap with adjustable straps, above knee, each, custom	Yes	04/01/2025
C8004	Simulation angiogram with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the angiogram, for subsequent therapeutic radioembolization of tumors	Yes	04/01/2025
C8005	Bronchoscopy, rigid or flexible, non-thermal transbronchial ablation of lesion(s) by pulsed electric field (pef) energy, including fluoroscopic and/or ultrasound guidance, when performed, with computed tomography acquisition(s) and 3d rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]) of all mediastinal and/or hilar lymph node stations or structures, and therapeutic intervention(s)	Yes	04/01/2025
C9300	Injection, indigotindisulfonate sodium, 1 mg	Yes	04/01/2025
C9301	Obecabtagene autoleucel, up to 410 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes	04/01/2025
C9302	Injection, zanidatamab-hrii, 2 mg	Yes	04/01/2025
C9303	Injection, zolbetuximab-clzb, 1 mg	Yes	04/01/2025
C9304	Injection, marstacimab-hncq, 0.5 mg	Yes	04/01/2025
E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface	Yes	04/01/2025
E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type	Yes	04/01/2025

E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type	Yes	04/01/2025
E1832	Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Yes	04/01/2025
G0183	Quantitative software measurements of cardiac volume, cardiac chambers volumes and left ventricular wall mass derived from ct scan(s) data of the chest/heart (with or without contrast)	Yes	04/01/2025
G0566	3d radiodensity-value bone imaging, algorithm derived, from previous magnetic resonance examination of the same anatomy	Yes	04/01/2025
J0281	Injection, aminocaproic acid, 1 gram	Yes	04/01/2025
J1072	Injection, testosterone cypionate (azmiro), 1 mg	Yes	04/01/2025
J1271	Injection, doxycycline hyclate, 1 mg	Yes	04/01/2025
J1299	Injection, eculizumab, 2 mg	Yes	04/01/2025
J1308	Injection, famotidine, 0.25 mg	Yes	04/01/2025
J1808	Injection, folic acid, 0.1 mg	Yes	04/01/2025
J1938	Injection, furosemide, 1 mg	Yes	04/01/2025
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	Yes	04/01/2025
J2428	Injection, paliperidone palmitate extended release (erzofri), 1 mg	Yes	04/01/2025
J2804	Injection, rifampin, 1 mg	Yes	04/01/2025
J2865	Injection, sulfamethoxazole 5 mg and trimethoprim 1 mg	Yes	04/01/2025
J7521	Tacrolimus, granules, oral suspension, 0.1 mg	Yes	04/01/2025
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	Yes	04/01/2025
J9038	Injection, axatilimab-csfr, 0.1 mg	Yes	04/01/2025
J9054	Injection, bortezomib (boruzu), 0.1 mg	Yes	04/01/2025
J9161	Injection, denileukin diftitox-cxdl, 1 mcg	Yes	04/01/2025
L0720	Cervical-thoracic-lumbar-sacral-orthoses (ctlso), anterior-posterior-lateral control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes	04/01/2025

L1933	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf	Yes	04/01/2025
L1952	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, off-the-shelf	Yes	04/01/2025
L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping	Yes	04/01/2025
L6028	Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts described by L6692	Yes	04/01/2025
L6029	Upper extremity addition, test socket/interface, partial hand including fingers	Yes	04/01/2025
L6030	Upper extremity addition, external frame, partial hand including fingers	Yes	04/01/2025
L6031	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power	Yes	04/01/2025
L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)	Yes	04/01/2025
L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material	Yes	04/01/2025
L6037	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers	Yes	04/01/2025
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement	Yes	04/01/2025
L7406	Addition to upper extremity, user adjustable, mechanical, residual limb volume management system	Yes	04/01/2025
Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes	04/01/2025
Q4196	Puraply am, per square centimeter	Yes	03/01/2025
Q4354	Palingen dual-layer membrane, per square centimeter	Yes	04/01/2025

Q4355	Abiomend xplus membrane and abiomend xplus hydromembrane, per square centimeter	Yes	04/01/2025
Q4356	Abiomend membrane and abiomend hydromembrane, per square centimeter	Yes	04/01/2025
Q4357	Xwrap plus, per square centimeter	Yes	04/01/2025
Q4358	Xwrap dual, per square centimeter	Yes	04/01/2025
Q4359	Choripty, per square centimeter	Yes	04/01/2025
Q4360	Amchoplast fd, per square centimeter	Yes	04/01/2025
Q4361	Epixpress, per square centimeter	Yes	04/01/2025
Q4362	Cygnus disk, per square centimeter	Yes	04/01/2025
Q4363	Amnio burgeon membrane and hydromembrane, per square centimeter	Yes	04/01/2025
Q4364	Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter	Yes	04/01/2025
Q4365	Amnio burgeon dual-layer membrane, per square centimeter	Yes	04/01/2025
Q4366	Dual layer amnio burgeon x-membrane, per square centimeter	Yes	04/01/2025
Q4367	Amniocore sl, per square centimeter	Yes	04/01/2025
Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	Yes	04/01/2025
Q5148	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	Yes	04/01/2025
Q5149	Injection, aflibercept-abzv (enzeevu), biosimilar, 1 mg	Yes	04/01/2025
Q5150	Injection, aflibercept-mrbb (ahzantive), biosimilar, 1 mg	Yes	04/01/2025
Q5151	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	Yes	04/01/2025
Q5152	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	Yes	04/01/2025
Q9999	Injection, ustekinumab-aaaz (otulfi), biosimilar, 1 mg	Yes	04/01/2025