Utah Department of
Health & Human Services
Integrated Healthcare

Traditional vs. Non-Traditional Benefits Comparison Chart

Effective January 1, 2024

Services	Traditional benefit	Non-Traditional benefit	What is changing?
Abortions and sterilizations	For coverage determination of abortion and sterilization services for the Traditional Medicaid plan, refer to the Coverage and Reimbursement Lookup Tool.	Same as Traditional.	**No change.** There is no difference in the coverage between the plans.
Audiology (hearing) services	Audiology/hearing services are available to include preventive, screening, evaluation, and diagnostic services. Hearing aids are not covered except for pregnant and EPSDT eligible members.	Hearing evaluations or assessments for hearing aids were covered. Hearing aids were covered only if the hearing loss was congenital.	**Audiology services are now available to include preventive, screening, evaluation, and diagnostic services.** **Hearing aids are not covered except for pregnant and EPSDT eligible members.**
Dental	For Medicaid members that are enrolled as Aged, Blind, Disabled, or Targeted Adult Medicaid (TAM) undergoing substance use disorder (SUD) treatment, dental services must be provided through the University of Utah School of Dentistry (UUSOD) or their associated statewide provider network. Providers must be paneled with the UUSOD for dental services to be covered for the TAM SUD, Aged, Blind, or Disabled populations. Dental benefits with a dental managed care plan are also available to pregnant members and those who are EPSDT eligible.	Not covered, however, limited emergency dental services may be covered when determined to be medically necessary.	**No change.** There is no difference in the coverage between the plans. Limited emergency dental services may be covered when determined to be medically necessary.
Family planning services	Voluntary sterilization, male or female, for voluntarily	Same as Traditional.	**No change.**

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	preventing conception for family planning is covered with a prior authorization (PA) and a properly executed Sterilization Consent Form which must be submitted prior to performing the procedure. Certain services are excluded as family planning services: • Surgical procedures for the reversal of previous elective sterilization, both male and female • Infertility studies • In-vitro fertilization • Artificial insemination • Surrogate motherhood, including all services, tests, and related charges • Diagnostic genetic testing for the member or family members performed solely for genetic counseling, family planning, or health screening		There is no difference in the coverage between the plans.
Hospital services	For coverage determination of hospital services for the Traditional Medicaid plan, refer to the Coverage and Reimbursement Lookup Tool.	Included surgical exclusions.	**No longer has surgical exclusions.**
Long term care	Long term care in a nursing facility and intermediate care facility for people with intellectual disabilities (ICF/ID) are covered benefits. Coverage for institutions primarily for the care and treatment of mental disease (IMDs) are not covered for persons over the age of 21 and under the age of 65.	Not covered.	**Added long term care in a nursing facility and intermediate care facility for people with intellectual disabilities (ICF/ID) as covered benefits.** Coverage for institutions primarily for the care and treatment of mental disease (IMDs) are not covered for persons over

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			the age of 21 and under the age of 65.
Medical supplies and medical equipment	For coverage determination of medical supplies and medical equipment for the Traditional Medicaid plan, refer to the Coverage and Reimbursement Lookup Tool.	Some exclusions of medical supplies and medical equipment coverage.	**No longer has medical supply and medical equipment exclusions.** Code coverage will be the same for those individuals who were previously enrolled in the Non-Traditional Medicaid plan as for those enrolled in the Traditional Medicaid plan, as determined by the Coverage and Reimbursement Lookup Tool.
Occupational therapy (OT)	Twenty (20) visits to licensed OT professionals allowed per calendar year.	Sixteen (16) aggregate (combined with PT) visits allowed per policy year.	**Increased to 20 visits** to licensed OT professionals allowed per calendar year.
Organ transplants	The following transplants are covered when the requirements in Utah Administrative Code, R414-10A *Transplant Services Standards* are met: cornea, heart, lung, kidney, liver, pancreas, intestine, bone marrow, and hematopoietic stem cell.	Limited coverage of transplants to: cornea, heart, lung, kidney, liver, bone marrow, and stem cell.	**Pancreas and intestine transplants are added to coverage.** Code coverage will be the same for those individuals who were previously enrolled in the Non-Traditional Medicaid plan as for those enrolled in the Traditional Medicaid plan as determined by the Coverage and Reimbursement Lookup Tool.
Physical therapy (PT)	Twenty (20) visits to licensed PT professionals allowed per calendar year.	Sixteen (16) aggregate (combined with OT) visits allowed per policy year.	**Increased to 20 visits** to licensed physical therapist professionals allowed per calendar year.
Podiatry services	For coverage determination of podiatric services for the Traditional Medicaid plan, refer to the Coverage and Reimbursement Lookup Tool.	Same as Traditional.	**No change.** There is no difference in the coverage between the plans.
Private duty nursing (PDN)	Not covered except for EPSDT eligible members.	Same as Traditional.	**No change.**

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	In certain cases, if agency staff determine that the proposed PDN services are both medically appropriate and more cost effective than alternative services, the agency may exceed the limitation of PDN coverage beyond EPSDT eligible members.		There is no difference in the coverage between the plans.
Speech services	One speech evaluation per member per year is covered. Speech pathology services include evaluation, diagnosis, and therapy services. Speech pathology services are provided to treat disorders related to traumatic brain injuries, cerebrovascular accidents, and disabilities which qualify members to receive speech-generating devices and to treat swallowing dysfunction.	Not covered.	**One speech evaluation per member per year is now covered.** Speech pathology services will include evaluation, diagnosis, and therapy services. Speech pathology services will be provided to treat disorders related to traumatic brain injuries, cerebrovascular accidents, and disabilities which qualify members to receive speech-generating devices and to treat swallowing dysfunction.
Transportation services	Emergency ambulance (ground and air) services are covered. Non-emergency medical transportation (NEMT) is available for medically necessary appointments.	Emergency ambulance (ground and air) services were covered. Non-emergency transportation, including bus passes, was not covered.	**Added non-emergency medical transportation (NEMT) services for medically necessary appointments.** Emergency ambulance (ground and air) services continue to be covered.
Vision care services	One eye examination per member every 12 months is covered. Eyeglasses are not covered except for pregnant and EPSDT eligible members.	Same as Traditional.	**No change.** There is no difference in the coverage between the plans.