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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-12-018

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

December 13, 2012

W. David Patton, Ph.D
Utah Department of Health
288 North 1460 West
PO Box 143102
Salt Lake City, UT 84114

RE: Utah #12-018

Dear Dr. Patton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 12-018. This State Plan Amendment modifies the language regarding reimbursement for clinic services to change the effective date of optometry rates to July 1, 2012. The Birthing Center provision has been removed from the Clinic Services Coverage and Clinic Reimbursement sections of the State Plan and new pages submitted for Free Standing Birthing Center coverage and reimbursement

Please be informed that this State Plan Amendment was approved on December 12, 2012 with an effective date of July 1, 2012. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Betty Strecker at (701) 540-4118.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid and Children's Health

CC: Michael Hales, Medicaid Director, UT
Craig Devashrayee, UT

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1 TRANSMITTAL NUMBER:
12-018-UT

2 STATE:
Utah

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTHCARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4 PROPOSED EFFECTIVE DATE
July 1, 2012

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.90

7 FEDERAL BUDGET IMPACT: *Bmw*
a. SFY 2013 \$0
b. SFY 2014 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Pages 12, 12a, 12b, 12c, 12d, and 12e of Attachment 4 19-B


*Page 34, Attachment 4.19-B
Page 1, Svc 9, Attachments 3.1A/B
Page 1, Svc 25, Attachments 3.1A/B*

9: PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Pages 12 and 12a of Attachment 4 19-B
*Page 1, Svc 9, Attachments 3.1A/B
Page 1, Svc 25, Attachments 3.1A/B*

10. SUBJECT OF AMENDMENT: Reimbursement for Clinic Services

11 GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE: 
13 TYPED NAME: W. David Patton, Ph.D.
14 TITLE: Executive Director, Utah Department of Health
15. DATE SUBMITTED: September 15, 2012


16 RETURN TO:
Craig Devashrayee, Manager
Technical Writing Unit
Utah Department of Health
PO Box 143102
Salt Lake City, UT 84114-3102

17 DATE RECEIVED: *9/15/12*

18 DATE APPROVED: *12/13/12*

FOR REGIONAL USE ONLY

19 EFFECTIVE DATE OF APPROVED MATERIAL: *7/1/12*
21 TYPED NAME: *Richard C. Allen*

SIGNATURE OF REGIONAL OFFICIAL: 
22 TITLE: *ARA, DNACHO*

23 REMARKS: *Pen & ink changes made per Stats request*

L. CLINIC SERVICES

Clinic services are paid differently depending on the type of services rendered. Such payments are limited to the amount paid by Medicare as specified in 42 CFR 447.321. Subject to these limitations, payments are determined as follows:

T.N. # 12-018

Approval Date 12/12/12

Supersedes T.N. # 10-005

Effective Date 7-1-12

L CLINIC SERVICES (Continued)

- 1 Dialysis Clinics -- Payment for renal dialysis is based on the established fee schedule unless a lower amount is billed. The amount billed cannot exceed usual and customary charges. Fees are based on the Medicare payment in Salt Lake County for dialysis.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. The agency's rates were set as of July 1, 2012, and are effective for services on or after that date. Fee schedule payments are based on the established fee schedule unless a lower amount is billed. All rates are published on the agency's website at <http://health.utah.gov/medicaid/>.

T.N. # 12-018

Approval Date 12/12/12

Supersedes T.N. # 10-005

Effective Date 7-1-12

L. CLINIC SERVICES (Continued)

2. Surgical Centers -- Effective March 1, 2010, payment is based on 66.3 percent of usual and customary charges and, for specified procedure codes, a fee schedule established from professional judgment, Medicaid historical data, and discounts from Medicare rates. Effective July 1, 2010, payments will be based on a fee schedule established from professional judgment, Medicaid historical data, and discounts from Medicare rates.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. The agency's rates were set as of October 1, 2012, and are effective for services on or after that date. Fee schedule payments are based on the established fee schedule unless a lower amount is billed. All rates are published on the agency's website at <http://health.utah.gov/medicaid/>.

MULTIPLE AND BILATERAL PROCEDURES

The primary surgical procedure with the highest payment rate is paid based on 100% of the established Medicaid fee. The second highest payment rate is paid based on 50% of the established fee schedule. Payment for the other lower payment rates is made at 25% of the established fee schedule for multiple and bilateral procedures. When CPT modifiers are used, the rate is adjusted for CPT modifiers before the percentages are applied for multiple units billed for designated procedure codes to pay at 100% of the established Medicaid fee schedule.

T N. # 12-018

Approval Date 12/12/12

Supersedes T N. # New

Effective Date 7-1-12

L. CLINIC SERVICES (Continued)

3. Alcohol and Drug Clinics -- Payment is based on the established fee schedule unless a lower amount is billed. Fees will be set based on historical payments for specific HCPCS codes.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. The agency's rates were set as of July 1, 2012, and are effective for services on or after that date. Fee schedule payments are based on the established fee schedule unless a lower amount is billed. All rates are published on the agency's website at <http://health.utah.gov/medicaid/>

T.N. # 12-018

Approval Date 12/12/12

Supersedes T.N.# New

Effective Date 7-1-12

L. CLINIC SERVICES (Continued)

- 4 Clinic Services for Physical Therapy and Occupational Therapy - Payments for physical/occupational therapy are based on the established fee schedule unless a lower amount is billed. Fees are established by discounting historical charge, by professional judgment, and by the physical therapy and occupational therapy fee schedule.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. The agency's rates were set as of July 1, 2012, and are effective for services on or after that date. Fee schedule payments are based on the established fee schedule unless a lower amount is billed. All rates are published on the agency's website at <http://health.utah.gov/medicaid/>

T N # 12-018

Approval Date 12/12/12

Supersedes T N. # New

Effective Date 7-1-12

FREESTANDING BIRTH CENTER SERVICES

Licensed Birthing Centers-- Payment is based on the established fee schedule unless a lower amount is billed. The amount billed cannot exceed usual and customary charges. Fees are based on discounted rates established for physicians.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. The agency's rates were set as of July 1, 2012, and are effective for services on or after that date. Fee schedule payments are based on the established fee schedule unless a lower amount is billed. All rates are published on the agency's website at <http://health.utah.gov/medicaid/>.

T.N. # 12-018

Approval Date 12/12/12

Supersedes T.N. # New

Effective Date 7-1-12

CLINIC SERVICES

LIMITATIONS

1 End Stage Renal Dialysis

Limited to medically accepted dialysis procedures, such as peritoneal dialysis (CAPO, CCPO, and IPO), or hemodialysis for outpatients receiving services in free-standing State-licensed facilities, which are also approved under Title XVIII

2. Ambulatory Surgical Centers

Scope of service is limited to ambulatory surgical procedures which are scheduled for non-emergency conditions.

3. Alcohol and Drug Center

Service limited to Methadone treatment at an approved center

T.N. # 12-018

Approval Date 12/12/12

Supersedes T.N. # 98-003

Effective Date 7-1-12

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T.N. # 12-018

Approval Date 12/12/12

Supersedes T.N. # 98-003

Effective Date 7-1-12

FREESTANDING BIRTHING CLINICS

(a) Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided No limitations With limitations None licensed or approved

Please describe any limitations:

Birthing center maternal patients shall be limited to women initially determined to be at low maternity risk and evaluated regularly throughout pregnancy to ensure they remain at low risk for a poor pregnancy outcome.

(b) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided No limitations With limitations (please describe below)
 Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:

Must be licensed in the State of Utah to provide such services

Please check all that apply:

- (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).
- (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife).
- (c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*

*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

T.N. # 12-018

Approval Date 12/12/12

Supersedes T.N. # New

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Please check all that apply

- (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).
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