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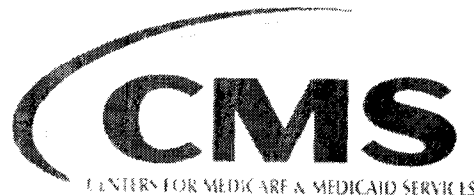
State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-13-027

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

October 1, 2013

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

RE: Utah #13-027

Dear Dr. Patton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-027. This State Plan Amendment updates and clarifies coding information in the State Plan by removing extraneous information that more appropriately exists in other administrative systems regarding physician fee schedules.

Please be informed that this State Plan Amendment was approved today with an effective date of August 1, 2013. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Mandy Strom at (303) 844-7068.

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:
13-027-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
August 1, 2013

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 414.40

7. FEDERAL BUDGET IMPACT:

a. FFY 2013 \$0
b. FFY 2014 \$0 *inf*

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 4a of ATTACHMENT 4.19-B
Removes Page 4b of ATTACHMENT 4.19-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Page 4a of ATTACHMENT 4.19-B
Removes Page 4b of ATTACHMENT 4.19-B

10. SUBJECT OF AMENDMENT: Physician Fee Schedules

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

[Redacted Signature]

13. TYPED NAME: W. David Patton, Ph.D.

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: August 5, 2013

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:

8/5/13

18. DATE APPROVED:

10/1/13

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

8/1/13

20. SIGNATURE OF REGIONAL OFFICIAL:

[Redacted Signature]

21. TYPED NAME:

RICHARD C. ALLEN

22. TITLE:

ARA, DMCHO

PLAN APPROVED - ONE COPY ATTACHED

23. REMARKS

Revised 9/30/13

D. PHYSICIANS (Except Anesthesiologists)(Continued)

3. ALTERNATIVE FEES (Continued)

- a. Utah Medical payment history,
- b. Medicare fees,
- c. Practitioner fee schedules,
- d. Fee schedules from other states,
- e. Similar procedures with established fees,
- f. Medical determinations by physician consultants, and
- g. Private insurance payments.

There are some fees that are seldom billed and services that do not fit into the routine procedure coding structure. When it is not practical to establish a specific fee, payments may be determined by either calculating a percent of billed charges or by using the professional judgment of a physician consultant.

T.N. # 13-027

Approval Date 10/11/13

Supersedes T.N. # 12-002

Effective Date 8-1-13

Revised 9/30/13

42 CFR

ATTACHMENT 4.19-B
Page 4b

Deleted August 1, 2013

T.N. # 13-027

Approval Date 10/1/13

Supersedes T.N. # 05-005

Effective Date 8-1-13