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## Table of Contents

**State/Territory Name:** Utah

**State Plan Amendment (SPA) #:** UT-14-010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form
- 3) Approved SPA Pages

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



## **Region VIII**

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April 10, 2014

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

RE: Utah #14-010

Dear Dr. Patton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-010. This State Plan Amendment updates Nurse Practitioner Services, which facilitates client access to health care throughout Utah by allowing licensed nurse practitioners to directly bill Medicaid for their services. It also clarifies limitations on nurse practitioner services.

Please be informed that this State Plan Amendment was approved today with an effective date of April 1, 2014. 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:  
14-010-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  
April 1, 2014

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:

1905a(21) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2014 \$0  
b. FFY 2015 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 21a of ATTACHMENT 4.19-B  
Attachment #23 of ATTACHMENT 3.1-A  
Page 8a of Attachment #24 of ATTACHMENT 3.1-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Page 21a of ATTACHMENT 4.19-B  
Attachment #23 of ATTACHMENT 3.1-A  
Page 8a of Attachment #24 of ATTACHMENT 3.1-B

10. SUBJECT OF AMENDMENT: Nurse Practitioner Services

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:

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

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: March 3, 2014

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

03/03/14

18. DATE APPROVED:

04/10/14

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL

04/01/14

20. SIGNATURE OF REGIONAL OFFICIAL

/s/

21. TYPED NAME

Richard C. Allen

22. TITLE

ARA, DMCHO

23. REMARKS

PLAN APPROVED - ONE COPY ATTACHED

SERVICES PROVIDED BY LICENSED NURSE PRACTITIONERS

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1. Services provided by a registered nurse who is licensed and certified by the Utah State Board of Nursing as a nurse practitioner. A nurse practitioner includes, but is not limited to, a general nurse practitioner, nurse anesthetist, obstetrics-gynecology nurse practitioner, or a neonatal nurse practitioner. These services are limited to ambulatory, non-institutional services provided to the extent that the licensed and certified nurse practitioner is authorized to practice under state law.
2. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
  - a. the proposed services are medically appropriate; and
  - b. the proposed services are more cost effective than alternative services.

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T.N. # 14-010

Approval Date 04/10/14

Supersedes T.N. # New

Effective Date 4-1-14

SERVICES PROVIDED BY LICENSED NURSE PRACTITIONERS

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  - a. the proposed services are medically appropriate; and
  - b. the proposed services are more cost effective than alternative services.

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T.N. # 14-010

Approval Date 04/10/14

Supersedes T.N. # New

Effective Date 4-1-14

NURSE PRACTITIONERS

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LIMITATIONS

1. Services provided by a licensed certified pediatric nurse practitioner (CPNP) or a licensed certified family nurse practitioner (CFNP) are limited to ambulatory, non-institutional services provided to the extent that licensed certified pediatric and family nurse practitioners are authorized to practice under state law.
2. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
  - a. the proposed services are medically appropriate; and
  - b. the proposed services are more cost effective than alternative services.

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T.N. # 14-010

Approval Date 04/10/14

Supersedes T.N. # 98-003

Effective Date 4-1-14

NURSE PRACTITIONERS

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LIMITATIONS

1. Services provided by a licensed certified pediatric nurse practitioner (CPNP) or a licensed certified family nurse practitioner (CFNP) are limited to ambulatory, non-institutional services provided to the extent that licensed certified pediatric and family nurse practitioners are authorized to practice under state law.
2. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
  - a. the proposed services are medically appropriate; and
  - b. the proposed services are more cost effective than alternative services.

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T.N. # 14-010

Approval Date 04/10/14

Supersedes T.N. # 98-003

Effective Date 4-1-14

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NURSE PRACTITIONERS (NP)

Approved procedure codes may be directly billed by a licensed nurse practitioner (NP). Payment for approved services will be made at the lower of the usual and customary charge or the established physician's fee schedule. The fees are established by using the physicians' fee schedule methodology described in Section D "Physicians," Page 4 of ATTACHMENT 4.19-B.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of these services. The agency's rates were set in accordance with the methodology described in Section D "Physicians", and are effective for services on or after the date specified in Section D. Payments for covered audiology services 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/>.

Rate Adjustment for Rural Areas

The 12% rate differential, not to exceed usual and customary charges, will be paid for services rendered in rural Utah. Rural Utah is defined as areas of the State outside of Weber, Davis, Salt Lake and Utah counties.

Billing Arrangements

When service is provided by a licensed NP employed and working under supervision in a group practice, private office, community health center, or local health department, the supervising provider shall bill for the service according to their usual and customary fee schedule.

When service is provided by a licensed NP working in a private independent practice, the licensed NP shall bill according to their usual and customary fee schedule.

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T.N. # 14-010

Approval Date 04/10/14

Supersedes T.N. # 91-18

Effective Date 4-1-14