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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-14-023

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

July 17, 2014

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

RE: Utah #14-023

Dear Dr. Patton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-023. This State Plan Amendment updates the effective date of rates for Rehabilitative Mental Health services to 7/1/14.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2014. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Ann Clemens at (303) 844-2125.

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:
14-023-UT

2. STATE:
Utah

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

4. PROPOSED EFFECTIVE DATE
July 1, 2014

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

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 440.130

7. FEDERAL BUDGET IMPACT:

a. SFY 2015 \$0
b. SFY 2016 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 25 of ATTACHMENT 4.19-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Page 25 of ATTACHMENT 4.19-B

10. SUBJECT OF AMENDMENT: Reimbursement for Rehabilitative Mental Health 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: May 15, 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:
May 15, 2014

18. DATE APPROVED:
July 17, 2014

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL

/s/

21. TYPED NAME

Richard C. Allen

22. TITLE

ARA, DMCHO

PLAN APPROVED - ONE COPY ATTACHED

23. REMARKS

MENTAL HEALTH DIAGNOSTIC AND REHABILITATIVE SERVICES

This payment plan covers rehabilitative mental health and substance use disorder services (hereinafter referred to as mental health services).

Rehabilitative mental health services are paid using a uniform fee schedule. Services are defined by HCPCS codes and prices using a fixed fee schedule. Payments are made to providers on a fee-for-service basis for defined units of service. The state-developed fee schedule rates are the same for both governmental and non-governmental providers.

The agency's fee schedule rates for mental health services were set as of July 1, 2014, and are effective for services provided 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 at <http://health.utah.gov/medicaid/>.

To ensure continued access to specialized psychiatric pharmacologic management, when physicians and other qualified prescribers allowed under state law include the CG modifier with evaluation and management code 99213, 99214, 99308, 99309, 99310, 99348 or 99349, then the fee in effect for psychiatric pharmacologic management, procedure code 90862, on December 31, 2012, is used to determine payment. The methodology is not applied if the evaluation and management service is billed with any add-on procedure codes allowed by Current Procedural Terminology (CPT) coding for evaluation and management services.

T.N. # 14-023

Approval Date 7/17/14

Supersedes T.N. # 13-017

Effective Date 7-1-14