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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-17-0019

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
1961 Stout Street, Room 08-148
Denver, CO 80294



Region VIII

July 24, 2017

Nathan Checketts, Medicaid Director
Utah Department of Health
P.O. Box 141000
Salt Lake City, UT 84114-1000

RE: Utah #17-0019

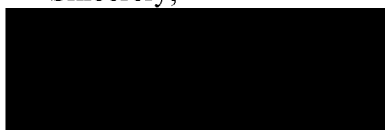
Dear Mr. Checketts:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0019. This State Plan Amendment updates and clarifies limitations in physician service coverage that include licensing, provision of services, physician procedures, and utilization criteria.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2017. 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,



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

cc: John Curless, UT
Craig Devashrayee, UT

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

1. TRANSMITTAL NUMBER: 17-0019-UT	2. STATE: Utah
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE July 1, 2017	

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:
Subsection 1905(a)(5)(6) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2017 \$0
b. FFY 2018 \$0


8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Page 1 of Attachment #5 within ATTACHMENTS 3.1-A and 3.1-B;
Pages 1a, 2, and 2a of ATTACHMENTS 3.1-A and 3.1-B are deleted.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Page 1 of Attachment #5 within ATTACHMENTS 3.1-A and 3.1-B;
Pages 1a, 2, and 2a of ATTACHMENTS 3.1-A and 3.1-B are deleted.

10. SUBJECT OF AMENDMENT: Limitations on Physician 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 OF STATE AGENCY OFFICIAL:


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

13. TYPED NAME: Joseph K. Miner, MD

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: June 20, 2017


16. [Redacted]

17. DATE RECEIVED:
June 20, 2017

18. DATE APPROVED:
July 24, 2017

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:


21. TYPED NAME:
Richard C. Allen

ARA, DMCHO

PLAN APPROVED - ONE COPY ATTACHED

22. REMARKS

PHYSICIAN SERVICES

LIMITATIONS

1. Supervision by a Physician - Physician services must be personally rendered by a physician licensed under state law to practice medicine or osteopathy, or by a non-physician practitioner licensed to serve the health care needs of a practice population within their scope of practice.
2. Abortion services may only be covered in accordance with ATTACHMENT 3.1-A, (Attachment #5a).
3. Admission to a general hospital for psychiatric care by a physician is limited to those cases determined by established criteria and utilization review standards to be of a severity and intensity that appropriate service cannot be provided in any alternative setting.
4. Inpatient hospital care for the treatment of alcoholism, drug dependency or both will be limited to acute care for detoxification only.
5. Services not actually furnished to a client because the client failed to keep a scheduled appointment will not be covered by Medicaid.
6. Procedures determined to be cosmetic, experimental, or of unproven medical value are non-covered services.
7. Organ transplant services will be limited to those procedures for which selection criteria have been approved and documented in ATTACHMENT 3.1-E.
8. Physicians may bill for pain management services using the appropriate evaluation and management codes.
 - a. A physician may complete a consultation and provide a treatment plan to the primary care provider or continue as the patient's pain management physician.
9. 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.

T.N. # 17-0019

Approval Date 7/24/2017

Supersedes T.N. # 02-012

Effective Date 7-1-17

PHYSICIAN SERVICES (Continued)

LIMITATIONS (Continued)

Deleted July 1, 2017

T.N. # 17-0019

Approval Date 7/24/2017

Supersedes T.N. # 14-012

Effective Date 7-1-17

PHYSICIAN SERVICES (Continued)

LIMITATIONS (Continued)

Deleted July 1, 2017

T.N. # 17-0019

Approval Date 7/24/2017

Supersedes T.N. # 13-004

Effective Date 7-1-17

PHYSICIAN SERVICES

LIMITATIONS

1. Supervision by a Physician - Physician services must be personally rendered by a physician licensed under state law to practice medicine or osteopathy, or by a non-physician practitioner licensed to serve the health care needs of a practice population within their scope of practice.
2. Abortion services may only be covered in accordance with ATTACHMENT 3.1-B, (Attachment #5a).
3. Admission to a general hospital for psychiatric care by a physician is limited to those cases determined by established criteria and utilization review standards to be of a severity and intensity that appropriate service cannot be provided in any alternative setting.
4. Inpatient hospital care for the treatment of alcoholism, drug dependency or both will be limited to acute care for detoxification only.
5. Services not actually furnished to a client because the client failed to keep a scheduled appointment will not be covered by Medicaid.
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PHYSICIAN SERVICES (Continued)

LIMITATIONS (Continued)

Deleted July 1, 2017

T.N. # 17-0019

Approval Date 7/24/2017

Supersedes T.N. # 14-012

Effective Date 7-1-17

PHYSICIAN SERVICES (Continued)

LIMITATIONS (Continued)

Deleted July 1, 2017

T.N. # 17-0019

Approval Date 7/24/2017

Supersedes T.N. # 13-004

Effective Date 7-1-17

PHYSICIAN SERVICES (Continued)

LIMITATIONS (Continued)

Deleted July 1, 2017

T.N. # 17-0019

Approval Date 7/24/2017

Supersedes T.N. # 09-005

Effective Date 7-1-17

PHYSICIAN SERVICES (Continued)

LIMITATIONS (Continued)

Deleted July 1, 2017

T.N. # 17-0019

Approval Date 7/24/2017

Supersedes T.N. # 09-005

Effective Date 7-1-17