November 2025

Utah Department of Health & Human Services
Integrated Healthcare

Medicaid Information Bulletin (MIB)

Medicaid information: 1-800-662-9651 | medicaid.utah.gov

Unless otherwise noted, all changes take effect on November 1, 2025

25-76 1115 Justice Reentry Initiative Waiver

Beginning in the first quarter of 2026, inmates of a participating jail or prison may be eligible for 90 days of pre-release Medicaid coverage under the 1115 Justice Reentry Initiative Waiver. This waiver authority allows for the coverage of certain services for qualifying Medicaid members who are incarcerated in a participating facility approved by the Division of Integrated Healthcare to provide services. Adult and juvenile inmates housed in a participating jail or prison who meet criteria, including former foster care youth up to age 26, may receive Medicaid-covered services up to 90 days prior to their release from the facility. Medicaid-eligible inmates are eligible to receive case management services, physical and behavioral health services, laboratory and radiology services, durable medical equipment upon release, medications and medication administration, and medication assisted treatment services for the treatment of substance use disorders.

Section I: General Information provider manual has been updated to include language for incarcerated coverage eligibility and covered services. Prior authorization requirements for inpatient stays for incarcerated individuals outside of the 90-day pre-release coverage period under the waiver have been removed and are no longer required. Providers must follow all prior approval policies for services requiring prior authorization.

As part of 1115 Justice Reentry Initiative Waiver, HB 347 was passed authorizing certified community health workers (CHWs) to provide services to eligible inmates of a carceral facility participating in the 1115 Justice Reentry Initiative Waiver. This service is limited to facilities participating in the waiver program and services may only be provided to eligible inmates within the 90-day pre-release period. CHWs must be certified through the Department of Health and Human Services Office of Health Equity and must be enrolled as a Medicaid provider prior to rendering services. CHWs will be able to report services starting in March 2026.

For participating facilities, an operational guide is available for information on services covered under the waiver, elements required under the waiver, and other important information.

25-77 Unlicensed Behavioral Health Providers – Correction from September 2025 MIB

Correction, as of September 1, 2025, supervisors are not required to complete the Medicaid risk-based screenings for unlicensed providers at https://portal.cms.gov/portal.

In addition to the list of excluded individuals and entities (LEIE) check that supervisors are required to complete monthly, supervisors must check the system of award management (SAM) to verify individuals are not barred from receiving federal funds due to debarments, suspensions, and other sanctions. SAM can be completed at https://sam.gov/search. If the unlicensed provider is listed on either database, the provider is federally sanctioned and may not render services to Medicaid members. Supervisors must keep a list of these checks and provide them if requested by the department. Refer to Section I: General Information provider manual, Chapter 5-2 for additional information on employment of sanctioned individuals.

For additional information, refer to the September 2025 MIB and to the Behavioral Health Services provider manual, Chapter 3-4.

Note: The implementation of the unlicensed providers' policy change has been extended until November 30, 2025. September 1st through November 30th is a transitional period to implement the changes noted in the September 2025 MIB.

- If you have already begun implementation, the changes do not need to be reversed.
- Unlicensed providers may continue to report services under their NPI through November 30, 2025.

Beginning December 1, 2025, all policy changes must be implemented.

25-78 Residential Treatment Prior Authorization Requirements

All providers rendering services for the treatment of mental health or substance use disorder(s) in residential treatment centers must comply with prior authorization policy for all members receiving services at this level of care. When applicable per policy, all facilities providing residential services are required to submit prior authorization requests for all members receiving services at this level of care. For information on prior authorization policy for the treatment of mental health or substance use disorder(s) in residential programs, please refer to the Behavioral Health Services provider manual, Chapters 7-18 and 7-19.

25-79 Indian Health Services Provider Manual Updated

The Indian Health Services provider manual, Chapter 6-1 *Prior Authorization* has been updated to clarify language for prior authorization requirements. These changes are in language only and are not changes to policy.

25-80 Medical Supplies and DME Provider Manual Reissued

Chapter 8-2 has been updated to include policy from the September 2025 MIB that was inadvertently missed during publication. Please see the updated Medical Supplies and DME provider manual.

25-81 Autism Spectrum Disorder Services Provider Manual Policy Clarifications

The Autism Spectrum Disorder Services provider manual has been updated to include important policy clarifications pertaining to:

- Certification requirements for behavior technicians have been added to Chapter 3-1 *Provider Credentials*.
- Behavior Identifications Assessments have been added to the list of services that can be performed via telehealth found in Chapter 8-3.4 *Telehealth*.
- Clarification concerning the identification of responsible payers for Applied Behavior Analysis (ABA) services rendered in settings funded by state or federal behavioral health appropriations has been added to Chapter 8-4 *Service Delivery Settings*.
- Chapter 8-4.1 *School-Based Settings* has been updated to remove specific references to individualized education plans (IEPs). This clarification was made due to behavioral health service availability from sources other than an IEP in a school-based setting.

ABA providers are encouraged to thoroughly review these clarifications to ensure adherence to current policy.

25-82 Rural Health Clinics and Federally Qualified Health Centers Services Provider Manual Updates

Effective November 1, 2025, the Rural Health Clinics and Federally Qualified Health Centers Services provider manual has been updated. The term "physician" has been replaced with "qualified healthcare professional" (QHP) to reflect that services may be rendered by any practitioner operating within their scope of practice. The manual's format has also been revised to align with standard provider manual guidelines.

The language regarding behavioral health services was updated to align with the Behavioral Health Services provider manual. See Chapter 13-2 for the language updates. This update is for clarification purposes only and no policies have been modified.

25-83 Vision Services Provider Manual Updates

Effective November 1, 2025, the Vision Services provider manual has been updated. The term "physician" has been replaced with "qualified healthcare professional" (QHP) to reflect that services may be rendered

by any practitioner operating within their scope of practice. The manual's format has also been revised to align with standard provider manual guidelines.

The EPSDT Services provider manual Chapter 1-26, *Vision Services* has been updated to align with the language updates completed in the Vision Services provider manual.

Policy related to corneal topography (92025), A-scan (76511, 76516, 76519), and biometry (92136) that does not align with National Correct Coding Initiative (NCCI) edits and procedure-to-procedure (PTP) tables has been removed from the Vision Services provider manual. Providers should follow NCCI edits and PTP tables when billing Medicaid for these services.

25-84 DUR Board Updates

In September, the Drug Utilization Review (DUR) Board met to review new prior authorization (PA) criteria for the following: monoclonal antibodies for atopic dermatitis, prophylaxis HAE, Adzynma, Cablivi, Piqray, and Nuedexta. PA forms can be found at https://medicaid.utah.gov/pharmacy-program/prior-authorization/.

In October, the DUR Board reviewed the clinical topic: concomitant use of oral buprenorphine-containing products with full-agonist opioids, and the use of oral buprenorphine-containing products (other than Belbuca) for pain.

DUR Board meeting minutes are posted on the Utah Medicaid website at https://medicaid.utah.gov/pharmacy/drug-utilization-review-board/. DUR Board meeting recordings can be found on the YouTube Channel @dmhf_webdohdhhs2.

25-85 P&T Committee Updates

In September, the Pharmacy and Therapeutics (P&T) Committee met to discuss select botulinum toxins for approved, non-cosmetic medical uses.

The minutes for P&T Committee meetings can be found at https://medicaid.utah.gov/pharmacy-program/pt-committee/?folder=pharmacy/ptcommittee/files/Minutes/. P&T Committee meeting recordings can be found on the YouTube Channel @dmhf_webdohdhhs2.

25-86 Omnipod Insulin Pump Coverage

Effective January 1, 2026, Omnipod insulin pump for insulin delivery will be placed on the Preferred Drug List (PDL) and covered for fee for service (FFS) and accountable care organization (ACO) members under the pharmacy benefit. The coverage criteria are for members with type 1 diabetes, or type 2 diabetes requiring regular blood glucose tests of at least 4 times daily or utilizing a continuous glucose monitor (CGM), and injects insulin at least 3 times a day.

Providers can find and submit a prior authorization for Omnipod at https://medicaid.utah.gov/pharmacy-program/prior-authorization/. Providers can find the PDL at https://medicaid.utah.gov/pharmacy-program/preferred-drug-list/. Other insulin pump systems not listed on the PDL will remain subject to medical supplies and durable medical equipment (DME) coverage policy requirements.

25-87 Insulin Syringes Reporting Update

Historically, the Medicaid reporting policy for HCPCS S8490 *Insulin syringes (100 syringes, any size)* has been to limit utilization to 100 units per month, with a reimbursement rate of $0.20 per unit/syringe. This policy will be revised to align with the official code description, which specifies that 1 unit represents 100 syringes.

Effective January 1, 2026, utilization restrictions for HCPCS S8490 will be changed to 1 unit/month. Each unit will represent 100 insulin syringes, per the code description. The new reimbursement rate for this code will be changed to $20.00 per unit.

Providers are encouraged to update their reporting practices to reflect this change to ensure correct reporting and reimbursement.

25-88 Personal Care Services Policy Update

Effective January 1, 2026, personal care services reported using HCPCS code T1019 *(Personal care services, per 15 minutes)* will be done in 15-minute increments. This represents a change from the current code units of one unit for every hour of service provided.

Effective January 1, 2026, rate multiplication for personal care services reported using HCPCS code T1019 (*Personal care services, per 15 minutes*) will be limited to 1.75x. Eligibility for this multiplication will be limited to claims with the TN modifier. For more information, please refer to the Personal Care Services provider manual.

25-89 Advisory Committee on Immunization Practices (ACIP) 2025-2026 Influenza Vaccine Recommendation Updates

The Center for Disease Control Advisory Committee on Immunization Practices (ACIP) released the 2025-2026 Influenza Vaccine Recommendations.[1]

The most notable updates this year include:

- FluMist is now approved for caregiver or self-administration (previously, it required a healthcare provider to administer).
- Flublok is now approved for children 9 years of age and older (previously only 18+).
- ACIP now only recommends the use of single-dose formulations, free of thimerosal as a preservative, for influenza vaccines. This results in multi-dose vial products no longer being recommended.

Utah Medicaid's coverage of vaccines will align with ACIP's recommendations. This means that the multi-dose vial formulations of Afluria, Flucelvax, and Fluzone will **no longer be covered**. The prefilled-syringe versions of these vaccines, as well as other vaccines, will remain covered.

Claims for influenza vaccines for Medicaid adult members, age 19 and older, can be submitted through the pharmacy point of sale.[2] Please review the coverage table below for full details of covered influenza vaccines for adults for the 2025-2026 season.

Influenza immunizations for Medicaid members who are 18 years old or younger must be obtained through the Vaccines for Children Program.[3]

The ACIP continues to recommend that all persons who are 6 months or older, without contraindications, should receive the annual influenza vaccine. Vaccination to prevent influenza is particularly important for members who are at increased risk for severe illness and complications from influenza. Emphasis should be placed on the vaccination of high-risk groups including:

- All children aged 6 months through 59 months.
- All persons aged 50 years and older.
- Adults and children who have chronic pulmonary (including asthma), cardiovascular (excluding isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus).
- Persons who are immunocompromised due to any cause (including but not limited to immunosuppression caused by medications or HIV infection).
- Persons who are or will be pregnant during the influenza season.
- Children and adolescents (aged 6 months through 18 years) who are receiving aspirin-containing or salicylate-containing medications and who might be at risk for experiencing Reye's syndrome after influenza virus infection.
- Residents of nursing homes and other long-term care facilities.

- American Indian or Alaska Native persons.
- Persons with extreme obesity (body mass index ≥40 for adults).
- Caregivers and contacts of those at risk:
    - Household contacts (including children aged 6 months or older) and caregivers of children aged 59 months or younger (less than 5 years) and adults 50 years or older, particularly contacts of children aged < 6 months.
    - Household contacts and caregivers of persons with medical conditions associated with increased risk of severe complications from influenza.
- Healthcare personnel who have the potential for exposure to patients or infectious materials.

Timing of vaccination

For most persons who need only 1 dose of influenza vaccine for the season, vaccination should ideally be offered during September or October. However, vaccination should continue after October and throughout the season as long as influenza viruses are circulating and unexpired vaccines are available. Influenza vaccines might be available as early as July or August; however, vaccination during these months is not recommended for most groups because of the possible waning of immunity throughout the influenza season. However, vaccination during July and August can be considered in instances where there is concern that the persons will not be available for vaccination at a later date.

Considerations for timing of vaccination include the following:

- For most adults (particularly adults aged 65 years and older) and for pregnant persons in the first or second trimester: Vaccination during July and August should be avoided unless there is concern that vaccination later in the season might not be possible.
- Children who require 2 doses: These children should receive their first dose as soon as possible (including during July and August, if the vaccine is available) to allow the second dose (which must be administered at least 4 weeks later) to be received, ideally, by the end of October.
- Children who require only 1 dose: Vaccination during July and August can be considered for children of any age who need only 1 dose of influenza vaccine for the season before the start of school when the vaccination opportunity is present.
- Pregnant persons in the third trimester: Vaccination during July and August can be considered for pregnant persons who are in the third trimester. Vaccination might reduce the risk of influenza illness in their infants during the first months after birth. For pregnant persons in the first or second trimester during July and August, vaccination in September or October is preferable, unless there is concern that later vaccination might not be possible.

Vaccination of persons with a history of egg allergy

ACIP recommends that all persons aged 6 months or older, with an egg allergy, should receive the influenza vaccine that is appropriate for their age and health status. Egg allergy alone necessitates no additional safety measures for influenza vaccination beyond those recommended for any recipient of any vaccine, regardless of the severity of previous reaction to the egg. All vaccines should be administered in settings in

which personnel and equipment needed for rapid recognition and treatment of acute hypersensitivity reactions are available.

Choice of influenza vaccine

New this year, ACIP recommends all recipients only receive vaccines from single-dose vial products that do not contain thimerosal as a preservative. Beyond this recommendation, ACIP makes no preferential recommendation about the choice of influenza vaccine. It only recommends that it should be appropriate based on the age and health status of the patient. Utah Medicaid recognizes the ACIP recommendations and will cover "FluMist" for administration during the 2025-2026 Flu Season for adults age 19 and older (see VFC coverage for children age 18 and younger).

Covered influenza vaccines for adults (age 19+) for the 2025 – 2026 influenza season*

Trade name (Manufacturer)	Presentation	Age indication	Route
IIV3s (standard-dose, egg-based vaccines†)			
Afluria (Seqirus)	0.5-mL PFS§	≥3 yrs§	IM¶
Fluarix (GlaxoSmithKline)	0.5-mL PFS	≥6 mos	IM¶
FluLaval (GlaxoSmithKline)	0.5-mL PFS	≥6 mos	IM¶
Fluzone (Sanofi Pasteur)	0.5-mL PFS††	≥6 mos††	IM¶
ccIIV3 (Standard dose, cell culture-based vaccine)			
Flucelvax (Seqirus)	0.5-mL PFS	≥6 mos	IM¶
HD-IIV3 (High dose, egg-based vaccine†)			
Fluzone High-Dose (Sanofi Pasteur)	0.5-mL PFS	≥65 yrs	IM¶
aIIV3 (Standard dose, egg-based† vaccine with MF59 adjuvant)			
Fluad (Seqirus)	0.5-mL PFS	≥65 yrs	IM¶
RIV3 (Recombinant HA vaccine)			
Flublok (Sanofi Pasteur)	0.5-mL PFS	≥9 yrs	IM¶
LAIV3 (egg-based vaccine†)			
FluMist (AstraZeneca)	0.2-mL prefilled single-use intranasal sprayer	2 through 49 yrs	NAS

2025-2026 influenza vaccine NDCs that are not covered by Utah Medicaid

Trade name	NDC	Coverage
Afluria Multi-dose Vial (MDV)	33332-0125-10	No
Flucelvax MDV	70461-0423-10	No
Fluzone MDV	49281-0643-15	No

2025-2026 influenza vaccine coverage for children, age 18 and younger

Refer patients to the Vaccines for Children Program.

Abbreviations

ACIP = Advisory Committee on Immunization Practices
aIIV3 = adjuvanted inactivated influenza vaccine, trivalent
ccIIV3 = cell culture-based inactivated influenza vaccine, trivalent
HA = hemagglutinin
HD-IIV3 = high-dose inactivated influenza vaccine, trivalent
IIV3 = inactivated influenza vaccine, trivalent
IM = intramuscular
LAIV3 = live attenuated influenza vaccine trivalent
MDV = multidose vial
NAS = intranasal
PFS = prefilled syringe
RIV3 = recombinant influenza vaccine, trivalent

* Manufacturer package inserts and updated CDC and ACIP guidance should be consulted for additional information concerning, but not limited to, indications, contraindications, warnings, and precautions. Package inserts for U.S.-licensed vaccines are available at https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states. Availability and characteristics of specific products and presentations might change or differ from what is described in this table and the text of this report.

† Although a history of a severe allergic reaction (e.g., anaphylaxis) to eggs is a labeled contraindication to the use of egg-based IIV3s and LAIV3, ACIP recommends that all persons aged ≥6 months with egg allergy should receive influenza vaccine and that any influenza vaccine (egg-based or nonegg based) that is otherwise appropriate for the recipient's age and health status can be used (see Persons with a History of Egg Allergy).

§ The approved dose volume for Afluria is 0.25 mL for children aged 6 through 35 months and 0.5 mL for persons aged ≥3 years. However, 0.25-mL prefilled syringes are no longer available. For children aged 6 through 35 months, Afluria is no longer a recommended product, since the MDV is no longer recommended.

IM-administered influenza vaccines should be administered by needle and syringe only, except for the MDV presentation of Afluria, which can alternatively be given by the PharmaJet Stratis jet injector for persons aged 18 through 64 years only. For older children and adults, the recommended site for IM influenza vaccination is the deltoid muscle. The preferred site for infants and young children is the anterolateral aspect of the thigh. Additional specific guidance regarding site selection and needle length for IM administration is available in the General Best Practice Guidelines for Immunization available at https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html.

†† Fluzone is approved for children aged 6 through 35 months at either 0.25 mL or 0.5 mL per dose; however, 0.25-mL prefilled syringes are no longer available. If a prefilled syringe of Fluzone is used for a child in this age group, the dose volume will be 0.5 mL per dose.

References

1. Centers for Disease Control and Prevention. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2025–26 Influenza Season. August 28, 2025. https://www.cdc.gov/mmwr/volumes/74/wr/mm7432a2.htm
2. Division of Integrated Healthcare. Utah Medicaid Provider Manual. Pharmacy Services. Updated September 2025. https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Pharmacy/Pharmacy.pdf
3. Utah Office of Administrative Rules. R414-60-7. https://adminrules.utah.gov/public/rule/R414-60/Current%20Rules?searchText=R414-60-5