March 2026

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 March 1, 2026

26-23 Changes to PRISM Account Management

The State of Utah is migrating from the ForgeRock API to Identity Cloud. The scheduled implementation will be in April 2026. We will introduce a new process for how provider users request access to the PRISM system and how account administrators manage those permissions. To support you during this transition, an updated Provider Account Administrator Manual and an instructional training video will be released soon.

26-24 Medicaid Population Health and CAHPS Quality Dashboards

The DHHS Division of Integrated Healthcare is excited to announce the launch of two new interactive dashboards: the Medicaid Population Health Quality Dashboard and the CAHPS Quality Dashboard. To access these dashboards, visit https://medicaid.utah.gov/administration-publications/ and click on the Medicaid Data button to access the Medicaid Population Health Quality Dashboard or CAHPS Quality Dashboard. Below is more information about each dashboard.

The Medicaid Population Health Dashboard

The Medicaid Population Health Quality Dashboard launched on January 1, 2026. This dashboard uses aggregate Medicaid claims and encounter data to populate healthcare quality information across various metric categories:

- Behavioral health
- Care delivery and acute and chronic conditions
- Dental and oral health services
- Maternal and perinatal health
- Primary care access and preventive care

It is an interactive dashboard where users can select various criteria for metrics to view and compare performances across reporting periods and health districts, using trend lines, bar graphs, and cross tabs.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Dashboard

The CAHPS Quality Dashboard launched on February 1, 2026. This dashboard uses data results that come from the CAHPS surveys, which evaluates patient experiences in different areas of healthcare:

- Care
- Doctor
- Specialist
- Customer service
- Getting care needed

- Getting care quickly
- How well doctors communicate

It is an interactive dashboard where users view trends over performance periods and compare rates to national and statewide averages.

For more information or questions regarding these dashboards, please email Medicaidquality@utah.gov.

26-25 Resident Assessment Add-On Rates

Per Utah Administrative Code R414-501-7 (4), nursing facilities are required to notify Resident Assessment anytime there is a change in condition that may impact level of care criteria or the criteria for an approved add-on rate.

All add-on rates have specific criteria as defined in Utah Administrative Code R414-502. Claims submitted by providers should only reflect the amount authorized. Providers may not bill for a different add-on rate amount unless there is an authorization. For example, if a nursing facility was authorized for a ventilator add-on rate and the patient was transitioned off the ventilator to tracheostomy care, that nursing facility must report the change in condition. It is not appropriate to simply begin billing the lower add-on rate without notifying Resident Assessment and obtaining a new authorization.

If a provider is found to have billed for a specific add-on rate without having an approved authorization from Resident Assessment, then funds will be recaptured for any dates of service that were not authorized.

26-26 Revenue Codes Updated

Effective March 1, 2026, covered revenue codes have been reviewed and updated. For additional information on these updates, see the PRISM Coverage and Reimbursement Fee Schedule Revenue Code Download.

26-27 Enhanced Reimbursement Incentive for Diabetes Prevention Program (DPP) Services

Effective March 1, 2026, Medicaid is implementing a front-loaded reimbursement incentive to support providers offering Diabetes Prevention Program (DPP) services. Providers will receive a 250% increase over the standard fee schedule rate for the first service session claim submitted for an eligible member.

To receive this one-time-per-member incentive, providers must report either CPT code 0403T (group setting) or 0488T (individual setting) with the SW modifier.

Subsequent sessions for the same member will be reimbursed at the standard fee schedule rate.

This incentive applies to the standard fee for service fee schedule rate only and does not offer a 250% increase to encounter rates for Federally Qualified Health Centers (FQHCs) or All-Inclusive Rates (AIR) for Indian Health Services (IHS) providers.

Please refer to the PRISM Coverage and Reimbursement Code Lookup Tool for updated policy notes regarding this change.

26-28 Dental Services for Pregnant, Postpartum, and EPSDT Members

Effective July 1, 2026, dental services for members receiving Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits, as well as pregnant and postpartum members, will transition from Managed Care Entity (MCE) dental plans (Premier Access and MCNA Dental) to Medicaid Fee for Service (FFS). Members will be transitioned to FFS automatically.

For information about dental services, refer to the Dental, Oral Maxillofacial, and Orthodontia provider manual. For information about covered services and procedure codes, refer to the PRISM Coverage and Reimbursement Code Lookup Tool. To download the Provider Allowable Code (PAC) fee schedule, refer to the PRISM Coverage and Reimbursement Fee Schedule Download Tool.

To receive reimbursement for dental services rendered to any Medicaid member, providers must meet both of the following requirements:

1. Medicaid enrollment: Providers must be actively enrolled as Medicaid providers.
2. University of Utah School of Dentistry (UUSOD) Network enrollment: Providers must be enrolled in the UUSOD Medicaid Associated Provider Program.

Providers who have not yet enrolled in the UUSOD Medicaid Associated Provider Program need to contact the UUSOD Associated Provider Team:

- Phone: (801) 646-7401
- Email: dental.network@hsc.utah.edu

For more information, refer to the UUSOD Medicaid Associated Provider Program webpage.

26-29 Doula Services

Effective April 1, 2026, Doula services are a covered benefit through Utah Medicaid. Doula services include non-medical advice, information, emotional support, and physical comfort provided to a member during the member's pregnancy, childbirth and postpartum period. These services are provided through avenues such as patient education, continuous companionship through labor, pain-management techniques such as

massage and counter-pressure and facilitating communication between patients and maternal health providers.

Doulas interested in enrollment as a provider will need to complete a Utah Medicaid Doula Attestation Form, which can be found on the Utah Medicaid Forms webpage. For more information regarding provider enrollment, please see the Become a Medicaid Provider webpage.

The following represents the allowed service codes reported for doula services.

- T1032 – *Services performed by a doula birth worker, per 15 minutes*
  - For prenatal and postpartum support.
- T1033 – *Services performed by a doula birth worker, per diem*
  - For labor support, regardless of pregnancy outcome

For more information, please see the PRISM Coverage and Reimbursement Code Lookup Tool. Travel time and mileage are not covered services.

Information regarding doula services to be published in the Women's Services and Family Planning provider manual in May 2026.

26-30 Women's Services and Family Planning Provider Manual

Effective March 1, 2026, all medical policies pertaining to women's services and family planning will be housed within the new Women's Services and Family Planning provider manual. This manual contains information migrated from the Physician Services and Hospital Services provider manuals and additional clarification regarding existing policy.

26-31 Hospital Outpatient Clinics Revenue Code Series 051X

Clarification to Revenue Code 051X Reporting for Hospital Outpatient Clinics

This article clarifies Utah Medicaid's policy regarding the use of revenue code series 051X (clinics) for hospital outpatient departments. Following a comprehensive review of federal guidelines and industry standards, the State is clarifying its policy to ensure billing practices align with National Uniform Billing Committee (NUBC) standards and the Centers of Medicare and Medicaid (CMS) cost reporting principles.

Policy Clarification: Revenue Code as a Cost Center

Medicaid defines revenue code series 051X as a cost center (identifying the location where a service is rendered) rather than a service indicator (identifying the specific service performed). The Utah Medicaid provider manual will be updated to define revenue code reporting by the clinic cost center rather than by a

specific service code.

The Coverage and Reimbursement Code Lookup Tool is updated to remove ambiguous "E&M Only" language and clarify that 051X may be paired with any appropriate HCPCS code determined by the provider.

Billing Guidelines

Providers are permitted to report valid procedures performed within the clinic setting under revenue code series 051X, provided they are not ancillary services.

- While HCPCS code G0463 remains the standard code for Evaluation and Management (E/M) visits, providers may bill for other valid non-E/M procedures under 051X if they legitimately occur in the clinic setting.
    - Note: code G0463 is only reimbursable to a hospital-based clinic. For more information, see the January 2020 MIB article 20-14.
- Distinct ancillary services, including the majority of laboratory, radiology, and therapy, possess their own cost centers and must continue to be reported under their respective revenue codes rather than 051X.
- This clarification facilitates transparent and compliant billing and does not impact the Outpatient Prospective Payment System (OPPS) packaging logic that determines final reimbursement amounts.

26-32 DUR Board Updates

In January, the DUR Board met to discuss combination treatment with Botox and a CGRP antagonist in the setting of chronic migraine, topic by the University of Utah's Drug Regimen Review Center. The DUR Board reviewed new prior authorization criteria for novel and multi-modal antidepressants (Auvelity, Fetzima, Trintellix, Viibryd), Qelbree, and Filsuvez. The DUR Board also reviewed updates to the existing prior authorization criteria for Zurzuvae.

In February, the DUR Board met to review new prior authorization criteria for Javygtor, Kuvan, Zelvysia, Sapropterin, Encelto, Enspryng, and Palynziq.

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.

26-33 P&T Committee Updates

The Pharmacy and Therapeutics (P&T) Committee currently has three vacant positions: three physicians (pediatrics, internal medicine, and family practice). To apply for one of these positions, please contact Ngan Huynh at nganhuynh@utah.gov.

In February, the P&T Committee met to review GLP-1 receptor agonists approved for weight management.

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.

26-34 Medicaid Managed Care Plan Pharmacy Billing Information

The Utah Medicaid Managed Care Plan pharmacy billing information as of January 1, 2026, can be found in the table below:

Utah Medicaid Plan	BIN	PCN	Group	Pharmacy Help Desk
Health Choice	610830	RRXHCU		1-855-864-1404
Healthy U	610830	REALRXHU		1-855-856-5694
Molina	004336	MCAIDADV	RX0415	1-800-551-5681
SelectHealth	800008	606	U1000008	1-855-442-9988

26-35 Patient-Focused Health Risk Assessment

Effective March 1, 2026, HCPCS code 96160, *Administration of patient-focused health risk assessment instrument,* is open for the reporting of services for EPSDT members. See the PRISM Coverage and Reimbursement Code Lookup Tool for additional information.

26-36 Behavioral Health Code Standardization

To be compliant with National Correct Coding Initiative (NCCI) standards, Utah Medicaid will be making updates to the PRISM system in January 2027 for some behavioral health codes using 15-minute units for claims submissions. A previous MIB article was published in January 2026 indicating these changes would be effective July 2026; however, the implementation date has been extended to offer enough time for providers to prepare for these changes.

This announcement is meant to inform all providers of the upcoming code changes to adjust claims submissions and systems as necessary. The following codes will no longer use a 15-minute unit submission as of January 2027, and will instead follow NCCI standards as listed below:

CPT and Code Description	NCCI Submission Requirements
90791, Psychiatric diagnostic evaluation	Evaluation based service
90792, Psychiatric diagnostic evaluation with medical services	Evaluation based service
90846, Family psychotherapy (without patient present)	50 minutes (*excludes service time less than 26 minutes)
90847, Family psychotherapy (conjoint psychotherapy) (with patient present)	50 minutes (*excludes service time less than 26 minutes)
90849, Multiple-family group psychotherapy	50 minutes (*excludes service time less than 26 minutes)
90853, Group psychotherapy (other than of a multiple-family group)	Evaluation based (no time requirements)

26-37 Peer Support Specialist Supervisors

Effective March 1, 2026, eligible peer support specialists may supervise other peer support specialists. To qualify, supervisors must have at least two years of continuous certification without any sustained notices of violation issued by the Office of Substance Use and Mental Health (SUMH) and complete supervisor training approved through SUMH as required in Utah Administrative Code R523-5.

The policy updates are available in the Behavioral Health Services provider manual, Chapter 7-11.2.

Note: The *Utah Supervisor Guide for Peer Support* is currently being revised and will be posted on the SUMH website as soon as it is finalized.

26-38 Medically Managed Outpatient Treatment/Ambulatory Detoxification

Effective March 1, 2026, Medically Managed Outpatient Treatment programs are no longer required to be licensed through the Department of Health and Human Services (DHHS), Office of Licensing. This transition eliminates the need for previous licensing variances and streamlines the enrollment process.

Programs must now enroll as a 'Group Practice' or 'Facility' and associate each provider to their program. This enrollment type utilizes individual professional licensure from the Department of Professional Licensing (DOPL).

For detailed instructions on enrollment, see the January 2026 Medicaid Information Bulletin. Policy changes are reflected in the Behavioral Health Services provider manual, Chapter 7-15.2.

26-39 Behavioral Health Services Revenue Codes

Effective January 2027, the following services will be reported using an updated methodology:

- Behavioral Health Residential Treatment (mental health and substance use disorder)
- Partial Hospitalization Program (mental health and substance use disorder)
- Intensive Outpatient Program (mental health and substance use disorder)

A previous MIB article was published in January 2026 indicating these changes would be effective July 2026; however, the implementation date has been extended to offer enough time for providers to prepare for these changes.

When reporting these services to Medicaid, providers will be required to submit claims via the 837I (institutional) transaction (the electronic equivalent of a UB-04 form). When submitting claims for residential services, facilities must submit the appropriate revenue code with the supporting CPT/HCPCS code appended to each revenue code reported. Multiple CPT/HCPCS codes can be used to support a single revenue code. The revenue codes are as follows:

Service	Revenue Code	Required Corresponding HCPCS Code
Substance Use Disorder Residential Treatment (IMD Facility)	1002	H0018
Substance Use Disorder Residential Treatment (Non-IMD Facility)	1002	H2036
Mental Health Residential Treatment (IMD Facility)	1001	H0017
Mental Health Residential Treatment (Non-IMD Facility)	1001	H2013
Partial Hospitalization (Intensive)	0913	Submit all required HCPCS/CPT Codes
Partial Hospitalization (Less Intensive)	0912	Submit all required HCPCS/CPT Codes
Intensive Outpatient Services (Chemical Dependency)	0906	Submit all required HCPCS/CPT Codes
Intensive Outpatient Services (Psychiatric)	0905	Submit all required HCPCS/CPT Codes

Questions may be submitted to dmhfmedicalpolicy@utah.gov.