PROVIDER NEWSLETTER

HEALTH CHOICE UTAH

NOVEMBER 2026

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PROVIDER DIRECTORY VERIFICATION THROUGH BETTERDOCTOR^

To comply with the federal No Surprises Act and help members find care more easily, Health Choice Utah uses BetterDoctor^ by Quest Analytics^ to verify provider directory information every 90 days. Providers will receive a text, email, or fax from BetterDoctor^ asking them to update their information through the BetterDoctor^ verification process. Keeping provider directory information accurate helps reduce barriers to care and supports compliance with federal requirements.

READ THE ARTICLE >>>

UNDERSTANDING UTILIZATION REVIEW AND COVERAGE DECISIONS

All utilization review decisions and care management actions are based on the appropriateness of care and service coverage. We do not reward providers or anyone else for issuing denials, nor do we offer financial incentives or rewards for issuing coverage denials. Incentives are not used to create barriers to care or services. Utilization review decisions are made using nationally recognized criteria, plan benefits, and adherence to utilization management policies and procedures.

PROVIDER OR PRACTICE CHANGES? START HERE

Keeping your provider and practice information up to date is essential for accurate directory listings and efficient operations. Use the resources below to submit updates and ensure your records remain current.

Adding a New Provider?
If you are adding a new provider to a group that is already contracted with Health Choice Utah, complete the Add Provider for Credentialing Form.

Need to Update Practice Information, Add a Location, or Terminate a Location?
Submit your updates using the Provider Information Update Form. Maintaining accurate information helps us better serve you and your patients.

Not Yet Contracted with Health Choice Utah?
Before beginning the credentialing process, practitioners must first complete the Provider Application.

LEARN MORE >>>

INPATIENT CLAIMS BILLING REQUIREMENTS: VALUE CODES 80 & 81 AND NON-COVERED CHARGES

Providers submitting inpatient UB-04 claims must accurately report covered days, non-covered days, and any applicable non-covered charges. Missing or incomplete billing information may result in claim denial and require submission of a corrected claim. Review the full article for billing requirements and denial information.

BILLING REQUIREMENTS AND DENIAL INFORMATION >>>

LOOKING AHEAD: INTEROPERABILITY UPDATES FOR PROVIDERS

New federal interoperability requirements will introduce enhanced capabilities to support data sharing and prior authorization processes through Application Programming Interfaces (APIs). Additional information, including provider resources, implementation guidance, and access instructions, will be available on our website in the coming months.

Utah Medicaid providers can find additional interoperability registration information in the September Medicaid Information Bulletin.

TELEHEALTH MODIFIERS UPDATE

Effective January 1, 2027, providers will be required to append modifier 93 for audio-only telehealth services and modifier 95 for audio and video telehealth services. Please review the Utah Medicaid Provider Manual, Section 2.12.3 Telehealth and Remote Patient Monitor, Chapter 2.12.3.4 for complete modifier requirements and billing guidance. Additional details are available in the September Medicaid Information Bulletin (MIB).

BEHAVIORAL HEALTH REVENUE CODE UPDATES

Effective January 1, 2027, Utah Medicaid will update certain behavioral health residential treatment, partial hospitalization, and intensive outpatient services to be billed using a per diem (bisp) methodology. Providers must submit claims through the 837I institutional claim format (electronic equivalent of the UB-04) and bill one unit per day to represent the daily rate.

Claims for residential treatment centers (RTC), partial hospitalization programs (PHP), and intensive outpatient programs (IOP) must include the appropriate revenue code and supporting CPT/HCPCS code. Specific revenue code and billing requirements vary by service line.

For complete billing requirements, applicable revenue codes, and corresponding CPT/HCPCS codes, please refer to the September Medicaid Information Bulletin (MIB).

BEHAVIORAL HEALTH CODE STANDARDIZATION

Effective January 1, 2027, Utah Medicaid will update billing requirements for certain behavioral health services to align with National Correct Coding Initiative (NCCI) standards. Providers should bill the entire qualifying encounter as a **single unit** rather than using multiple 15-minute incremental units for the affected codes.

While providers should continue to deliver clinically appropriate session lengths, qualifying services must be submitted according to the updated unit requirements.

For complete information, including the affected CPT codes, maximum allowable units, and minimum time requirements, please refer to the September Medicaid Information Bulletin (MIB).

UPPER PAYMENT LIMIT (UPL) PROJECT

Utah Medicaid has updated its coverage policy for nursing facility services to align with federal guidance and Medicare payment methodologies. The policy change is effective retroactively for services rendered on or after July 1, 2026. The update establishes separate rates for services in a nursing facility's per diem rate versus those that may be billed separately as ancillary services.

Of particular importance, physical therapy (PT), occupational therapy (OT), and speech-language pathology (SLP) services provided by nursing facility-employed clinicians are no longer separately billable and are now considered routine services included in the facility's daily per diem rate.

Providers are encouraged to review the updated policy and billing requirements to ensure compliance. For additional information and a list of services included in the daily per diem rate, please refer to the September Medicaid Information Bulletin (MIB).

SPARAVATO OBSERVATION BILLING UPDATE

Effective July 1, 2026, providers should bill prolonged post-administration observation services associated with **Sparavato (esketamine)** using **CPT codes 99415 and 99416** when the observation is performed by clinical staff under the direction of a physician or other qualified healthcare professional.

Providers should report **99415** for the first hour of clinical staff observation and **99416** for each additional 30 minutes of medically necessary observation time. Additionally, providers should discontinue using CPT codes 99417 and 99418 for Sparavato post-administration observation services when the observation is performed by clinical staff.

For additional billing guidance and coding requirements, please refer to the September Medicaid Information Bulletin (MIB).

PHARMACY NEWS

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PHARMACY RESOURCES

Our pharmacy and medication information is updated regularly as changes occur. Because drugs may be added or removed from the formulary throughout the year, we recommend reviewing our website at least quarterly for the most up-to-date information, including formulary change notices.

To support your needs, we have compiled a pharmacy resources page with links to our formularies, prior authorization policies and forms, and more.

CHECK OUT THE RESOURCES >>>

OPIOID POISONING: KEY INFORMATION FOR PROVIDERS

Opioid poisoning remains a leading cause of preventable overdose deaths, making early recognition and prompt intervention critical for preventing serious complications and death. Providers should closely monitor patients receiving opioid therapy and educate patients and their families or caregivers on overdose recognition and prevention strategies. Proactive measures, including prescribing the lowest effective opioid dose and considering naloxone co-prescribing for at-risk individuals, can help save lives and improve patient outcomes.

READ MORE >>>

QUALITY IMPROVEMENT & PATIENT CARE

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OUR COMMITMENT TO PREVENTIVE CARE

We know that recent news about vaccines may have raised questions for some members. Our commitment to your health has not changed. Health Choice Utah remains committed to helping our members stay healthy. We encourage members to talk with their doctors and follow recommended vaccine schedules, including the childhood and adolescent immunization schedule recommended by the American Academy of Pediatrics (AAP).

Vaccines covered by your health plan continue to be available according to your plan benefits and coverage rules.

Questions about vaccine coverage or preventive care services? Contact Member Services at **1-877-358-8797** or **801-646-7200**.

EXPANDING ACCESS TO COLORECTAL CANCER SCREENING THROUGH AT-HOME FIT KITS

Health Choice Utah continues its partnership with Previon Inc. to offer mail-delivered FIT (Fecal Immunochemical Test) kits, making colorectal cancer screening more accessible and convenient for members. This initiative supports the One Utah Health Collaborative's goal of improving statewide health outcomes by removing common barriers to screening and encouraging early detection. Thanks to these outreach efforts, colorectal cancer (CRC) screening rates have improved, and we are excited to build on that success by reaching even more members this year.

LEARN MORE ABOUT COLORECTAL CANCER SCREENING >>>

PROJECT ECHO

Project ECHO connects primary care providers with University of Utah specialists through virtual, telementoring, giving providers timely access to expert guidance, case-based learning, and written clinical recommendations. Participants gain practical, evidence-based knowledge that can help them manage complex cases with greater confidence while keeping patients connected to care in their communities.

Benefits of Project ECHO include:

- Support for managing challenging patient cases.
- Collaborative learning that benefits the entire practice.
- Up-to-date clinical pearls and evidence-based best practices.
- Written recommendations and answers to clinical questions from University of Utah specialists.

EXPLORE PROJECT ECHO >>>

RISK ADJUSTMENT DOCUMENTATION QUICK GUIDE: CARDIOLOGY & VASCULAR CONDITIONS

This quick reference guide provides practical documentation tips for cardiology and vascular conditions, including heart failure, atrial fibrillation, coronary artery disease, and vascular disease. Learn how improved specificity and clear documentation of active vs. historical conditions can support accurate risk adjustment reporting.

VIEW THE QUICK GUIDE >>>

CODING CORNER

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CODES REQUIRING PRIOR AUTHORIZATION

We regularly review our list of Codes Requiring Prior Authorization and update it as changes occur, including adding new codes, changing authorization requirements for existing codes, and removing codes that no longer require authorization.

As part of a recent comprehensive review, Health Choice Utah removed nearly 600 codes from the prior authorization list. Because authorization requirements can change over time, providers should always check the current online list before scheduling procedures or prescribing durable medical equipment to determine whether prior authorization is required.

Also, take a moment to review Upcoming Changes to Codes Requiring Prior Authorization to ensure authorizations for future procedures are compliant.

PREPARE FOR CPT 2027 MATERNITY CARE CODING CHANGES

Significant changes to maternity care coding are taking effect January 1, 2027.

The new Current Procedural Terminology (CPT) framework replaces global maternity reporting with service-level reporting for antepartum care, labor management, delivery, and postpartum services. Providers will report each component separately using the appropriate codes and modifiers. Under the January 1, 2027 implementation date, as well as modifier TH reporting requirements and guidance for applicable maternity-related Evaluation and Management (E/M) services. Understanding these changes now can help support accurate documentation, coding, and billing as implementation approaches.

LEARN MORE >>>

COVERAGE POLICY UPDATES

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REIMBURSEMENT POLICY UPDATES

Reimbursement policies for the following services have been recently created, revised, or archived:

- **NEW** – Allergen Immunotherapy (AIT)
- **REVISED** – Doula Services
- **ARCHIVED** – OB Anesthesia
- **ARCHIVED** – Sources for Coding Determinations
- **ARCHIVED** – Status B Bundled Codes

VIEW A SUMMARY OF CHANGES HERE >>>

Please share this newsletter with providers and staff in your office, and encourage them to subscribe to receive notifications when new editions are available. Past newsletters can be viewed here.

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