
Table of Contents

State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-09-005

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

March 26, 2010

David N. Sundwall, MD
Utah Department of Health
288 North 1460 West
PO Box 143102
Salt Lake City, UT 84114

RE: Utah #09-005

Dear Dr. Sundwall:

This is your official notification that Utah State Plan amendment 09-005 "Pain Management" has been approved effective October 1, 2009.

This SPA increases access to pain management services in rural areas by permitting primary care physicians the option to develop a pain management plan with the recipient. In addition, the SPA adds licensed clinical psychologists and psychiatrists to the provider types who perform the comprehensive psychiatric evaluation for the pain management benefit.

If you have any questions concerning this amendment, please contact Betty Strecker at (303) 844-7028.

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:
09-005-UT

2. STATE:
Utah

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

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

4. PROPOSED EFFECTIVE DATE
October 1, 2009

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 440.50

7. FEDERAL BUDGET IMPACT:

a. FFY 2010 \$0 \$1,175,000

b. FFY 2011 \$0 \$1,175,000

3-19-10 email

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment #5, Page 2a of Attachments 3.1-A and 3.1-B
Page 4d of Attachment 4.19-B

Attachment #6d of Attachments 3.1-A + 3.1-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment #5, Page 2a of Attachments 3.1-A and 3.1-B
Page 4d of Attachment 4.19-B

Attachment #6d of Attachments 3.1-A + 3.1-B

10. SUBJECT OF AMENDMENT:

Pain Management

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:

David N. Sundwall, MD

14. TITLE:

Executive Director, Utah Department of Health

15. DATE SUBMITTED:

September 30, 2009

December 30, 2009

16.

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:

12/30/10

18. DATE APPROVED:

3/26/10

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL

10/1/09

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Richard C. Allen

Associate Regional Administrator

23. REMARKS

PLAN APPROVED - ONE COPY ATTACHED

PHYSICIAN SERVICES (Continued)

LIMITATIONS (Continued)

Physicians may bill for pain management services using the appropriate evaluation and management codes.

1. 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.
2. A psychiatrist or licensed clinical psychologist may provide a comprehensive psychiatric or psychological evaluation when the patient is referred directly by a primary care provider treating the patient's chronic pain.

T.N. # 09-005

Approval Date 3/26/10

Supersedes T.N. # 07-009

Effective Date 10-1-09

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Effective Date 10-1-09

SERVICES PROVIDED BY LICENSED PRACTITIONERS - PSYCHOLOGISTS

LIMITATIONS

Services provided by licensed independent psychologists are limited to:

1. Psychological evaluation and testing for Medicaid eligibles who:
 - a. Exhibit mental retardation, developmental disability, or related condition; or
 - b. Are victims of sexual abuse as documented in a report to the Department of Social Services; or
 - c. Are eligible for EPSDT services; or
 - d. are Medicaid recipients of any age with a condition requiring chronic pain management services and evaluation, which may be provided by a licensed clinical psychologist.
2. Individual and group therapy for Medicaid eligibles who:
 - a. Are victims of sexual abuse as documented in a report to the Department of Social Services; or
 - b. Are eligible for EPSDT services.
3. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
 - a. that the proposed services are medically appropriate; and
 - b. that the proposed services are more cost effective than alternative services.

T.N. # 09-005

Approval Date 3/26/10

Supersedes T.N. # 98-003

Effective Date 10-1-09

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Supersedes T.N. # 98-003

Effective Date 10-1-09

D. PHYSICIANS (Except Anesthesiologists)(Continued)

9. PAIN MANAGEMENT

Physicians may bill for consultations using the appropriate evaluation and management codes. Physicians and other primary care providers may provide chronic pain management services using the appropriate evaluation and management codes. Payment for services does not include facility fees.

A psychiatrist or licensed clinical psychologist may provide the comprehensive psychiatric or psychological evaluation using the appropriate service codes.

Effective October 1, 2009, physician consultations and ongoing chronic pain management services are no longer reimbursed an enhanced rate. The agency's fee schedule rate for medical services was set as of May 25, 2009, and is effective for services on or after that date.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers.

All rates are published at <http://health.utah.gov/medicaid/>.

T.N. # 09-005Approval Date 3/26/10Supersedes T.N. # 07-009Effective Date 10-1-09