

DIH Rules Matrix 1-8-26

Rule Summary	Bulletin Publication	Effective
R414-525 Interpretive Services Invoice Requirements (Five-Year Review); The department will continue this rule because it outlines invoicing requirements for vendors of interpretive services for qualifying Medicaid members to submit invoices for payment.	9-15-25	9-1-25
R414-5 Doula Services; The purpose of this change is to implement the provisions of SB 284 passed during the 2025 General Session. This amendment provides doula services to Medicaid members during their pregnancy, childbirth, and postpartum periods that include non-medical advice, information, emotional support, and physical comfort.	12-1-25	1-7-25
R414-36 Rehabilitative Mental Health Services; The purpose of this change is to implement certain provisions of SB 65 passed during the 2025 General Session. These provisions allow Medicaid members to receive medication-assisted treatment and refer to sanctions for licensed residential programs that fail to do so.	12-1-25	1-7-26
R414-512 Use of Extrapolation in Provider Audits (Five-Year Review); The department will continue this rule because it sets the conditions under which the department or its contractors use extrapolation during an audit.	1-1-26	12-9-25
R414-42 Telehealth; This amendment updates and clarifies definitions, service coverage, and reimbursement for telehealth services. It also removes limitations that no longer apply.	12-15-25	1-21-26

The public may access proposed rules published in the State Bulletin at <https://rules.utah.gov/publications/utah-state-bull/>

State of Utah
Administrative Rule Analysis
Revised May 2025

NOTICE OF FIVE-YEAR REVIEW AND STATEMENT OF CONTINUATION

Rule number:	R414-525	Filing ID: OFFICE USE ONLY
Effective date:	OFFICE USE ONLY	

Agency Information

1. Title catchline:	Health and Human Services, Integrated Healthcare	
Building:	Cannon Health Building	
Street address:	288 North 1460 West	
City, state:	Salt Lake City, UT	
Mailing address:	PO Box 143325	
City, state and zip:	Salt Lake City, UT 84114-3325	
Contact persons:		
Name:	Phone:	Email:
Craig Devashrayee	801-538-6641	cdevashrayee@utah.gov
Mariah Noble	385-214-1150	mariahnoble@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule catchline:	
R414-525. Interpretive Services Invoice Requirements	
3. Statutory provisions that authorize or require this rule and an explanation of those particular statutory provisions:	
Section 26B-3-108	This section requires the Department of Health and Human Services (department) to implement the Medicaid program through administrative rules.
Section 26B-1-213	This section grants the department the authority to adopt, amend, or rescind rules necessary to carry out the provisions of Title 26B, Utah Health and Human Services Code.
4. A summary of written comments received during and since the last five-year review of this rule from interested persons supporting or opposing this rule:	
The department has not received any written comments since the last five-year review of this rule.	
5. A reasoned justification for continuation of this rule, including reasons why the agency disagrees with comments in opposition to this rule, if any:	
Continuation of this rule is necessary because this rule outlines invoicing requirements for vendors of interpretive services for qualifying Medicaid members to submit invoices for payment.	
As the department did not receive any comments in opposition to this rule, it did not respond to any such comments.	

Agency Authorization Information

To the agency: Information requested on this form is required by Section 63G-3-305. The office may return incomplete forms to the agency, possibly delaying publication in the <i>Utah State Bulletin</i> .			
Agency head or designee and title:	Tracy S. Gruber, Executive Director	Date:	
Reminder: Text changes cannot be made with this type of rule filing. To change any text, please file an amendment or a nonsubstantive change.			

R414. Health and Human Services, Integrated Healthcare.

R414-525. Interpretive Services Invoice Requirements.

R414-525-1. Introduction and Authority.

- (1) Medicaid utilizes statewide interpretive service contracts to provide interpretive services for qualifying Medicaid members.
- (2) Sections 26B-1-213 and 26B-3-108 authorize this rule.

R414-525-2. Medicaid Requirements.

- (1) A Medicaid interpretive service provider (ISP) shall submit invoices, via secure email, to the email address designated on the Department website.
- (2) The service provider must use the invoice form prescribed by the Medicaid agency, and shall submit the form in its native file format.
- (3) An ISP may only invoice Medicaid one time per month, except an ISP that submits both telephonic and in-person claims for payment shall submit two separate invoices, one for each type of service.
- (4) An ISP shall submit an invoice no later than the last day of the month following the month the service is provided. For example, if a service were provided on April 20, the invoice would be due no later than May 31.
- (5) The Department shall deny an invoice that does not meet the time requirement set forth in Subsection (4).
- (6) An ISP may not bill for more than one Medicaid member per invoice line. An interpreter in a group situation shall divide the time appropriately and avoid overlapping time periods.
- (7) The Department may recoup monies previously paid to an ISP for one year after the date of service, when the service is invoiced without a corresponding Medicaid claim in the state system. The Department, however, may not recoup monies when an ISP declares on the original invoice that a member missed a scheduled appointment.
- (8) An ISP must conform to applicable Medicaid policies and procedures as well as other applicable laws.
- (9) An ISP shall execute a business associate agreement with the Department before providing medical interpreting services that may result in a Medicaid claim.

KEY: Medicaid

Date of Last Change: November 10, 2023

Authorizing, and Implemented or Interpreted Law: 26B-1-213; 26B-3-108; 63G-3-201

State of Utah
Administrative Rule Analysis
Revised May 2025

NOTICE OF SUBSTANTIVE CHANGE

TYPE OF FILING: New

Rule or section number:

R414-5

Filing ID: OFFICE USE ONLY

Date of previous publication (only for CPRs):

Agency Information

1. Title catchline:	Health and Human Services, Integrated Healthcare	
Building:	Cannon Health Building	
Street address:	288 N. 1460 W.	
City, state:	Salt Lake City, UT	
Mailing address:	PO Box 143325	
City, state and zip:	Salt Lake City, UT 84114-3325	
Contact persons:		
Name:	Phone:	Email:
Craig Devashrayee	801-538-6641	cdevashrayee@utah.gov
Mariah Noble	385-214-1150	mariahnoble@utah.gov

Please address questions regarding information on this notice to the persons listed above.

General Information

2. Rule or section catchline:	
R414-5. Doula Services	
3. Are any changes in this filing because of state legislative action?	Changes are because of legislative action.
If yes, any bill number and session:	SB 284 (2025 General Session)
4. Purpose of the new rule or reason for the change:	
SB 284 from the 2025 General Session enacted Section 26B-3-229, which requires the Department of Health and Human Services (department) to establish, through rule, training and registration requirements for a doula providing doula services to Medicaid members. Therefore, this new rule is necessary.	
5. Summary of the new rule or change:	
This new rule provides measures for doula services to be provided to Medicaid members during a pregnancy, childbirth, and postpartum period that includes non-medical advice, information, emotional support, and physical comfort.	

Fiscal Information

6. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:	
A. State budget:	
There is no anticipated fiscal impact to the state budget as a result of this rule filing because this rule implements programming for doula services established through SB 284 (2025 General Session). Any anticipated costs or savings to the state, including receipt of federal funding, are already captured in the bill's fiscal note at https://le.utah.gov/~2025/bills/static/SB0284.html and are not reflected in the regulatory impact summary table.	
B. Local governments:	
There is no anticipated impact on local governments as they neither fund nor provide services under the Medicaid program.	
C. Small businesses ("small business" means a business employing 1-49 persons):	
There is no anticipated impact on small businesses as the only identified doulas projected to provide doula services for Medicaid members are not considered small businesses.	
D. Non-small businesses ("non-small business" means a business employing 50 or more persons):	
There is no anticipated impact on non-small businesses as the only identified doulas projected to provide doula services for Medicaid members are not considered non-small businesses.	

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an **agency**):

There is no anticipated fiscal impact to the state budget as a result of this rule filing because this rule implements programming for doula services established through SB 284 (2025 General Session). Any anticipated costs to other persons are already captured in the bill's fiscal note at <https://le.utah.gov/~2025/bills/static/SB0284.html>.

The fiscal note for the bill provides an estimated six doulas who are projected to provide doula services for Medicaid members. The anticipated cost to these doulas for a five-year license to serve Medicaid members will be a total of \$750, with six doulas paying \$125 each. It is anticipated that this cost may be offset by an inestimable amount of potential revenue that doulas may acquire while providing doula services. As this information was captured in the bill's fiscal note, it is not reflected in the regulatory impact summary table.

F. Compliance costs for affected persons:

There are no anticipated compliance costs as a result of this filing because this rule implements programming for doula services established through SB 284 (2025 General Session). Any anticipated compliance costs are already captured in the bill's fiscal note at <https://le.utah.gov/~2025/bills/static/SB0284.html>.

G. Regulatory Impact Summary Table (This table includes only fiscal impacts the agency was able to measure. If the agency could not estimate an impact, it is excluded from this table but described in boxes A through F.)

Regulatory Impact Summary Table

Fiscal Cost	FY2026	FY2027	FY2028	FY2029	FY2030
State Budget	\$0	\$0	\$0	\$0	\$0
Local Governments	\$0	\$0	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0	\$0	\$0
Total Fiscal Cost	\$0	\$0	\$0	\$0	\$0
Fiscal Benefits	FY2026	FY2027	FY2028	FY2029	FY2030
State Budget	\$0	\$0	\$0	\$0	\$0
Local Governments	\$0	\$0	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0	\$0	\$0
Total Fiscal Benefits	\$0	\$0	\$0	\$0	\$0
Net Fiscal Benefits	\$0	\$0	\$0	\$0	\$0

H. Department head comments on fiscal impact and approval of regulatory impact analysis:

The Executive Director of the Department of Health and Human Services, Tracy S. Gruber, has reviewed and approved this regulatory impact analysis.

Citation Information

7. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Section 26B-1-213

Section 26B-3-108

Section 26B-3-229

Incorporation by Reference Information

8. Incorporation by Reference (if this rule incorporates more than two items by reference, please include additional tables):

A. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*):

Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	

Issue or Version	
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B. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*):

Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

Public Notice Information

9. The public may submit written or oral comments to the agency identified in box 1.

A. Comments will be accepted until:

B. A public hearing (optional) will be held (The public may request a hearing by submitting a written request to the agency, as outlined in Section 63G-3-302 and Rule R15-1.):

Date:	Time (hh:mm AM/PM):	Place (physical address or URL):

To the agency: If more than one hearing is planned to take place, continue to add rows.

10. This rule change MAY become effective on:

NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.

Agency Authorization Information

To the agency: Information requested on this form is required by Sections 63G-3-301, 63G-3-302, 63G-3-303, and 63G-3-402. The office may return incomplete forms to the agency, possibly delaying publication in the *Utah State Bulletin* and delaying the first possible effective date.

Agency head or designee and title:	Tracy S. Gruber, Executive Director	Date:	
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R414. Health and Human Services, Integrated Healthcare.

R414-5. Doula Services.

R414-5-1. Authority and Purpose.

(1) Sections 26B-1-213, 26B-3-108, and 26B-3-229 authorize this rule.

(2) This rule provides measures for doula services to be provided to Medicaid members during a pregnancy, childbirth, and postpartum period that includes non-medical advice, information, emotional support, and physical comfort.

R414-5-2. Member Eligibility Requirements.

To be eligible for doula services, an individual must be a pregnant or postpartum eligible Medicaid member.

R414-5-3. Program Access Requirements.

An eligible Medicaid member may obtain doula services from any Utah Medicaid provider.

R414-5-4. Service Coverage.

(1) Medicaid provides doula services to an eligible Medicaid member during the member's pregnancy, childbirth, and postpartum periods. These services include:

(a) non-medical advice;

(b) information;

(c) emotional support; and

(d) physical comfort.

(2) Medicaid does not cover travel time and mileage to obtain doula services.

KEY: Medicaid

Date of Last Change: 2025

Authorizing, and Implemented or Interpreted Law: 26B-1-213; 26B-3-108; 26B-3-229

State of Utah
Administrative Rule Analysis
Revised May 2025

NOTICE OF SUBSTANTIVE CHANGE

TYPE OF FILING: Amendment

Rule or section number:

R414-36

Filing ID: OFFICE USE ONLY

Date of previous publication (only for CPRs):

Agency Information

1. Title catchline:	Health and Human Services, Integrated Healthcare	
Building:	Cannon Health Building	
Street address:	288 N. 1460 W.	
City, state:	Salt Lake City, UT	
Mailing address:	PO Box 143325	
City, state and zip:	Salt Lake City, UT 84114-3325	
Contact persons:		
Name:	Phone:	Email:
Craig Devashrayee	801-538-6641	cdevashrayee@utah.gov
Mariah Noble	385-214-1150	mariahnoble@utah.gov

Please address questions regarding information on this notice to the persons listed above.

General Information

2. Rule or section catchline:	
R414-36. Rehabilitative Mental Health Services	
3. Are any changes in this filing because of state legislative action?	Changes are because of legislative action.
If yes, any bill number and session:	SB 65 (2025 General Session)
4. Purpose of the new rule or reason for the change:	
SB 65 in the 2025 General Session added and amended definitions in Section 26B-2-101 and added rulemaking requirements for the Office of Licensing (office) under Section 26B-2-117 to establish and enforce rules to regulate residential treatment program and qualified recovery residence practices related to clients use of medication assisted treatment at the recommendation of a licensed prescriber or provider. This bill makes it necessary for the Division of Integrated Healthcare (division) to update language in this rule to align wording related to its practices with the new requirements for the office and make specifications related to payment for treatment of Medicaid members.	
5. Summary of the new rule or change:	
This amendment implements provisions of SB 65 that allow Medicaid members to receive medication assisted treatment and refers to sanctions for licensed residential programs that fail to do so.	
This amendment also updates the title catchline and rule catchline and adds a section for the authority and purpose and a section for definitions to help provide clarity to readers. It additionally aligns terminology with common practice, updates a manual's name, updates the name of the Utah Medicaid State Plan, and removes a reference to an incorporation by reference that no longer exists in the previously cited rule.	
Additionally, it makes style and formatting changes to align with the Rulewriting Manual for Utah and other rules under the Department of Health and Human Services.	

Fiscal Information

6. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:
A. State budget:
There is no anticipated fiscal impact to the state budget, as no additional state funding is necessary to allow for medication assisted treatment for Medicaid members. Medicaid has covered medication assisted treatment for members previous to this amendment, which clarifies coverage for this ongoing practice. Medicaid will continue to pay providers giving this treatment to members from Medicaid's state-funded appropriation.

B. Local governments:

There is no anticipated fiscal impact to local governments, as they neither fund nor provide services under the Medicaid program.

C. Small businesses ("small business" means a business employing 1-49 persons):

There is no anticipated fiscal impact on small businesses as no additional funding is necessary to allow medication assisted treatments for Medicaid members. Medicaid has covered medication assisted treatment for members previous to this amendment, which clarifies coverage for this ongoing practice. Medicaid will continue to pay small business providers giving this treatment to members from Medicaid's state-funded appropriation.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons):

There is no anticipated fiscal impact on non-small businesses as no additional funding is necessary to allow medication assisted treatments for Medicaid members. Medicaid has covered medication assisted treatment for members previous to this amendment, which clarifies coverage for this ongoing practice. Medicaid will continue to pay non-small business providers giving this treatment to members from Medicaid's state-funded appropriation.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an **agency**):

There is no anticipated fiscal impact on Medicaid providers and members as no additional funding is necessary to allow medication assisted treatments for Medicaid members. Medicaid has covered medication assisted treatment for members previous to this amendment, which clarifies coverage for this ongoing practice. Medicaid will continue to pay providers giving this treatment to members from Medicaid's state-funded appropriation.

F. Compliance costs for affected persons:

There are no anticipated compliance costs for affected persons, including the state, a small business, a non-small business, or a single Medicaid provider or member, as no additional funding is necessary to allow medication assisted treatments for Medicaid members. Medicaid has covered medication assisted treatment for members previous to this amendment, which clarifies coverage for this ongoing practice. Medicaid will continue to pay providers giving this treatment to members from Medicaid's state-funded appropriation.

G. Regulatory Impact Summary Table (This table includes only fiscal impacts the agency was able to measure. If the agency could not estimate an impact, it is excluded from this table but described in boxes A through F.)

Regulatory Impact Summary Table					
Fiscal Cost	FY2026	FY2027	FY2028	FY2029	FY2030
State Budget	\$0	\$0	\$0	\$0	\$0
Local Governments	\$0	\$0	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0	\$0	\$0
Total Fiscal Cost	\$0	\$0	\$0	\$0	\$0
Fiscal Benefits	FY2026	FY2027	FY2028	FY2029	FY2030
State Budget	\$0	\$0	\$0	\$0	\$0
Local Governments	\$0	\$0	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0	\$0	\$0
Total Fiscal Benefits	\$0	\$0	\$0	\$0	\$0
Net Fiscal Benefits	\$0	\$0	\$0	\$0	\$0

H. Department head comments on fiscal impact and approval of regulatory impact analysis:

The Executive Director of the Department of Health and Human Services, Tracy S. Gruber, has reviewed and approved this regulatory impact analysis.

Citation Information**7. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a**

citation to that requirement:

Section 26B-1-213

Section 26B-3-108

Incorporation by Reference Information**8. Incorporation by Reference** (if this rule incorporates more than two items by reference, please include additional tables):**A. This rule adds or updates the following title of material incorporated by reference** (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*):

Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

B. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*):

Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

Public Notice Information**9. The public may submit written or oral comments to the agency identified in box 1.****A. Comments will be accepted until:****B. A public hearing (optional) will be held** (The public may request a hearing by submitting a written request to the agency, as outlined in Section 63G-3-302 and Rule R15-1.):

Date:	Time (hh:mm AM/PM):	Place (physical address or URL):

To the agency: If more than one hearing is planned to take place, continue to add rows.**10. This rule change MAY become effective on:**

NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.

Agency Authorization Information**To the agency:** Information requested on this form is required by Sections 63G-3-301, 63G-3-302, 63G-3-303, and 63G-3-402. The office may return incomplete forms to the agency, possibly delaying publication in the *Utah State Bulletin* and delaying the first possible effective date.

Agency head or designee and title:	Tracy S. Gruber, Executive Director	Date:	
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R414. Health and Human Services, [~~Health Care Financing, Coverage and Reimbursement Policy~~]Integrated Healthcare.**R414-36. [~~Rehabilitative Mental Health Services~~]Behavioral Health Services.****R414-36-1. [~~Introduction~~]Authority and Purpose.**

(1) Sections 26B-1-213 and 26B-3-108 authorize this rule.

(2) This rule provides the circumstances under which Medicaid provides behavioral health services for a member.

R414-36-2. Definitions.

Terms used in this rule are defined in Section 26B-2-101. Additionally:

(1) "Behavioral health services" means services for the treatment of a mental health or substance use disorder.

(2) "Member" means the same as defined in Rule R414-1.

R414-36-3. Services for Medicaid Members.[~~Rehabilitative mental health and substance use disorder~~]Behavioral health services may be provided to a [~~Medicaid recipients~~]member in accordance with the [~~Rehabilitative Mental Health and Substance Use Disorder Services~~]Behavioral Health Services Utah Medicaid Provider Manual and Attachment 4.19-B of the Utah Medicaid State Plan[, as incorporated into Section

~~R414-1-5~~].

R414-36-4. Qualified Licensed Residential Treatment Programs and Qualified Recovery Residences.

Pursuant to Subsections 26B-2-117(2)(b) and (c) and the recommendation of a licensed healthcare provider, each qualified licensed residential treatment program and qualified recovery residence:

(1) shall allow a member to receive medication assisted treatment; and

(2) is subject to the sanctions described in Subsection 26B-3-108(6) for failure to comply with Subsection (1).

KEY: Medicaid

Date of Last Change: ~~[November 10, 2023]~~2025

Notice of Continuation: June 4, 2024

Authorizing, and Implemented or Interpreted Law: 26B-1-213; 26B-3-108

State of Utah
Administrative Rule Analysis
Revised May 2025

NOTICE OF FIVE-YEAR REVIEW AND STATEMENT OF CONTINUATION

Rule number:	R414-512	Filing ID: OFFICE USE ONLY
Effective date:	OFFICE USE ONLY	

Agency Information

1. Title catchline:	Health and Human Services, Integrated Healthcare	
Building:	Cannon Health Building	
Street address:	288 N. 1460 W.	
City, state:	Salt Lake City, UT	
Mailing address:	PO Box 143325	
City, state and zip:	Salt Lake City, UT 84114-3325	
Contact persons:		
Name:	Phone:	Email:
Craig Devashrayee	801-538-6641	cdevashrayee@utah.gov
Nancy Thomson	801-538-9463	nancythomson@utah.gov
Mariah Noble	385-214-1150	mariahnoble@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule catchline:	
R414-512. Use of Extrapolation in Provider Audits	
3. Statutory provisions that authorize or require this rule and an explanation of those particular statutory provisions:	
Section 26B-1-213	Section 26B-1-213 grants the department the authority to adopt, amend, or rescind rules necessary to carry out the provisions of Title 26B, Utah Health and Human Services Code.
Section 26B-3-108	Section 26B-3-108 requires the department to implement the Medicaid program through administrative rules.
Section 26B-3-129	Section 26B-3-129 requires the department to adopt administrative rules and, in consultation with providers and health care professionals subject to audit and investigation under the state Medicaid program, to establish procedures for audits and investigations that are fair and consistent with the duties of the department as the single state agency responsible for the administration of the Medicaid program under Section 26B-3-108 and Title XIX of the Social Security Act.
4. A summary of written comments received during and since the last five-year review of this rule from interested persons supporting or opposing this rule:	
No comments have been received since the last five-year review of this rule.	
5. A reasoned justification for continuation of this rule, including reasons why the agency disagrees with comments in opposition to this rule, if any:	
Continuation of this rule is necessary because it sets the conditions under which the department or the department's contractors use extrapolation during an audit. The rule additionally fulfills statutory requirements for rulemaking.	
As the department did not receive any comments in opposition to this rule, it did not respond to any such comments.	

Agency Authorization Information

To the agency: Information requested on this form is required by Section 63G-3-305. The office may return incomplete forms to the agency, possibly delaying publication in the <i>Utah State Bulletin</i> .			
Agency head or designee and title:	Tracy S. Gruber, Executive Director	Date:	
Reminder: Text changes cannot be made with this type of rule filing. To change any text, please file an amendment or a			

nonsubstantive change.

R414. Health and Human Services, Integrated Healthcare.

R414-512. Use of Extrapolation in Provider Audits.

R414-512-1. Introduction and Authority.

This rule implements rulemaking required by Section 26B-3-129. It sets forth the conditions under which the department or one of its contractors may use extrapolation as defined in Section 63A-13-102.

R414-512-2. Definition.

"Contractor" means a contractor or subcontractor of the department.

R414-512-3. Use of Extrapolation Limited.

- (1) The department or a contractor that conducts audits of providers on behalf of the department shall:
 - (a) have on staff or contract with a medical or dental professional who is experienced in the treatment, billing, and coding procedures used by the type of provider being audited; and
 - (b) use the services of the appropriate professional described in Subsection R414-512-3(2)(a) if the provider who is the subject of the audit disputes the findings of the audit.
- (2) The department or a contractor may not base a finding of overpayment or underpayment on extrapolation as defined in Section 63A-13-102, unless:
 - (a) there is a determination that the level of payment error involving the provider exceeds a 10% error rate:
 - (i) for a sample of claims for a particular service code; and
 - (ii) over a three-year period of time;
 - (b) documented education intervention has failed to correct the level of payment error; and
 - (c) the value of the claims for the provider, in aggregate, exceeds \$200,000 in reimbursement for a particular service code on an annual basis.
- (3) If a contractor intends to implement the use of extrapolation as a method of auditing claims, the contractor shall, before adopting the extrapolation method of auditing:
 - (a) report its intent to use extrapolation to the department; and
 - (b) proceed with the use of extrapolation only after the department has granted permission.
- (4) If the department or a contractor determines Subsection (3)(a) through (b) is applicable to a provider, the department or the contractor may use extrapolation only for the service code associated with the findings.
- (5) If extrapolation is used under this rule, a provider may appeal the results of the audit based on:
 - (a) each individual claim; or
 - (b) the extrapolation sample.
- (6) Nothing in this rule limits a provider's right to appeal the audit under Title 63G, Chapter 4, the Medicaid program and its manual or rules, or other laws or rules that may provide remedies to providers.

KEY: Medicaid

Date of Last Change: November 10, 2023

Notice of Continuation: December 23, 2020

Authorizing, and Implemented or Interpreted Law: 26B-1-213; 26B-3-108; 26B-3-129

State of Utah
Administrative Rule Analysis
Revised May 2025

NOTICE OF SUBSTANTIVE CHANGE

TYPE OF FILING: Amendment

Rule or section number:

R414-42

Filing ID: OFFICE USE ONLY

Date of previous publication (only for CPRs): [Click or tap to enter a date.](#)

Agency Information

1. Title catchline:		Health and Human Services, Integrated Healthcare	
Building:		Cannon Health Building	
Street address:		288 N. 1460 W.	
City, state:		Salt Lake City, UT	
Mailing address:		PO Box 143325	
City, state and zip:		Salt Lake City, UT 84114-3325	
Contact persons:			
Name:		Phone:	Email:
Craig Devashrayee		801-538-6641	cdevashrayee@utah.gov
Mariah Noble		385-214-1150	mariahnoble@utah.gov

Please address questions regarding information on this notice to the persons listed above.

General Information

2. Rule or section catchline:	
R414-42. Telehealth	
3. Are any changes in this filing because of state legislative action?	Changes are because of legislative action.
If yes, any bill number and session:	SB 45 (2022 General Session), SB 39 (2023 General Session)
4. Purpose of the new rule or reason for the change:	
Additionally, based on internal review, the department determined this change is necessary to update and clarify policy regarding telehealth services. Additionally, this amendment updates statutory citations that were renumbered due to the consolidation of the department.	
5. Summary of the new rule or change:	
This amendment updates and clarifies definitions, service coverage, and reimbursement for telehealth services. It also removes limitations that no longer apply and makes style and formatting changes to comply with the Rulewriting Manual for Utah and align with other rules under the department.	

Fiscal Information

6. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:	
A. State budget:	
This amendment is not anticipated to have a fiscal impact on the state budget, as the department has consistently funded telehealth services throughout the COVID-19 public health emergency, with this funding incorporated into the base budget. Telehealth, including audio-only services, is recognized as a distinct service modality and does not represent an increase in funding requirements.	
B. Local governments:	
There is no anticipated fiscal impact on local governments, as they neither fund nor provide services under the Medicaid program.	
C. Small businesses ("small business" means a business employing 1-49 persons):	
There is no anticipated fiscal impact on small businesses as this change updates existing policy that neither affects services nor payment for providers. Any new requirements or restrictions are unrelated to payment processes that would introduce a fiscal impact.	

D. Non-small businesses ("non-small business" means a business employing 50 or more persons):

There is no anticipated fiscal impact on non-small businesses as this change updates existing policy that neither affects services nor payment for providers. Any new requirements or restrictions are unrelated to payment processes that would introduce a fiscal impact.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an **agency**):

There is no anticipated fiscal impact on other persons or entities as this change updates existing policy that neither affects services nor payment. Any new requirements or restrictions are unrelated to payment processes that would introduce a fiscal impact.

F. Compliance costs for affected persons:

There are no anticipated compliance costs for affected persons as this change updates existing policy that neither affects services nor payment. Any new requirements or restrictions are unrelated to payment processes that would introduce a cost.

G. Regulatory Impact Summary Table (This table includes only fiscal impacts the agency was able to measure. If the agency could not estimate an impact, it is excluded from this table but described in boxes A through F.)

Regulatory Impact Summary Table					
Fiscal Cost	FY2026	FY2027	FY2028	FY2029	FY2030
State Budget	\$0	\$0	\$0	\$0	\$0
Local Governments	\$0	\$0	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0	\$0	\$0
Total Fiscal Cost	\$0	\$0	\$0	\$0	\$0
Fiscal Benefits	FY2026	FY2027	FY2028	FY2029	FY2030
State Budget	\$0	\$0	\$0	\$0	\$0
Local Governments	\$0	\$0	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0	\$0	\$0
Total Fiscal Benefits	\$0	\$0	\$0	\$0	\$0
Net Fiscal Benefits	\$0	\$0	\$0	\$0	\$0

H. Department head comments on fiscal impact and approval of regulatory impact analysis:

The Executive Director of the Department of Health and Human Services, Tracy S. Gruber, has reviewed and approved this regulatory impact analysis.

Citation Information

7. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Section 26B-1-213	Section 26B-3-108	Section 26B-3-122

Incorporation by Reference Information

8. Incorporation by Reference (if this rule incorporates more than two items by reference, please include additional tables):

A. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*):

Official Title of Materials Incorporated (from title page)	
Publisher	

Issue Date	
Issue or Version	

B. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*):

Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

Public Notice Information

9. The public may submit written or oral comments to the agency identified in box 1.

A. Comments will be accepted until:

Click or tap to enter a date.

B. A public hearing (optional) will be held (The public may request a hearing by submitting a written request to the agency, as outlined in Section 63G-3-302 and Rule R15-1.):

Date:

Time (hh:mm AM/PM):

Place (physical address or URL):

Click or tap to enter a date.

To the agency: If more than one hearing is planned to take place, continue to add rows.

10. This rule change MAY become effective on:

Click or tap to enter a date.

NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.

Agency Authorization Information

To the agency: Information requested on this form is required by Sections 63G-3-301, 63G-3-302, 63G-3-303, and 63G-3-402. The office may return incomplete forms to the agency, possibly delaying publication in the *Utah State Bulletin* and delaying the first possible effective date.

Agency head or designee and title:

Tracy S. Gruber, Executive Director

Date:

Click or tap to enter a date.

R414. Health and Human Services, ~~(Health Care Financing, Coverage and Reimbursement Policy)~~ Integrated Healthcare.

R414-42. Telehealth.

R414-42-1. ~~Introduction and~~ Authority and Purpose.

(1) Section 26B-3-122 authorizes the Department of Health and Human Services to adopt rules to establish telehealth services and the reimbursement methodology for telehealth services.

(2)(a) This rule outlines access requirements, coverage, ~~limitations,~~ and reimbursement for telehealth services. ~~[This rule is authorized by Section 26-18-13.]~~

(b) Telehealth services are in accordance with privacy and security measures set forth under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH), Pub. L. No. 111-5, 123 Stat. 226, 467, to ensure that patient communications and records, including any recording of a telehealth encounter, are secure and remain confidential.

R414-42-2. Definitions.

(1) ~~["Telehealth services" means the transmission of health related services or information through the use of electronic communication or information technology.]~~ "Asynchronous services" or "store and forward" means communication or information shared between a provider and Medicaid member that occurs at different points in time.

(2) ~~["Teledentistry" means the use of information technology and telecommunications for dental care, consultation, and education.]~~ "Audio-only" means telehealth services by means of telephone or another form of auditory communication without video.

(3) ~~["Telepsychiatric consultation" means a consultation between a licensed provider and a board-certified psychiatrist that utilizes:~~

~~(a) the health records of the member, provided from the member or the referring provider; and~~

~~(b) a written, evidence-based member questionnaire.]~~ "Distant site" means the physical location of a provider delivering telehealth services.

(4) ~~["Authorized provider" means a provider that signs a provider agreement with the Utah Medicaid Program, in which the provider agrees to abide by all state and federal laws related to the Medicaid program.]~~ "Originating site" means the location of the Medicaid member at the time the service is being furnished via telecommunication.

(5)(a) ["Distant site" means the physical location of a licensed provider that delivers health care services via a telecommunication system.] "Remote patient monitoring" means the deployment and use of technology to capture biometric information that is automatically shared with a remote provider.

(b) The transmission of patient data and clinical information to the provider may occur either through in-home devices or information entered and transmitted electronically by the patient.

(6) ["Originating site" means the physical location of a member at the time the service is being furnished via a telecommunication system.] "Synchronous interaction" means real-time communication through interactive technology that enables a provider at a distant site and a patient at an originating site to interact simultaneously through two-way audio and video transmission.

(7) ["Synchronous interaction" means real-time communication through interactive technology that enables a provider at a distant site and a member at an originating site to interact simultaneously through two-way audio or video transmission.] "Telehealth services" mean the transmission of health-related services or information using electronic communication or information technology.

R414-42-3. Covered Services.

(1) Medicaid covers telehealth services when performed via synchronous care. Telecommunication technologies that support synchronous care include any:

(a) live two-way video with face-to-face interaction between the member and the provider using audio-visual communication, including e-visits through an online patient portal; and

(b) audio-only visit.

(2) A licensed provider may deliver services via synchronous telehealth, as clinically appropriate. [~~Services include consultation services, evaluation and management services, teledentistry services, mental health services, substance use disorder services, and telepsychiatric consultations.~~] The types of services a licensed provider may deliver via synchronous telehealth include:

(a) advanced care planning;

(b) behavioral health, including services addressing substance use disorders;

(c) diabetes self-management;

(d) end-stage renal disease-related services;

(e) health assessments;

(f) medication therapy management;

(g) nutritional therapy;

(h) speech and hearing; and

(i) tobacco cessation.

(3) There are no geographic restrictions surrounding the use of telehealth services.

(4) Medicaid covers audio-only synchronous care, or care that does not clinically require visual inspection, for a limited number of services specified in the Utah Medicaid provider manual.

(5) Medicaid does not cover asynchronous services, including remote patient monitoring.

(6) Medicaid does not cover services delivered via telehealth that Medicaid would not otherwise cover.

R414-42-4. Confidentiality Requirements.

(1) A provider is responsible to ensure the encounter is HIPAA compliant.

(2) Security measures for transmission may include password protection, encryption, and other reliable authentication techniques.

~~R414-42-4. Limitations.~~

~~(1) Telehealth services must comply with privacy and security measures set forth under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act, Pub. L. No. 111-5, 123 Stat. 226, 467, to ensure that all patient communications and records, including recordings of telehealth encounters, are secure and remain confidential. The provider is responsible to ensure the encounter is HIPAA compliant. Security measures for transmission may include password protection, encryption, and other reliable authentication techniques.~~

~~(2) A provider must comply with the Utah Health Information Network (UHN) standards for telehealth. These standards provide a uniform standard of billing for claims and encounters delivered via telehealth.~~

~~(3) The originating site receives no reimbursement for the use of telehealth services.~~

~~(4) Medicaid does not cover services via telehealth which are not otherwise covered.]~~

R414-42-5. Reimbursement of Services.

(1) The [D]department pays the lesser of the amount billed or the rate on the fee schedule. [-]A provider may not charge the [D]department a fee that exceeds the provider's usual and customary charges for the provider's private pay patients.

(2) The department does not reimburse the originating site for the use of telehealth services.

KEY: Medicaid, telemedicine

Date of Last Change: [September 22, 2020]2025

Notice of Continuation: June 14, 2023

Authorizing, and Implemented or Interpreted Law: [26-18-13]26B-3-122