MedicAide

An Informational Newsletter for Idaho Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid **October 2023**

In This Issue

Information Releases

The content of this guidance document is not new law but is an interpretation of existing law prepared by the Idaho Department of Health and Welfare to provide clarity to the public regarding existing requirements under the law. This document does not bind the public, except as authorized by law or as incorporated into a contract. For additional information or to provide input on this document, contact the Idaho Division of Medicaid by emailing medicaidcommunications@dhw.idaho.gov or by calling (208)334-5747.

COVID-19 Testing with Influenza and Employment Related Testing

The Medicaid Program Integrity Unit has identified instances of providers billing laboratory testing for COVID-19 with Influenza A/B when the testing for Influenza was not medically necessary. The Medicaid Program Integrity Unit has also identified instances of providers billing laboratory testing for Covid-19, and COVID-19 with Influenza A/B when the tests are performed for employment. Medicaid will not reimburse for testing done without medical necessity. Examples of influenza testing not meeting medical necessity are participants being seen for exposure to or screening of COVID-19 without signs and symptoms to support the influenza tests.

IDAPA 16.03.09.653 describes coverage and limitations for laboratory and services. Subsection 01 states:

> 01. Medical Necessity Criteria. Services must meet the definition of Medical Necessity in Section 011 of these rules as detailed in the Idaho Medicaid Provider Handbook.

IDAPA 16.03.09.011.17 defines medical necessity and states:

> 17. Medical Necessity (Medically Necessary). A service is medically necessary if:
>
> a. It is reasonably calculated to prevent, diagnose, or treat conditions in the participant that endanger life, cause pain, or cause functionally significant deformity or malfunction; and
>
> b. There is no other equally effective course of treatment available or suitable for the participant requesting the service that is more conservative or substantially less costly.
>
> c. Medical services must be:
>
> i. Of a quality that meets professionally-recognized standards of health care; and
>
> ii. Substantiated by records including evidence of such medical necessity and quality. Those records must be made available to the Department upon request.

Section 4 of the May 2023 Idaho Medicaid Provider Handbook, Laboratory Services, addresses covered services and limitations. It states, in pertinent part:

> 4. Covered Services and Limitations
> Laboratory services are a covered benefit of Idaho Medicaid when performed in compliance with CLIA requirements. Coverage is limited to medically necessary diagnostic testing and some select screening services discussed in this section. Coverage is not available for deceased participants including postmortem examinations. Diagnostic tests are laboratory services used in the presence of signs or symptoms that have results leading to treatment services, which control, correct, or ameliorate health problems. Screening services are those tests made in the absence of signs or symptoms.

> The laboratory is responsible for ensuring all services are medically necessary and criteria are followed. Testing for sports participation, camp attendance, employment, driving licensure, admission to an educational institution, military recruitment, insurance coverage, paternity determination, adoption, immigration, probation, or marriage are not considered medically necessary and are not covered by Idaho Medicaid. Laboratory services are also not considered medically necessary, are non-covered and not eligible for reimbursement with any of the following:
>
> - Testing is not considered standard of care, such as when the clinical diagnosis can be made without the use of a genetic or other laboratory test;
> - Testing is not clinically appropriate for the participant's condition;
> - Testing is for family planning;
> - Testing is only for genetic counseling; or
> - The results of a test would not impact medical decision making or change a
> - participant's treatment plan…

The Idaho Medicaid May 22, 2020, Information Release MA20-30 COVID-19: Laboratory and Pathology Services details Medicaid's policy and states, in part:

> Services must be medically necessary for coverage by Medicaid and reimbursement. Laboratory services should provide information that a clinician can use to initiate or change the management of a participant's care in a way that provides benefit to the tested participant In the case of the COVID-19 public health emergency this is expanded to include additional considerations for other persons in the same setting (e.g., long-term care facilities) as outlined in this release. Services that are not medically necessary, such as those for employment, are not covered.

Idaho Medicaid replaced Information Release MA20-30 with MA21-23 on December 6, 2021.

Providers are responsible for ensuring all services are medically necessary. Services billed that are not in compliance with Medicaid rules and policies are subject to recoupment and civil monetary penalties.

Childhood Lead Poisoning Prevention Program

The Idaho Division of Public Health's Environmental Health Program developed a Childhood Lead Poisoning Prevention Program (CLPPP) in 2021 using federal funding from the Centers for Disease Control and Prevention. The Idaho CLPPP is dedicated to working with medical providers, parents, community partners, and early care and education (ECE)/childcare providers to increase awareness on lead exposures, potential risks they pose to young children, and increase blood lead testing rates for children ages six and younger in Idaho. Over the past year, the CLPPP has worked on several resources to increase lead awareness, including:

- The Childhood Lead Newsletter (Volume 2, June 2023)-Includes information on Idaho's new Lead Risk Assessment and Blood Lead Testing Recommendations, lead recall notifications, the "new" CLPPP webpage", free radon tests for ECE facilities, and additional highlights.
- Idaho Lead Risk Assessment and Blood Lead Testing Recommendations. Created in collaboration with the Idaho Lead Advisory Committee to provide clear blood lead testing guidance to pediatric health care providers emphasizing the importance of blood lead testing for children less than 6 years of age. Components includes the lead risk assessment questionnaire, blood lead testing requirements and recommendations, follow-

up blood lead testing recommendations, and medical management for children identified with lead in their blood.

- Idaho Lead Risk Assessment Questionnaire. A series of specific questions to aid in determining potential risk factors for lead exposure and identify children who should have a blood lead test. The Questionnaire is available in both English and Spanish.
- For all up to date information on lead and lead resources, visit Lead | Idaho Department of Health and Welfare.

Attention State of Washington Providers

If you are a provider who is licensed by the State of Washington, and you're updating the CLIA termination date it must match the term date listed on the CMS website. Often, the CLIA number is listed on the Washington license, but the expiration date on the license may not match the expiration date for the CLIA. The expiration date provided for the CLIA needs to be the same expiration date issued by CMS and found on the verification website at https://qcor.cms.gov/main.jsp. The tool used by Gainwell can be found by selecting CLIA Laboratory Lookup under the Tool Section on the upper left-hand side of the web page.

When entering the credential details, it is critical that the information is entered into the Provider Enrollment Application (PEA) portal as it appears on the verification site, including the effective and expiration dates. A hard copy of the credential should not be sent into Gainwell, unless we've specifically requested the document. A circumstance where we may request a hard copy of the credential is when we cannot locate the information on the verification site.

To view or update credential details, as needed, you may log into your Trading Partner Account at www.idmedicaid.com, hover over the "Account Maintenance" tab, and select "Provider Enrollment". If you need any support viewing or completing the maintenance, contact our Provider Enrollment Representatives in Provider Services by calling 1 (866) 686-4272 option 1 Monday through Friday 7:00 AM to 7:00 PM MST.

Attention All Providers – Contact Center Platform Upgrade Requires Provider Action

Gainwell has partnered with the NICE CXone platform to manage our contact center areas and we are planning to implement within the coming days. **Provider action will be necessary**, as noted below in this communication. Once implemented, all interactions that occur through our Medicaid Automated Customer Service (MACS) line, including self-service and discussions with our agents, as well as all secure message and email interactions you have with us, will be managed in this tool. We are excited to leverage an enhanced platform to provide our teams with capabilities to increase their productivity and the quality of how we are able to interact with the Idaho Medicaid provider and participant community.

On August 29th, upon implementation to this new platform, all billing providers will hear a recorded message that instructs them to set the new four-digit security code. This code is used to access information within the MACS system. To set the security code, the Social Security Number or Tax ID must be entered into the system. Press the # sign to be routed to the Change Security Code menu. Listen closely to the prompts and set the new four-digit security code. Gainwell encourages all billing providers to communicate this code and change within their organizations so we can best assist when they contact us over the phone.

If you encounter any issues when resetting the security code, please dial 0 or speak "rep" and hold on the line to be connected to a representative for support.

Thank you for your cooperation and engagement on this matter.

Reminder: Immunizations

Idaho Medicaid reimburses for medically necessary immunizations for all ages when recommended by the Advisory Committee on Immunization Practices (ACIP) and administered based on those guidelines. The Vaccines for Children (VFC) Program provides ACIP recommended vaccines at no cost for Idaho children under the age of 19 years, including those enrolled in Medicaid. All licensed Idaho Medicaid providers with prescriptive authority for vaccines are encouraged to enroll in the VFC Program.

Providers are reminded that vaccines provided free through a source such as the VFC or a government agency, including COVID-19 vaccines, are not reimbursable by Idaho Medicaid. Providers bill for administration of immunizations as provided within the Physician and Non-Physician Practitioner, Idaho Medicaid Provider Handbook. The CPT® code for the vaccine is billed with modifier SL at a zero-dollar amount ($0.00). Provider purchased vaccines must only be provided and billed when a free vaccine is not available.

Immunizations are exempt from co-payments and when provided without an office visit, they are also exempt from Healthy Connections (HC) referral requirements. To assure continuity of care and avoid duplication of services, all providers administering immunizations should either provide the participant's assigned Primary Care Provider (PCP) with immunization records or record them in the Idaho Immunization Registry and Information System (IRIS).
Individuals eligible for coverage under Medicare Part B and Medicare Part D now have coverage for immunizations such as influenza, pneumococcal, Hepatitis B and COVID-19 vaccines, shingles, RSV, Zoster (Chicken Pox), Hepatitis A and B, Measles, Mumps, Rubella (MMR) or Tetanus, Diphtheria and Pertussis (Tdap). Providers should review the Third Party Liability section in General Billing Instructions, Idaho Medicaid Provider Handbook for further details.

Questions and comments about this article may be submitted to the Medicaid Policy Team at MCPT@dhw.idaho.gov.

October 2023 Changes to the APC Prep – Fee Schedule Paid Procedure Codes List

The APC Prep – Fee Schedule Paid Procedure Codes list will be updated October 2023 in association with updates realized on the Idaho Medicaid Fee Schedule. Ongoing updates will occur quarterly to align with the updated published fee schedules.

Reminder - All Medical Providers Working with Calendar Month Limits

Calendar month medical service/unit limits became rolling thirty (30) day/month limits as of July 1, 2017. Monthly limits are counted on claim submissions by the service date (dispense date) when claims are submitted. The first claims to hit the system will be paid first and use available units if multiple providers are submitting claims for the same service. The MMIS system counts 30 days both forward and back from the service date when determining units to pay up to the

30-day rolling limit. This applies to DMEPOS suppliers, and all medical services with monthly limits.

Developmental Disabilities provider types are exempt from rolling month limits and remain on calendar month limits.

Pharmacist Evaluation and Management

As a reminder to providers, Pharmacists are eligible to provide and bill evaluation and management services. Usual and customary fees are paid up to the 85% of the Medicaid maximum allowance listed in the Numerical Fee Schedule, as is the case for all Idaho Medicaid non-physician practitioners.

Pharmacists can bill for services provided in most outpatient settings including those provided at an Indian Health Services (IHS) clinic, Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC). Pharmacists are not eligible for the encounter rate but are eligible for fee-for-service reimbursement for services provided, as long as an encounter with an eligible healthcare professional does not occur and is not billed on the same day of service.

The following codes are covered for Pharmacists:

Pharmacist Evaluation and Management Codes	
Codes	**Description**
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

Pharmacist Evaluation and Management Codes	
Codes	**Description**
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.
99341	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.
99342	Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

Pharmacist Evaluation and Management Codes	
Codes	**Description**
99344	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.
99345	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.
99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.
99348	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.
99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

Pharmacist Evaluation and Management Codes	
Codes	**Description**
99350	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent face-to-face with the patient and/or family.
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
G2211	Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)

Pharmacist Evaluation and Management Codes	
Codes	**Description**
G2212	Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to cpt codes 99205, 99215 for office or other outpatient evaluation and management services) (do not report g2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416). (do not report g2212 for any time unit less than 15 minutes)
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional

Attn Hospitals: Newborn Metabolic Screening Test Kits

Newborn Metabolic Screening Panels are a covered benefit of Idaho Medicaid. The Department reimburses these kits to providers at cost. In order to ensure correct reimbursement, all hospital claims must include the HCPCS S3620 on the claim. This includes inpatient claims. S3620 will reimburse at the fee schedule rate.

Covered Codes	
Codes	**Description**
S3620	Newborn Metabolic Screening Panel, Includes Test Kit, Postage And The Laboratory Tests Specified By The State For Inclusion In This Panel (E.G., Galactose; Hemoglobin, Electrophoresis; Hydroxyprogesterone, 17-D; Phenylalanine (PKU); And Thyroxine, Total)

S3620 represents kits with 2-3 tests. S3620 can be billed with modifier UC for a single-test kit. Single-test kits are appropriate when:

- The initially performing provider will not perform the additional tests in the kit and neglected to give them to the family for their follow-up appointment;
- The provider didn't perform the first test, is performing the second test, and the participant does not have access to the second test strip; or
- A two-test kit was used initially, but the infant later transferred to the NICU.

See the Newborn Screening section of the Laboratory Services, Idaho Medicaid Provider Handbook, for more information about this service.

Questions and comments about this article may be submitted to the Medicaid Policy Team at MCPT@dhw.idaho.gov.

Solicitation of Comment for Proposed Limitations on DMEPOS

Idaho Medicaid is soliciting comments from providers on the following proposed shared limitations for durable medical equipment and supplies. All codes with a shared limit must have the same limitation for the claims processing system to bundle the codes together. Because two items do not share a limit, does not mean it is appropriate to supply those items together. The descriptions

presented here are for the general purpose of reading this article. The official code descriptions still apply.

Proposed Limitations			
Description	**Codes**	**Shared Limit**	**Notes**
Canes	E0100, E0105	1 per 3 years.	Reasonable Useful Lifetime.
Wheelchair bearings, replacement only	E2210	12 per 5 years.	Reasonable Useful Lifetime.
Propulsion wheel excludes tire, repl, each	E2224	2 per 5 years.	Reasonable Useful Lifetime.
Caster wheel	E2225, E2395	4 per 5 years.	Reasonable Useful Lifetime.
Caster fork	E2226, E2396	4 per 5 years.	Reasonable Useful Lifetime.
Gear reduction drive wheel, each	E2227	2 per 5 years.	Reasonable Useful Lifetime.
Manual wheelchair acc, wheelchair brake	E2228	2 per 5 years.	Reasonable Useful Lifetime.
Wheelchair Standing System	E2230, E2301	1 per 5 years.	Reasonable Useful Lifetime.
Wheelchair Seat Cushion	E2231, E2292, E2601, E2602, E2603, E2604, E2605, E2606, E2607, E2608, E2609, E2610, E2622, E2623, E2624, E2625	1 per 3 years.	Reasonable Useful Lifetime.
Wheelchair Back Cushion	E2291, E2293, E2294, E2611, E2612, E2613, E2614, E2615, E2616, E2617, E2620, E2621	1 per 3 years.	Reasonable Useful Lifetime.
Wheelchair Seat Elevation	E2295, E2300	1 per 5 years.	Reasonable Useful Lifetime.
Wheelchair Controller Connection	E2310, E2311	1 per 5 years.	Reasonable Useful Lifetime.
Power WheelChair harness, expand control, each	E2313	1 per 5 years.	Reasonable Useful Lifetime.
Pwr wheelchair accessory attendant control	E2331	1 per 5 years.	Reasonable Useful Lifetime.

Proposed Limitations			
Description	**Codes**	**Shared Limit**	**Notes**
Pwr wheelchair accsr electronic SGD interface	E2351	1 per 5 years.	Reasonable Useful Lifetime.
Wheelchair Battery Charger	E2366, E2367	1 per 5 years.	Reasonable Useful Lifetime.
Power wheelchair motor replacement	E2368	2 per 5 years.	Reasonable Useful Lifetime.
Power wheelchair gear box replacement	E2369	2 per 5 years.	Reasonable Useful Lifetime.
Power wheelchair motor/gear box combo	E2370	2 per 5 years.	Reasonable Useful Lifetime.
Controller	E2375, E2376, E2377	1 per 5 years.	Reasonable Useful Lifetime.
Power wheelchair actuator, replacement	E2378	2 per 5 years.	Reasonable Useful Lifetime.
Drive wheel excludes tire, replacement	E2394	2 per 5 years.	Reasonable Useful Lifetime.
Speech generate dev software program for PC/PDA	E2511	1 per 5 years.	Reasonable Useful Lifetime.
Speech generate dev accessory, mounting system	E2512	1 per 5 years.	Reasonable Useful Lifetime.
Replace cover wheelchair seat cushion	E2619	2 per 3 years.	Reasonable Useful Lifetime.
Shoulder Elbow Mobile Arm Support	E2626, E2627, E2628, E2629, E2630, E2631, E2632, E2633	2 per 5 years.	Reasonable Useful Lifetime.
Gait Trainers	E8000, E8001, E8002	1 per 5 years.	Reasonable Useful Lifetime.
Arm pad each	K0019	2 per 3 years.	Reasonable Useful Lifetime.
Footrest lower extension tube	K0043	2 per 5 years.	Reasonable Useful Lifetime.
Footrest upper hanger bracket	K0044	2 per 5 years.	Reasonable Useful Lifetime.
Elevating leg rest lower extension tube	K0046	2 per 5 years.	Reasonable Useful Lifetime.
Spoke protectors each	K0065	2 per 5 years.	Reasonable Useful Lifetime.
Caster pin lock each	K0073	2 per 5 years.	Reasonable Useful Lifetime.

Proposed Limitations			
Description	**Codes**	**Shared Limit**	**Notes**
IV hanger, each	K0105	1 per 5 years.	Reasonable Useful Lifetime.
Elevating leg rests pair rental wheelchair	K0195	1 per 5 years.	Reasonable Useful Lifetime.
Infusion Pump uninterrupted parenteral admin	K0455	1 per 5 years.	Reasonable Useful Lifetime.
Shoe Inserts	L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031, L3040, L3050, L3060, L3070, L3080, L3090, L3100, L3140, L3150, L3160, L3170, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3500, L3510, L3520	6 per year.	Reasonable Useful Lifetime.

Questions and comments about this article should be submitted to the Medicaid Policy Team at MCPT@dhw.idaho.gov before November 1, 2023, for consideration.

Finalized Limitations on DMEPOS

Idaho Medicaid solicited comments in September from providers on changes to proposed shared limitations for durable medical equipment and supplies. No comments were received, and changes are being implemented as proposed. Implemented changes will be reviewed periodically for billing trends and reassessment.

All codes with a shared limit must have the same limitation for the claims processing system to bundle the codes together. Because two items do not share a limit, does not mean it is appropriate to supply those items together. The descriptions presented here are for the general purpose of reading this article. The official code descriptions still apply.

Finalized Limitations, Effective 11/01/2023		
Description	**Codes**	**Shared Limit**
Blood Glucose Monitor	E0607, E2100, E2101	1 per 5 years.
Betadine or Phisohex Solution, Per Pint	A4246	2 per month.

Finalized Limitations, Effective 11/01/2023		
Description	**Codes**	**Shared Limit**
Urine Test or Reagent Strips Or Tablets (100 Tablets Or Strips)	A4250	2 per month.
Blood Glucose Test or Reagent Strips For Home Blood Glucose Monitor, Per 50 Strips	A4253	6 per month.
Spring-Powered Device for Lancet, Each	A4258	1 per 6 months.
Lancets, Per Box Of 100	A4259	3 per month.
Pacemaker Monitor	E0610, E0615, E0616	1 per 5 years.
Capillary blood skin piercing laser device ea	E0620	1 per 5 years.
Electric Stimulators	E0740, E0744, E0745, E0762, E0764, E0769, E0770	1 per 5 years.
Lead Wires, (e.g., Apnea Monitor), Per Pair	A4557	2 per 3 months.
Iv pole	E0776	1 per 5 years.
Cervical Traction Devices	E0840, E0849, E0850, E0855, E0856, E0860	1 per 5 years.
Extremity Traction Devices	E0870, E0880	1 per 5 years.
Pelvic Traction Devices	E0890, E0900	1 per 5 years.
General Traction Devices	E0830, E0920, E0930, E0941, E0946, E0947, E0948	1 per 5 years.
Trapeze Bars	E0910, E0911, E0912, E0940	1 per 5 years.
Safety equipment	E0700	2 per 5 years.
Restraints any type	E0710	1 per 5 years.
Electromyography/EMG biofeedback device	E0746	1 per 5 years.
FDA approve nerve stimulator for Tx nausea/vt	E0765	1 per 5 years.
Cervical head harness/halter	E0942	1 per 5 years.
Pelvic belt/harness/boot	E0944	1 per 5 years.
Wheelchair accessory tray each	E0950	1 per 5 years.
Heel loop/holder w or wo ankle strap each	E0951	2 per 5 years.
Toe loop/holder each	E0952	2 per 5 years.
W/c lateral thigh/knee sup each	E0953	4 per 5 years.
W/c acc, foot box, any type each foot	E0954	2 per 5 years.
Wheelchair accessory cushioned headrest each	E0955	1 per 5 years.
Wheelchair lateral trunk/hip support each	E0956	4 per 5 years.
Wheelchair access medial thigh support each	E0957	2 per 5 years.
Manual wheelchair 1 arm drive attachment each	E0958	1 per 5 years.
Manual wheelchair accssory amputee adapter ea	E0959	2 per 5 years.
Wheelchr shoulder harness/straps or chest str	E0960	2 per 5 years.
Manual wheelchair wheel lock brake extension	E0961	2 per 5 years.
Manual wheelchair head rest extension each	E0966	1 per 5 years.
Wheelchair Handrims	E0967, E2205	2 per 5 years.
Wheelchair Width Adjust	E0969, E1011	1 per 5 years.

Finalized Limitations, Effective 11/01/2023		
Description	**Codes**	**Shared Limit**
Wheelchair anti-tipping device	E0971	2 per 5 years.

Questions and comments about this article should be submitted to the Medicaid Policy Team at MCPT@dhw.idaho.gov.

New Codes Available for Occupational and Physical Therapy

The following codes are being added for coverage. Please, allow additional time for the system to be updated. Claims will be reprocessed once complete. All statute, rule and provider handbook requirements apply. These changes are retroactive to July 1, 2022.

Additional Covered Codes for Occupational and Physical Therapy	
Codes	**Description**
Q4001	Casting supplies, body cast adult, with or without head, plaster
Q4002	Cast supplies, body cast adult, with or without head, fiberglass
Q4003	Cast supplies, shoulder cast, adult (11 years +), plaster
Q4004	Cast supplies, shoulder cast, adult (11 years +), fiberglass
Q4005	Cast supplies, long arm cast, adult (11 years +), plaster
Q4006	Cast supplies, long arm cast, adult (11 years +), fiberglass
Q4007	Cast supplies, long arm cast, pediatric (0-10 years), plaster
Q4008	Cast supplies, long arm cast, pediatric (0-10 years), fiberglass
Q4009	Cast supplies, short arm cast, adult (11 years +), plaster
Q4010	Cast supplies, short arm cast, adult (11 years +), fiberglass
Q4011	Cast supplies, short arm cast, pediatric (0-10 years), plaster
Q4012	Cast supplies, short arm cast, pediatric (0-10 years), fiberglass
Q4013	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), plaster
Q4014	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), fiberglass
Q4015	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), plaster
Q4016	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), fiberglass
Q4017	Cast supplies, long arm splint, adult (11 years +), plaster
Q4018	Cast supplies, long arm splint, adult (11 years +), fiberglass
Q4019	Cast supplies, long arm splint, pediatric (0-10 years), plaster
Q4020	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass
Q4021	Cast supplies, short arm splint, adult (11 years +), plaster
Q4022	Cast supplies, short arm splint, adult (11 years +), fiberglass
Q4023	Cast supplies, short arm splint, pediatric (0-10 years), plaster
Q4024	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass

Additional Covered Codes for Occupational and Physical Therapy	
Codes	**Description**
Q4025	Cast supplies, hip spica (one or both legs), adult (11 years +), plaster
Q4026	Cast supplies, hip spica (one or both legs), adult (11 years +), fiberglass
Q4027	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), plaster
Q4028	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), fiberglass
Q4029	Cast supplies, long leg cast, adult (11 years +), plaster
Q4030	Cast supplies, long leg cast, adult (11 years +), fiberglass
Q4031	Cast supplies, long leg cast, pediatric (0-10 years), plaster
Q4032	Cast supplies, long leg cast, pediatric (0-10 years), fiberglass
Q4033	Cast supplies, long leg cylinder cast, adult (11 years +), plaster
Q4034	Cast supplies, long leg cylinder cast, adult (11 years +), fiberglass
Q4035	Cast supplies, long leg cylinder cast, pediatric (0-10 years), plaster
Q4036	Cast supplies, long leg cylinder cast, pediatric (0-10 years), fiberglass
Q4037	Cast supplies, short leg cast, adult (11 years +), plaster
Q4038	Cast supplies, short leg cast, adult (11 years +), fiberglass
Q4039	Cast supplies, short leg cast, pediatric (0-10 years), plaster
Q4040	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass
Q4041	Cast supplies, long leg splint, adult (11 years +), plaster
Q4042	Cast supplies, long leg splint, adult (11 years +), fiberglass
Q4043	Cast supplies, long leg splint, pediatric (0-10 years), plaster
Q4044	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass
Q4045	Cast supplies, short leg splint, adult (11 years +), plaster
Q4046	Cast supplies, short leg splint, adult (11 years +), fiberglass
Q4047	Cast supplies, short leg splint, pediatric (0-10 years), plaster
Q4048	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass
Q4049	finger splint, static
Q4050	Cast supplies, for unlisted types and materials of casts
Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)

Questions and comments about this article may be submitted to the Medicaid Policy Team at MCPT@dhw.idaho.gov.

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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September 27, 2023

MEDICAID INFORMATION RELEASE MA23-17

To: Children's Developmental Disability Service Providers

From: Juliet Charron, Administrator

Subject: Request for Children's Developmental Disability Services Cost Survey

The Children's Developmental Disability Agency (DDA) provider group has requested a cost survey outlined for their provider type in IDAPA 16.03.10.038 Specialized Reimbursement: Certain Home and Community-Based Services. The Division of Medicaid recognizes the last information release to conduct a Children's DDA survey was in December 2016 with a recommendation report published in January 2019 and budget request to increase rates in the following budget cycle.

During the COVID-19 Public Health Emergency, certain flexibilities were granted to providers that included children's developmental disability services. MA20-20, MA20-27, MA20-41, MA21-19, and MA22-01 were the information releases concerning this subject. These flexibilities were either removed or made permanent at the end of the public health emergency on May 11, 2023. To fully capture the changes made to Children's DDA since the last cost survey, including any flexibilities made permanent or removed, the Division of Medicaid requires the most up-to-date information to identify adjustments to reimbursement rates. The Division of Medicaid will begin the cost survey process for Children's DDA providers in January 2024. While recognizing five months of temporary flexibilities may be captured in the data set, the January 1, 2023 through December 31, 2023 data will be used to supply the division with the most current cost information of providing this valuable program to children with Medicaid.

Recognizing the various requirements for completion of a cost survey and the budget process, the Division of Medicaid conducted a rate review of the Children's DDA providers with the process established in MA21-10. The provider rate review team conducted an internal review of the reimbursement rates and recommended a 25 percent (25%) increase to the Children's DDA services, a 12 percent (12%) increase to the DD Children's Independent Crisis Intervention Professional services, and a 12 percent (12%) increase to the Children's Independent Therapeutic Consultation services. These recommendations were included in the Department's initial state fiscal year 2025 budget request published in September 2023 and are detailed in Medicaid Decision Unit 12.17 on budget PDF page 286. If printed in the

final budget and then approved by the legislature, these increases will be an interim rate adjustment until the cost survey and its recommendation report can be finalized.

Division staff will contact the Children's DDA workgroup when there is a timeline and more information to share on the next steps of the cost survey process.

Thank you for your continued participation in the Medicaid program.

JC/js

The content of this guidance document is not new law but is an interpretation of existing law prepared by the Idaho Department of Health and Welfare to provide clarity to the public regarding existing requirements under the law. This document does not bind the public, except as authorized by law or as incorporated into a contract. For additional information or to provide input on this document, contact the Division of Medicaid by emailing medicaidcommunications@dhw.idaho.gov or by calling 208-334-5747.

Provider Training Opportunities

You are invited to attend the following webinars offered by Gainwell Technologies Regional Provider Relations Consultants.

October: PEA Maintenance
A comprehensive overview of how and when to submit Provider Maintenance to reflect changes to an existing Provider record using the upgraded Provider Enrollment Application system. The upgraded Idaho Medicaid Provider Enrollment Application features a new look and feel, simplified processes for maintenance requests and features dynamic screens and electronic signature options, which will result in quicker processing times and less paper transactions. Join us to learn more!

Training is delivered at the times shown in the table below. Each session is open to any region, but space is limited to 25 participants per session, so please choose the session that works best with your schedule. To register for training, or to learn how to register, visit www.idmedicaid.com.

	October	November	December
	PEA Maintenance	**Long Term Care**	**Respite**
10-11:00 AM MT	10/18/2023	11/15/2023	12/20/2023
	10/19/2023	11/16/2023	12/21/2023
	10/17/2023	11/21/2023	12/19/2023
2-3:00 PM MT	10/11/2023	11/08/2023	12/13/2023
	10/12/2023	11/09/2023	12/14/2023
	10/19/2023	11/16/2023	12/21/2023
	10/17/2023	11/21/2023	12/19/2023

If you would prefer one-on-one training in your office with your Regional Provider Relations Consultant, please feel free to contact them directly. Provider Relations Consultant contact information can be found on page 22 of this newsletter.

DHW Resource and Contact Information

DHW Website	https://healthandwelfare.idaho.gov/
Idaho CareLine	2-1-1 1 (800) 926-2588
Medicaid Program Integrity Unit	P.O. Box 83720 Boise, ID 83720-0036 prvfraud@dhw.idaho.gov Hotline: 1 (208) 334-5754 Fax: 1 (208) 334-2026
Telligen	1 (866) 538-9510 Fax: 1 (866) 539-0365 http://IDMedicaid.Telligen.com
Healthy Connections Regional Health Resource Coordinators	
Region I **Coeur d'Alene**	1 (208) 666-6766 1 (800) 299-6766
Region II **Lewiston**	1 (208) 799-5088 1 (800) 799-5088
Region III **Caldwell**	1 (208)-334-4676 1 (800) 494-4133
Region IV **Boise**	1 (208) 334-4676 1 (800) 354-2574
Region V **Twin Falls**	1 (208) 736-4793 1 (800) 897-4929
Region VI **Pocatello**	1 (208) 235-2927 1 (800) 284-7857
Region VII **Idaho Falls**	1 (208) 528-5786 1 (800) 919-9945
In Spanish **(en Español)**	1 (800) 378-3385

Insurance Verification

HMS PO Box 2894 Boise, ID 83701	1 (800) 873-5875 1 (208) 375-1132 Fax: 1 (208) 375-1134

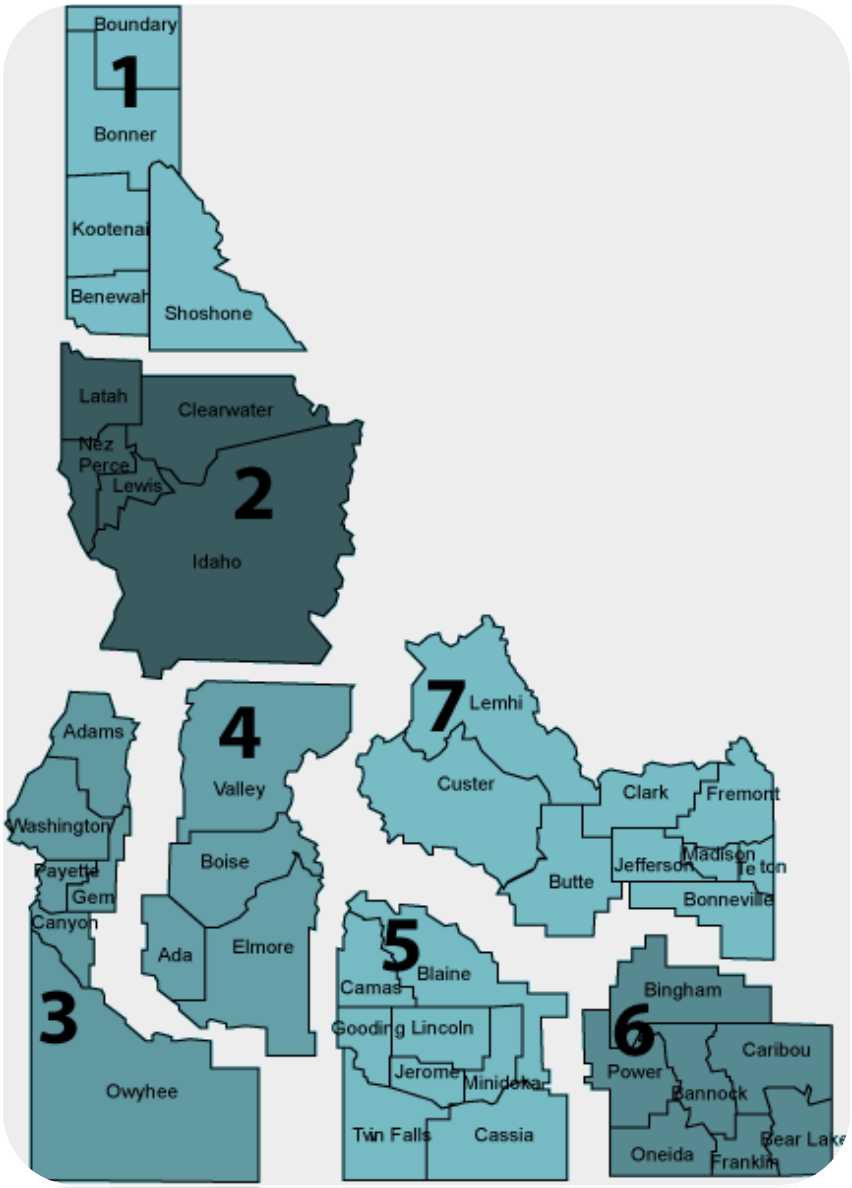
Gainwell Technologies Provider and Participant Services Contact Information

Provider Services	
MACS (Medicaid Automated Customer Service)	1 (866) 686-4272 1 (208) 373-1424
Provider Service Representatives Monday through Friday, 7 a.m. to 7 p.m. MT	1 (866) 686-4272 1 (208) 373-1424
E-mail	idproviderservices@gainwelltechnologies.com idproviderenrollment@gainwelltechnologies.com
Mail	P.O. Box 70082 Boise, ID 83707
Participant Services	
MACS (Medicaid Automated Customer Service)	1 (866) 686-4752 1 (208) 373-1432
Participant Service Representatives Monday through Friday, 7 a.m. to 7 p.m. MT	1 (866) 686-4752 1 (208) 373-1424
E-mail	idparticipantservices@gainwelltechnologies.com
Mail – Participant Correspondence	P.O. Box 70081 Boise, ID 83707
Medicaid Claims	
Utilization Management/Case Management	P.O. Box 70084 Boise, ID 83707
CMS 1500 Professional	P.O. Box 70084 Boise, ID 83707
UB-04 Institutional	P.O. Box 70084 Boise, ID 83707
UB-04 Institutional Crossover/CMS 1500/Third-Party Recovery (TPR)	P.O. Box 70084 Boise, ID 83707
Financial/ADA 2006 Dental	P.O. Box 70087 Boise, ID 83707

Gainwell Technologies Provider Services Fax Numbers

Provider Enrollment	1 (877) 517-2041
Provider and Participant Services	1 (877) 661-0974

Provider Relations Consultant (PRC) Information



Region 1 and the state of Washington
1 (208) 202-5735
Region.1@gainwelltechnologies.com

Region 2 and the state of Montana
1 (208) 202-5736
Region.2@gainwelltechnologies.com

Region 3 and the state of Oregon
1 (208) 202-5816
Region.3@gainwelltechnologies.com

Region 4
1 (208) 202-5843
Region.4@gainwelltechnologies.com

Region 5 and the state of Nevada
1 (208) 202-5963
Region.5@gainwelltechnologies.com

Region 6 and the state of Utah
1 (208) 593-7759
Region.6@gainwelltechnologies.com

Region 7 and the state of Wyoming
1 (208) 609-5062
Region.7@gainwelltechnologies.com

Region 9 all other states (not bordering Idaho)
1 (208) 609-5115
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IDAHO DEPARTMENT OF HEALTH & WELFARE

Digital Edition

MedicAide is available online by the fifth of each month at www.idmedicaid.com. There may be occasional exceptions to the availability date as a result of special circumstances. The electronic edition reduces costs and provides links to important forms and websites.

MedicAide **is the monthly informational newsletter for Idaho Medicaid providers.**
Editor: Shannon Tolman

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