



MedicAide

An Informational Newsletter for Idaho Medicaid Providers

From the Idaho Department of Health and Welfare,
Division of Medicaid

September 2023

In This Issue

- Medicaid Protection 2
- Service Coordination by Paraprofessionals for Adult Developmental Disability Services 2
- Chiropractic Care in a Facility 2
- Reminder: Immunizations 3
- Attention All Providers – Contact Center Platform Upgrade Requires Provider Action 3
- When Must My Home Be Certified as A Certified Family Home? 4
- Inpatient Only Procedures 4
- New Codes Available for Physical Therapy 4
- CPT® and HCPCS Coverage Update 6
- CAR-T Coverage 6
- Solicitation of Comment for Proposed Limitations on DMEPOS..... 8
- Finalized Limitations on DMEPOS.....10
- Provider Training Opportunities.....13
- DHW Resource and Contact Information14
- Insurance Verification.....14
- Gainwell Technologies Provider and Participant Services Contact Information15
- Gainwell Technologies Provider Services Fax Numbers.....15
- Provider Relations Consultant (PRC) Information.....16

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.

Medicaid Protection

Medicaid Protection was put in place at the beginning of the COVID-19 pandemic and provided continued Medicaid coverage for individuals who may have otherwise been ineligible. In December 2022, congress passed a bill that ends this continued coverage requirement on April 1, 2023.

This does not mean the participant's Medicaid coverage will automatically end on April 1, 2023, even if they are receiving Medicaid as a result of this special protection.

The department is sending notices to participants telling them about any coming changes in their eligibility or benefits, and if they need to complete a re-evaluation.

To ensure participants are receiving notices regarding their benefits and re-evaluations, they must report any changes in their contact information, including phone number and mailing address. If their contact information has changed, or they want to confirm their current information, they can contact the department using the information below. They can also report changes by visiting idalink.idaho.gov.

Phone

[877-456-1233](tel:877-456-1233)

Email

MyBenefits@dhw.idaho.gov

For more information, visit the [Medicaid Protection FAQ page](#).

Service Coordination by Paraprofessionals for Adult Developmental Disability Services

IDAPA 16.03.10.729.06 outlines limitations for paraprofessionals providing Service Coordination. When developing an Individual Support Plan (ISP) that will include Service Coordination by a paraprofessional, the Service Coordinator and the paraprofessional must both be identified on the ISP. Specifically, the ISP Supports and Services and the Prior Authorization Worksheet (costing sheet) must differentiate those services and units rendered by the paraprofessional separately from those rendered by the Service Coordinator. When a paraprofessional will be providing services, the ISP Supports and Services and the Prior Authorization Worksheet (costing sheet) should not assign all services and units to a Service Coordinator. Additionally, the ISP Prior Authorization Worksheet (costing sheet) must match the units and services identified for the paraprofessional and the Service Coordinator as listed in the ISP Supports and Services.

If a Service Coordination agency is utilizing paraprofessionals but has only listed a Service Coordinator on the ISP, an addendum adjusting the costing page to differentiate units for the Service Coordinator from those for the paraprofessional must be submitted. The addendum also must include updated ISP Supports and Services clarifying which provider is rendering which service.

Chiropractic Care in a Facility

Effective 07/01/2022, Idaho Medicaid will allow services provided by a chiropractor in a facility to be billed on a UB-04 with bill types 013X and 085X and revenue code 0940. All restrictions and requirements for chiropractors found in the [Chiropractor](#), Idaho Medicaid Provider Handbook,

apply including, but not limited to, Healthy Connections referrals. Reimbursement will be provided based off the [Numerical Fee Schedule](#).

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

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 may bill for administration of immunizations and their administration as provided within the [Physician and Non-Physician Practitioner](#), Idaho Medicaid Provider Handbook. The CPT® code for the vaccine should be 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.

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.

When Must My Home Be Certified as A Certified Family Home?

The Bureau of Developmental Disability Services (BDDS) has received inquiries regarding when a home must be certified through the Certified Family Home (CFH) program. The CFH program has compiled a list of frequently asked questions, which can be found on the [CFH Provider Resources](#) page. Towards the bottom of the page is a "Guidance" section. Click the link "When is a CFH Certificate Required" to access the Frequently Asked Questions document.

For additional information regarding the CFH program, please email cfhcc@dhw.idaho.gov or call the CFH Certifying Agent in your region as listed at the bottom of the Provider Resources page.

Inpatient Only Procedures

Idaho Medicaid follows the Centers for Medicare and Medicaid Services' inpatient only list of procedure codes. This list can be found in proposed and final Hospital Outpatient Prospective Payment rules in Addendum E. – HCPCS Codes That Would Be Paid Only as Inpatient Procedures for CY 20XX. These codes are only reimbursed by Idaho Medicaid when provided for inpatient services. Additionally, any code with a 0 in the Outpatient Hospital procedures Medically Unlikely Edit is also only covered as an inpatient service.

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

New Codes Available for 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.

Additional Covered Codes for Occupational and Physical Therapy		
Codes	Description	Effective Date
76881	Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation	10/01/2023
76882	Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s],	10/01/2023

Additional Covered Codes for Occupational and Physical Therapy		
Codes	Description	Effective Date
	nerve[s], other soft tissue structure[s], or soft tissue mass[es]), real-time with image documentation	
93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)	01/01/2023
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)	01/01/2023
97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	01/01/2023

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

CPT® and HCPCS Coverage Update

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.

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	8/1/2023	N/A
D7961	Buccal / labial frenectomy (frenulectomy)	8/1/2023	N/A
D7962	Lingual frenectomy (frenulectomy)	8/1/2023	N/A
D7971	Excision of pericoronal gingiva	8/1/2023	N/A

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

CAR-T Coverage

Chimeric Antigen Receptor Therapy (CAR-T) involves harvesting a patient's own immune cells (T lymphocytes), genetically modifying the T cells in the laboratory so that they will attack cancerous cells, and then re-infusing them back into the patient. CAR-T can be very effective at treating blood cancers but can be associated with significant side effects, such as cytokine release syndrome, a severe systemic response involving fever, flu-like symptoms, low blood pressure, and mental status changes. CAR-T can be administered in the outpatient setting, but often requires a hospital admission for observation or management of complications or side effects. CAR-T is typically a treatment of last resort for particularly aggressive or refractory blood cancers, such as leukemia.

Idaho Medicaid covers CAR-T when medically necessary, FDA-approved, and in line with National Comprehensive Cancer Network (NCCN) recommendations. Only drugs with a federal rebate agreement with the Centers for Medicare and Medicaid Services (CMS) are eligible for Idaho Medicaid coverage. Healthcare facilities offering CAR-T must be enrolled with the FDA Risk Evaluation and Mitigation Strategies (REMS) program for CAR-T. The drug requires a prior authorization through [Idaho Medicaid's pharmacy program](#), and should be submitted using the [Universal Form](#). The administration of the drug is covered without a prior authorization but is only reimbursable when the drug has been approved.

Revenue codes 0871, 0872, and 0873 should be billed with the appropriate CPT® codes to reflect the harvesting, processing, and storage of the CAR-T. These revenue codes are for tracking only and are associated with nominal reimbursement of \$0.01, as all of these costs are included with the HCPCS code for the specific CAR-T product.

CAR-T Tracking Codes		
Revenue Code	CPT	Description
0871	0537T	Chimeric antigen receptor T-cell (CAR-T) therapy; harvest of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day
0872	0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)
0873	0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration

The relevant CAR-T HCPCS code covers the harvesting, preparation, storage, and genetic modification for CAR-T. Revenue code 0874 should be billed for the administration of the drug. The administration and drug should be billed on an outpatient bill type regardless of inpatient status of the participant.

If a patient is admitted for observation only and does not develop serious symptoms, observation status should be billed for the time the patient was admitted (see Section 4.16 of the [Hospital Provider Handbook](#)). If the patient is admitted for serious side effects such as cytokine release syndrome that does require an acute hospital, the relevant codes should be billed (see Section 9.2 of the [Hospital Provider Handbook](#)).

In the event that the participant expires before treatment is administered, the provider can submit a claim for the costs of performed processes before the participant expired as long as they have an approved prior authorization. Only those processes performed before the date of death are eligible for reimbursement. The appropriate Q-code should be billed with a JW modifier and the authorization on file.

CAR-T is an emerging therapy for multiple types of cancers. Idaho Medicaid does not cover treatments that are not FDA-approved or are not guideline-recommended. However, Idaho Medicaid does cover costs associated with participation in a qualifying clinical trial, as outlined in Section 9.3 of [the General Information and Requirements for Providers Provider Handbook](#).

CAR-T Reimbursement Codes		
Revenue Code	CPT®/ HCPCS	Description
0874	0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous
0891	Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 car-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
	Q2042	Tisagenlecleucel, up to 600 million car-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
	Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
	Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose

CAR-T Reimbursement Codes		
Revenue Code	CPT®/ HCPCS	Description
	Q2055	Idecabtagene vicleucel, up to 460 million autologous anti-bcma car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
	Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose

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
Blood Glucose Monitor	E0607, E2100, E2101	1 per 5 years.	LCD: Glucose Monitors (L33822)
Betadine or PhisoHex Solution, Per Pint	A4246	2 per month.	LCD: Glucose Monitors (L33822)
Urine Test or Reagent Strips Or Tablets (100 Tablets Or Strips)	A4250	2 per month.	LCD: Glucose Monitors (L33822) Review of other payors.
Blood Glucose Test or Reagent Strips For Home Blood Glucose Monitor, Per 50 Strips	A4253	6 per month.	LCD: Glucose Monitors (L33822)
Spring-Powered Device for Lancet, Each	A4258	1 per 6 months.	LCD: Glucose Monitors (L33822)
Lancets, Per Box Of 100	A4259	3 per month.	LCD: Glucose Monitors (L33822)
Pacemaker Monitor	E0610, E0615, E0616	1 per 5 years.	Reasonable Useful Lifetime.
Capillary blood skin piercing laser device ea	E0620	1 per 5 years.	Reasonable Useful Lifetime.
Electric Stimulators	E0740, E0744, E0745, E0762, E0764, E0769, E0770	1 per 5 years.	LCD: Transcutaneous Electrical Joint Stimulation Devices (L34821) Reasonable Useful Lifetime.

Proposed Limitations			
Description	Codes	Shared Limit	Notes
Lead Wires, (e.g., Apnea Monitor), Per Pair	A4557	2 per 3 months.	LCD: Transcutaneous Electrical Joint Stimulation Devices (L34821) Review of other payors.
Iv pole	E0776	1 per 5 years.	Reasonable Useful Lifetime.
Cervical Traction Devices	E0840, E0849, E0850, E0855, E0856, E0860	1 per 5 years.	LCD: Cervical Traction Devices (L33823) Reasonable Useful Lifetime.
Extremity Traction Devices	E0870, E0880	1 per 5 years.	Reasonable Useful Lifetime.
Pelvic Traction Devices	E0890, E0900	1 per 5 years.	Reasonable Useful Lifetime.
General Traction Devices	E0830, E0920, E0930, E0941, E0946, E0947, E0948	1 per 5 years.	Reasonable Useful Lifetime.
Trapeze Bars	E0910, E0911, E0912, E0940	1 per 5 years.	LCD: Hospital Beds and Accessories (L33820) Reasonable Useful Lifetime.
Safety equipment	E0700	2 per 5 years.	Reasonable Useful Lifetime.
Restraints any type	E0710	1 per 5 years.	Reasonable Useful Lifetime.
Electromyography/EMG biofeedback device	E0746	1 per 5 years.	Reasonable Useful Lifetime.
FDA approve nerve stimulator for Tx nausea/vt	E0765	1 per 5 years.	Reasonable Useful Lifetime.
Cervical head harness/halter	E0942	1 per 5 years.	Reasonable Useful Lifetime.
Pelvic belt/harness/boot	E0944	1 per 5 years.	Reasonable Useful Lifetime.
Wheelchair accessory tray each	E0950	1 per 5 years.	LCD: Wheelchair Options/Accessories (L33792) Reasonable Useful Lifetime.
Heel loop/holder w or wo ankle strap each	E0951	2 per 5 years.	LCD: Wheelchair Options/Accessories (L33792) Reasonable Useful Lifetime.
Toe loop/holder each	E0952	2 per 5 years.	LCD: Wheelchair Options/Accessories (L33792) Reasonable Useful Lifetime.
W/c lateral thigh/knee sup each	E0953	4 per 5 years.	LCD: Wheelchair Seating (L33312) Reasonable Useful Lifetime.
W/c acc, foot box, any type each foot	E0954	2 per 5 years.	LCD: Wheelchair Options/Accessories (L33792) Reasonable Useful Lifetime.
Wheelchair accessory cushioned headrest each	E0955	1 per 5 years.	LCD: Wheelchair Seating (L33312) Reasonable Useful Lifetime.

Proposed Limitations			
Description	Codes	Shared Limit	Notes
Wheelchair lateral trunk/hip support each	E0956	4 per 5 years.	LCD: Wheelchair Seating (L33312) Reasonable Useful Lifetime.
Wheelchair access medial thigh support each	E0957	2 per 5 years.	LCD: Wheelchair Seating (L33312) Reasonable Useful Lifetime.
Manual wheelchair 1 arm drive attachment each	E0958	1 per 5 years.	LCD: Wheelchair Options/Accessories (L33792) Reasonable Useful Lifetime.
Manual wheelchair accessory amputee adapter ea	E0959	2 per 5 years.	LCD: Wheelchair Options/Accessories (L33792) Reasonable Useful Lifetime.
Wheelchr shoulder harness/straps or chest str	E0960	2 per 5 years.	LCD: Wheelchair Seating (L33312) Reasonable Useful Lifetime.
Manual wheelchair wheel lock brake extension	E0961	2 per 5 years.	LCD: Wheelchair Options/Accessories (L33792) Reasonable Useful Lifetime.
Manual wheelchair head rest extension each	E0966	1 per 5 years.	LCD: Wheelchair Seating (L33312) Reasonable Useful Lifetime.
Wheelchair Handrims	E0967, E2205	2 per 5 years.	LCD: Wheelchair Options/Accessories (L33792) Reasonable Useful Lifetime.
Wheelchair commode seat	E0968	1 per 5 years.	Reasonable Useful Lifetime.
Wheelchair Width Adjust	E0969, E1011	1 per 5 years.	LCD: Wheelchair Options/Accessories (L33792) Reasonable Useful Lifetime.
Wheelchair anti-tipping device	E0971	2 per 5 years.	LCD: Wheelchair Options/Accessories (L33792) Reasonable Useful Lifetime.

Questions and comments about this article should be submitted to the Medicaid Policy Team at MCPT@dhw.idaho.gov before October 2, 2023 for consideration.

Finalized Limitations on DMEPOS

Idaho Medicaid solicited comments in August 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 10/01/2023

Description	Codes	Shared Limit	Notes
Wheelchair commode seat	E0968	1 per 5 years.	Reasonable Useful Lifetime.
Manual wheelchair anti-rollback device each	E0974	2 per 5 years.	Reasonable Useful Lifetime.
Wheelchair belt safety belt/pelvic strap each	E0978	1 per 5 years.	Reasonable Useful Lifetime.
Wheelchair safety vest	E0980	1 per 5 years.	Reasonable Useful Lifetime.
Wheelchair seat upholstery, replacement each	E0981	1 per 5 years.	Reasonable Useful Lifetime.
Wheelchair back upholstery, replacement each	E0982	1 per 5 years.	Reasonable Useful Lifetime.
Wheelchair Joystick	E0983, E2312, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2373	1 per 5 years.	Reasonable Useful Lifetime.
Manual wheelchair add power tiller control	E0984	1 per 5 years.	Reasonable Useful Lifetime.
Wheelchair accessory seat lift mechanism	E0985	1 per 5 years.	Reasonable Useful Lifetime.
Manual wheelchair push-rim power assist each	E0986	1 per 5 years.	Reasonable Useful Lifetime.
Lever-activated wheel drive, wheelchair accessory	E0988	1 per 5 years.	Reasonable Useful Lifetime.
Manual wheelchair accessory solid seat insert	E0992	1 per 5 years.	Reasonable Useful Lifetime.
Wheelchair accessory calf rest/pad, rep, each	E0995	2 per 3 years.	Reasonable Useful Lifetime.
Wheelchair Recline/Tilt	E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1014, E1225, E1226	1 per 5 years.	Reasonable Useful Lifetime.
Shock Absorber	E1015, E1016, E1017, E1018	2 per 3 years.	Reasonable Useful Lifetime.
Residual limb support system for wheelchair	E1020	2 per 5 years.	Reasonable Useful Lifetime.
Wheelchair manual swingaway with mount hrdwar	E1028	6 per 5 years.	Reasonable Useful Lifetime.
Wheelchair Ventilator Trays	E1029, E1030	1 per 5 years.	Reasonable Useful Lifetime.
Wheelchair special size accsry spec hgt back	E1228	1 per 5 years.	Reasonable Useful Lifetime.

Finalized Limitations, Effective 10/01/2023			
Description	Codes	Shared Limit	Notes
Whirlpool non-portable	E1310	1 per 5 years.	Reasonable Useful Lifetime.
O2 accs flow reg pos inspiratory pressure	E1352	1 per 5 years.	Reasonable Useful Lifetime.
Scale, each	E1639	1 per 5 years.	Reasonable Useful Lifetime.
Elbow Extendor/Flexor	E1800, E1801	2 per 5 years.	Reasonable Useful Lifetime.
Forearm Extendor/Flexor	E1802, E1818	2 per 5 years.	Reasonable Useful Lifetime.
Wrist Extendor/Flexor	E1805, E1806	2 per 5 years.	Reasonable Useful Lifetime.
Knee Extendor/Flexor	E1810, E1811, E1812	2 per 5 years.	Reasonable Useful Lifetime.
Ankle Extendor/Flexor	E1815, E1816	2 per 5 years.	Reasonable Useful Lifetime.
Replace soft interface material bidir SPS dev	E1821	1 per 5 years.	Reasonable Useful Lifetime.
Dynamic adjustable finger extend/flexion dev	E1825	3 per 5 years.	Reasonable Useful Lifetime.
Dynamic adjustable toe extend/flexion device	E1830	2 per 5 years.	Reasonable Useful Lifetime.
Shoulder Extendor/Flexor	E1840, E1841	2 per 5 years.	Reasonable Useful Lifetime.
Speech-Generating Device	E1902, E2500, E2502, E2504, E2506, E2508, E2510	1 per 5 years.	Reasonable Useful Lifetime.
Gastric suction pump home model statnry/port	E2000	1 per 5 years.	Reasonable Useful Lifetime.
Pulse gen sys treat inner ear endolymp fluid	E2120	1 per 5 years.	Reasonable Useful Lifetime.
WC Seat Frame - Width	E2201, E2202, E2340, E2341	1 per 5 years.	Reasonable Useful Lifetime.
WC Seat Frame - Depth	E2203, E2204, E2342, E2343	1 per 5 years.	Reasonable Useful Lifetime.
Complete wheel lock assembly, repl, each	E2206	2 per 5 years.	Reasonable Useful Lifetime.
Cylinder tank carrier	E2208	1 per 5 years.	Reasonable Useful Lifetime.
Arm trough each	E2209	2 per 5 years.	Reasonable Useful Lifetime.

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

Provider Training Opportunities

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

September: Residential Assisted Living Facility

This training will walk Residential Assisted Living Facility providers through the process of signing up for a trading partner account, viewing prior authorizations, creating patient rosters, verifying eligibility, accessing remittance advice reports, and submitting and reviewing claims.

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.

	September	October	November
	RALF	PEA Maintenance	Long Term Care
10-11:00 AM MT	9/20/2023	10/18/2023	11/15/2023
	9/21/2023	10/19/2023	11/16/2023
	9/19/2023	10/17/2023	11/21/2023
2-3:00 PM MT	9/13/2023	10/11/2023	11/8/2022
	9/14/2023	10/12/2023	11/9/2023
	9/21/2023	10/19/2023	11/16/2023
	9/19/2023	10/17/2023	11/21/2023

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 [16](#) 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
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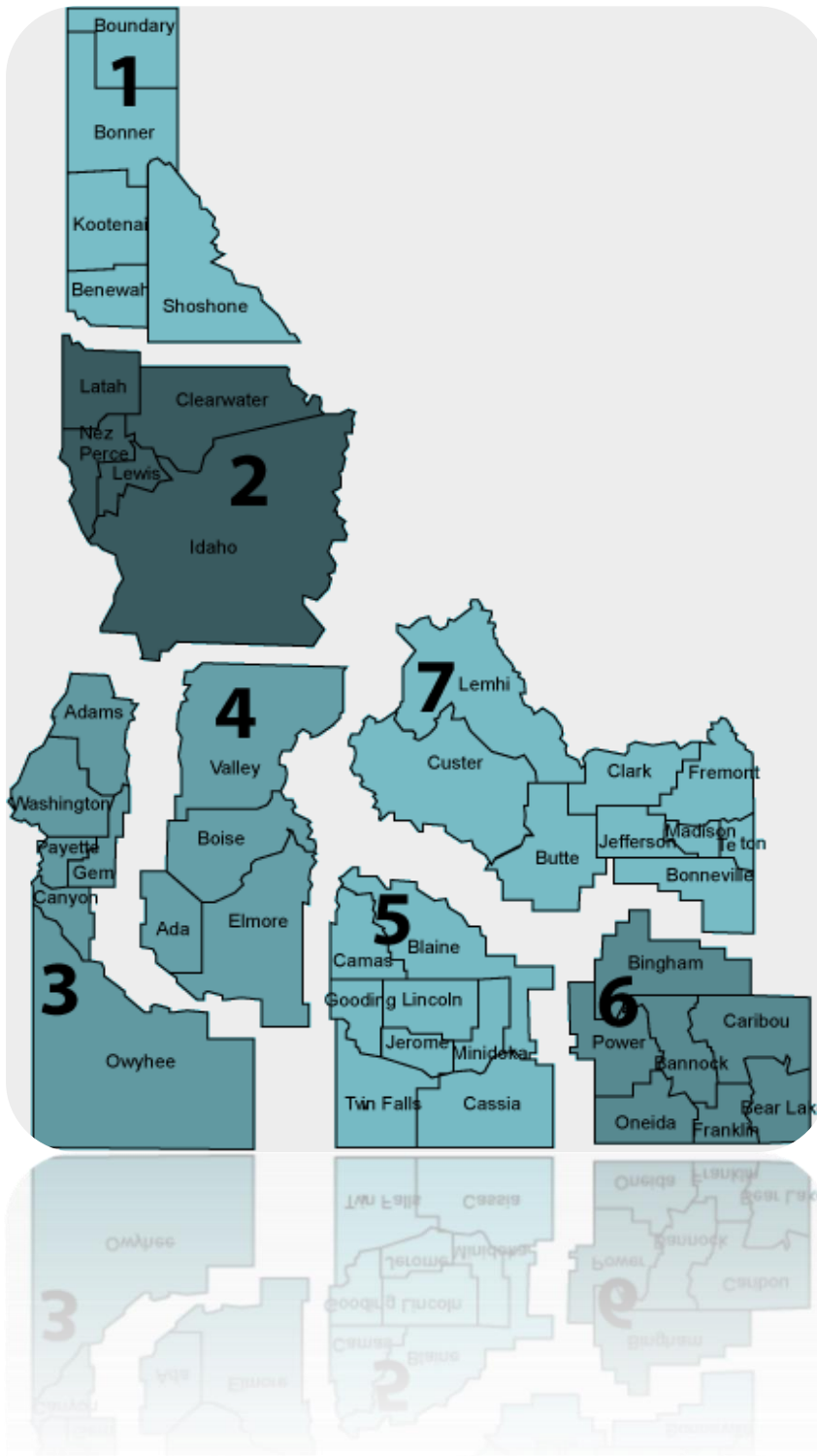
Gainwell Technologies Provider and Participant Services Contact Information

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

Region.9@gainwelltechnologies.com

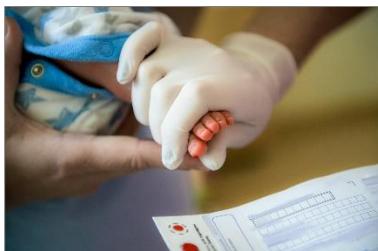
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Boise, Idaho 83707



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

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