



# MedicAide

An Informational Newsletter for Idaho Medicaid Providers

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

January 2024

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*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](mailto:medicaidcommunications@dhw.idaho.gov) or by calling (208)334-5747.*

# Healthy Connections Referral Requirements

The Medicaid Program Integrity Unit has identified instances of providers rendering services without obtaining prior Healthy Connections referrals from a participant's assigned primary care provider (PCP). Medicaid providers are instructed in the Idaho Medicaid Provider Handbook, General Information and Requirements for Providers, to always verify Healthy Connections enrollment prior to rendering services. Enrollment in the Healthy Connections program is mandatory for most Medicaid participants. Services rendered to Healthy Connections participants by a provider other than their Healthy Connections PCP are subject to Healthy Connections referral requirements, regardless of other insurance coverage. If a service is not specifically exempted from Healthy Connections a referral must be obtained.

Sections 7.2 and 7.3 of the August 2, 2023, Idaho Provider Handbook, General Information and Requirements for Providers, gives general guidelines and requirements for Healthy Connections referrals. It states, in pertinent part:

## 7.2. Participant Enrollment

Medicaid providers should always verify participant eligibility and Healthy Connections (HC) enrollment prior to rendering services, as described in the Verifying Participant Eligibility section. For participants enrolled in Healthy Connections, the PCP information will be provided through the automated and/or online system. If an HC PCP is not indicated, an HC referral is not required.

Enrollment in HC is mandatory for most Medicaid participants and required in the majority of the counties statewide. Participants not enrolled in HC are mailed an enrollment form and given up to 90 days to inform us of their choice of PCP. When a Medicaid participant does not choose a PCP and they live in a mandatory county, the participant is assigned to an HC PCP.

## 7.3. Referrals

A referral is a documented communication from a participant's PCP of record to another Medicaid provider for a specific covered service. The participant's HC clinic is responsible for providing primary care, managing the participant's care and making referrals for medically necessary services. The PCP plays a key role in linking participants with community resources to facilitate referrals and respond to the participant's medical and social needs.

### 7.3.1. Important Referral Policy Reminders

- Referrals must always be received prior to delivery of care.
- Backdated or retroactive referrals are not acceptable. Any service provided with a backdated or retroactive referral is considered to be non-covered and may be subject to recoupment and civil monetary penalties.
- Referral requirements apply regardless of Medicare or other insurance coverage.
- The referral must be documented in the records of both the referring and receiving providers to be valid.
- Referrals entered online in the HealthPAS portal meet the referral documentation requirements.
- Once received a referral remains active even if the participant changes their enrollment with an HC clinic.

- Providers receiving referrals may also forward the referral to another Medicaid provider as long as the date and scope of the referral meets the condition stated in the original referral.
- The referral requirement for primary care services accessed between HC clinics affiliated either by the same NPI or Tax ID is at the discretion of the HC clinic/organization of record.
- Referral authority may be externally delegated to an “outside organization” for the purposes of care coverage. However, externally delegated referral authority must be documented in the covering HC service location for the specific visit.
- In the event that a service not requiring a referral begins and must be changed to a service that requires a referral, one is not required. However, the medical documentation must support the service change.
- Referrals cannot be accepted in lieu of a prior authorization. PA’s are for certain services that require review and approval prior to being provided.
- When verifying eligibility, if no HC clinic is indicated or “Exempt from Healthy Connections” is returned, no referral is required.
- If a participant has not established care, and has an urgent medical need, clinic is required to provide “timely access to care” either by seeing the participant or providing a one-time referral and working with participant to schedule an appointment.
- Healthy Connections enrolls to the clinic, not a specific provider. Any HC provider that participates and provides primary care can authorize a referral for any enrolled participant.
- Historical note: In March 2020, referral requirements were suspended due to the COVID-19 pandemic. Effective July 1, 2021, referral requirements were reinstated.

### 7.3.2. Referral Elements

Effective 2/1/2016, the following are the required core referral elements:

- Date issued;
- Name of HC PCP or clinic issuing referral;
- Participant information;
- Referred-to provider;
- Start and end date of the referral (not to exceed one year);
- Diagnosis and/or Condition (entered in Notes section in HealthPAS); and
- Referral reason:
  - Consultation/diagnosis only;
  - Diagnose, treat, and/or forward to specialty provider;
  - One time visit until seen by PCP; and
  - Any additional referral limits or restrictions.

Services billed to Medicaid without required Healthy Connections referrals may be subject to recoupment and/or civil monetary penalties.

## **Handbook and the Eligibility System**

When searching the current Gainwell eligibility system for code coverage, the system shows all benefits a code resides in. It does not show benefits specific to the participant. Gainwell does try to name the benefits so that it’s obvious if it applies to a particular age group. Providers should be aware of this system limitation when determining if a participant is eligible for a service.

Furthermore, providers must abide by the Idaho Medicaid Provider Handbook. If a limitation is stated in the handbook, the provider is responsible for ensuring they do not exceed that limitation.

Questions and comments about this article may be submitted to the Policy Team at [MCPT@dhw.idaho.gov](mailto:MCPT@dhw.idaho.gov).

## Adult Wellness Visits

Effective January 1, 2024, Idaho Medicaid will allow adult wellness visits once per calendar year instead of every 365 days for participants over the age of 18. Providers are encouraged to stagger visits so that they are as close to one year apart as feasible.

Questions and comments about this article may be submitted to the Policy Team at [MCPT@dhw.idaho.gov](mailto:MCPT@dhw.idaho.gov).

## Hysterectomy Form Update

Effective March 1, 2024, Idaho Medicaid will begin requiring the date of surgery on all hysterectomy forms. The date of surgery may be filled out after the participant signs, or corrected if a change is necessary.

### *Example of Hysterectomy Consent Form Requirements*

I have been informed orally and in writing that the hysterectomy will render me permanently incapable of reproducing. I was informed of these consequences prior to the surgery being performed.

Patient's Medicaid ID number or birth date: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Questions and comments about this article may be submitted to the Policy Team at [MCPT@dhw.idaho.gov](mailto:MCPT@dhw.idaho.gov).

## DEA Credential Now Required for Pharmacists

Pharmacist providers are now required to provide their DEA credential information to participate with Idaho Medicaid, in addition to their license details. Please be prepared to provide a copy of your DEA when updating your license or when renewing your DEA, whichever comes earliest. In an effort to minimize the impact to our Pharmacist providers, we have made the specialty eligible to email a copy of their credential to [IDProviderEnrollment@gainwelltechnologies.com](mailto:IDProviderEnrollment@gainwelltechnologies.com) for processing. Thank you for your participation in the Idaho Medicaid program.

## Pharmacist Billing Clarification

Pharmacists must enroll as an Idaho Medicaid provider prior to providing services for Idaho Medicaid participants, however, exceptions may apply for emergency circumstances. Pharmacists are only eligible to be ordering, prescribing, referring, and cannot be enrolled as billing providers. Pharmacists can only enroll via a [paper application](#). Pharmacist services are billed under the pharmacy or clinic’s NPI, and the pharmacist is listed as the rendering on the claim.

Questions and comments about this article may be submitted to the Policy Team at [MCPT@dhw.idaho.gov](mailto:MCPT@dhw.idaho.gov).

## January 2024 Changes to the APC Prep – Fee Schedule Paid Procedure Codes List

The [APC Prep – Fee Schedule Paid Procedure Codes](#) list will be updated January 2024 in association with updates realized on the [Idaho Medicaid Fee Schedule](#). Ongoing updates will occur quarterly to align with the updated published fee schedules.

Questions and comments about this article may be submitted to the Reimbursement Team at [MedicaidReimTeam@dhw.idaho.gov](mailto:MedicaidReimTeam@dhw.idaho.gov).

## Change in C-code Reimbursement for DRG Reimbursed Acute Care Hospitals

The following C-codes will not be listed on the [APC Prep – Fee Schedule Paid Procedure Codes](#) list or reimbursed according to the [Idaho Medicaid Fee Schedule](#). Reimbursement will be based on the applicable outpatient facility percentage of allowable outpatient charge rate. This is effective for dates of service on January 1, 2023, and forward. Applicable C-codes denied for invoice submission will be reprocessed back to 01/01/2023 to pay at % of charge instead of per invoice. If providers with paid claim lines wish to be paid at % of charge, they may reprocess their claims.

Additionally, the applicable C-codes subject to this change will no longer require submission of an invoice for reimbursement determination. The list is as follows:

Outpatient C-codes paid at %			
A4648	C1763	C1787	C1889
C1062	C1765	C1788	C1894
C1713	C1767	C1789	C1895
C1721	C1769	C1815	C1897
C1722	C1771	C1820	C1898
C1726	C1772	C1821	C1899
C1734	C1773	C1827	C2617
C1748	C1776	C1874	C2621
C1750	C1777	C1875	C2622
C1752	C1778	C1876	C2625

C1755	C1780	C1875	C9088
C1758	C1781	C1877	C9399
C1760	C1785	C1878	L8699
C1762	C1786	C1882	

Except for in-state Critical Access Hospitals (CAH), Institutions for Mental Disease (IMDs) and State-Owned Hospitals, acute care hospitals will continue to be required to bill a CPT or HCPCS code on each outpatient hospital claim line where procedure codes are required under national billing guidelines.

Questions and comments about this article may be submitted to the Reimbursement Team at MedicaidReimTeam@dhw.idaho.gov.

## **GREAT NEWS! Healthy Connections Referral Refresher coming to a Webex near you!**

Idaho Medicaid invites providers to join a Webex presentation on the topic of Healthy Connections Referrals. These presentations will be short, taking no more than half an hour. Listen in as Healthy Connections team members provide a refresher on the referral policy and then stand for your questions.

Register today for one of the sessions below!

Wednesday, January 17, 2024 12:15 PM Mountain Standard Time

<https://idhw.webex.com/weblink/register/rcb6927dc58bfb658d9b4da5183961652>

Wednesday, January 17, 2024 12:15 PM Pacific Standard Time

<https://idhw.webex.com/weblink/register/r96ca68543e8290b373356a13d17d5ac6>

Wednesday, January 24, 2024 12:15 PM Mountain Standard Time

<https://idhw.webex.com/weblink/register/r75eac674c1e3df5a49dc593c0560b53>

Wednesday, January 24, 2024 12:15 PM Pacific Standard Time

<https://idhw.webex.com/weblink/register/r2984d1eaa403e78cb503a16b4d40f87>

Friday, February 2, 2024 7:15 AM Mountain Standard Time

<https://idhw.webex.com/weblink/register/r24a00daa48d646df5d423924c074109b>

Friday, February 2, 2024 7:15 AM Pacific Standard Time

<https://idhw.webex.com/weblink/register/ra822661ae9f74615fb422a1e693534f6>

## **CPT® and HCPCS Coverage Update**

Idaho Medicaid is adding the following codes for coverage. These codes pertain to benefits already approved under the Idaho Medicaid State Plan and Waivers. Please, allow additional time for the system to be updated. Claims will be reprocessed once complete. All statute, rule and Idaho Medicaid Provider Handbook requirements apply.

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
<b>27278</b>	Fusion of pelvic joint including joint implant using imaging guidance	1/1/2024	No
<b>33276</b>	Insertion of phrenic nerve stimulator generator and stimulating lead(s)	1/1/2024	No
<b>33277</b>	Insertion of phrenic nerve stimulator sensing lead	1/1/2024	No
<b>33278</b>	Removal of phrenic nerve stimulator generator and lead(s)	1/1/2024	No
<b>33279</b>	Removal of phrenic nerve stimulator stimulation or sensing lead(s)	1/1/2024	No
<b>33280</b>	Removal of phrenic nerve stimulator pulse generator	1/1/2024	No
<b>33281</b>	Repositioning of phrenic nerve stimulator lead(s)	1/1/2024	No
<b>33287</b>	Removal and replacement of phrenic nerve stimulator pulse generator	1/1/2024	No
<b>33288</b>	Removal and replacement of phrenic nerve stimulator stimulation or sensing leads	1/1/2024	No
<b>61889</b>	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver	1/1/2024	No
<b>61891</b>	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver	1/1/2024	No
<b>61892</b>	Removal of skull-mounted cranial neurostimulator pulse generator or receiver	1/1/2024	No
<b>64596</b>	Insertion or replacement of a peripheral integrated neurostimulator initial electrode array	1/1/2024	No
<b>64597</b>	Insertion or replacement of a peripheral integrated neurostimulator each additional electrode array	1/1/2024	No
<b>64598</b>	Revision or removal of a electrode array with an integrated neurostimulator	1/1/2024	No
<b>67516</b>	Injection of drug into the space between the cornea and retina in the eye	1/1/2024	No
<b>75580</b>	Analysis of data from CT study of heart blood vessels to assess severity of heart artery disease, with interpretation and report	1/1/2024	No
<b>76984</b>	Ultrasound of chest aorta during surgery	1/1/2024	No
<b>76987</b>	Ultrasound of heart during surgery to evaluate for congenital heart disease, including placement and manipulation of transducer, image acquisition, and interpretation and report of results	1/1/2024	No
<b>76988</b>	Ultrasound of heart during surgery to evaluate for congenital heart disease, including placement and manipulation of transducer and image acquisition	1/1/2024	No
<b>76989</b>	Ultrasound of heart during surgery to evaluate for congenital heart disease, interpretation and report of results only	1/1/2024	No
<b>81457</b>	Genomic sequence analysis panel of DNA for microsatellite instability in solid organ abnormal growth of tissue	1/1/2024	Yes, Telligen

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
<b>81458</b>	Genomic sequence analysis panel of DNA for microsatellite instability and copy number of variants in solid organ abnormal growth of tissue	1/1/2024	Yes, Telligen
<b>81459</b>	Genomic sequence analysis panel of DNA or combined DNA and RNA for copy number variants, microsatellite instability, tumor mutation burden, and rearrangements in solid organ abnormal growth of tissue	1/1/2024	Yes, Telligen
<b>81462</b>	Genomic sequence analysis of DNA or combined DNA and RNA in plasma for copy number variants and rearrangements in solid organ abnormal growth of tissue	1/1/2024	Yes, Telligen
<b>81463</b>	Genomic sequence analysis of DNA in plasma for copy number variants and microsatellite instability in solid organ abnormal growth of tissue	1/1/2024	Yes, Telligen
<b>81464</b>	Genomic sequence analysis of DNA or combined DNA and RNA in plasma for copy number variants, microsatellite instability, tumor mutation burden, and rearrangements in solid organ abnormal growth of tissue	1/1/2024	Yes, Telligen
<b>82166</b>	Test for anti-mullerian hormone	1/1/2024	No
<b>86041</b>	Test for acetylcholine receptor binding antibody	1/1/2024	No
<b>86042</b>	Test for acetylcholine receptor blocking antibody	1/1/2024	No
<b>86043</b>	Test for acetylcholine receptor modulating antibody	1/1/2024	No
<b>86366</b>	Test for muscle-specific kinase antibody	1/1/2024	No
<b>87523</b>	Detection of Hepatitis D (delta)	1/1/2024	No
<b>90623</b>	Meningococcal conjugate vaccine serogroups A, C, W, Y, B-FHbp, pentavalent, tetanus toxoid carrier	1/1/2024	No
<b>90683</b>	Respiratory syncytial virus vaccine mRNA lipid nanoparticles	1/1/2024	No
<b>92622</b>	Analysis, programming, and verification of sound processor for bone-anchored inner ear implant, first hour	1/1/2024	No
<b>92623</b>	Analysis, programming, and verification of sound processor for bone-anchored inner ear implant, each additional 15 minutes	1/1/2024	No
<b>93150</b>	Activation of implanted phrenic nerve stimulator	1/1/2024	No
<b>93151</b>	Evaluation and programming of implanted phrenic nerve stimulator system	1/1/2024	No
<b>93152</b>	Evaluation and programming of implanted phrenic nerve stimulator system during sleep study	1/1/2024	No
<b>93153</b>	Evaluation of implanted phrenic nerve stimulator system	1/1/2024	No
<b>93584</b>	Review by radiologist of vein imaging for congenital heart defect of superior vena cava	1/1/2024	No



Covered Codes			
Codes	Description	Effective Date	Prior Authorization
<b>93585</b>	Review by radiologist of vein imaging for congenital heart defect of the azygos/hemiazygos venous system	1/1/2024	No
<b>93586</b>	Review by radiologist of vein imaging for congenital heart defect of coronary sinus	1/1/2024	No
<b>93587</b>	Review by radiologist of vein imaging for congenital heart defect of venovenous collaterals above the heart	1/1/2024	No
<b>93588</b>	Review by radiologist of vein imaging for congenital heart defect of venovenous collaterals below the heart	1/1/2024	No
<b>96547</b>	Intraoperative heated intraperitoneal chemotherapy, first 60 minutes	1/1/2024	No
<b>96548</b>	Intraoperative heated intraperitoneal chemotherapy, each additional 30 minutes	1/1/2024	No
<b>99459</b>	Pelvic exam	1/1/2024	No
<b>A4287</b>	Disposable collection and storage bag for breast milk, any size, any type, each	1/1/2024	No
<b>A4457</b>	Enema tube, with or without adapter, any type, replacement only, each	1/1/2024	No
<b>A4540</b>	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	1/1/2024	No
<b>A6552</b>	Gradient compression stocking, below knee, 30-40 mmhg, each	1/1/2024	No
<b>A6553</b>	Gradient compression stocking, below knee, 30-40 mmhg, custom, each	1/1/2024	No
<b>A6554</b>	Gradient compression stocking, below knee, 40 mmhg or greater, each	1/1/2024	No
<b>A6555</b>	Gradient compression stocking, below knee, 40 mmhg or greater, custom, each	1/1/2024	No
<b>A6556</b>	Gradient compression stocking, thigh length, 18-30 mmhg, custom, each	1/1/2024	No
<b>A6557</b>	Gradient compression stocking, thigh length, 30-40 mmhg, custom, each	1/1/2024	No
<b>A6558</b>	Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each	1/1/2024	No
<b>A6559</b>	Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each	1/1/2024	No
<b>A6560</b>	Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each	1/1/2024	No
<b>A6561</b>	Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each	1/1/2024	No
<b>A6562</b>	Gradient compression stocking, waist length, 18-30 mmhg, custom, each	1/1/2024	No
<b>A6563</b>	Gradient compression stocking, waist length, 30-40 mmhg, custom, each	1/1/2024	No
<b>A6564</b>	Gradient compression stocking, waist length, 40 mmhg or greater, custom, each	1/1/2024	No

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
<b>A6574</b>	Gradient compression arm sleeve and glove combination, custom, each	1/1/2024	No
<b>A6575</b>	Gradient compression arm sleeve and glove combination, each	1/1/2024	No
<b>A6576</b>	Gradient compression arm sleeve, custom, medium weight, each	1/1/2024	No
<b>A6577</b>	Gradient compression arm sleeve, custom, heavy weight, each	1/1/2024	No
<b>A6578</b>	Gradient compression arm sleeve, each	1/1/2024	No
<b>A6583</b>	Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each	1/1/2024	No
<b>A6584</b>	Gradient compression wrap with adjustable straps, not otherwise specified	1/1/2024	No
<b>A6593</b>	Accessory for gradient compression garment or wrap with adjustable straps, not-otherwise specified	1/1/2024	No
<b>A6594</b>	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each	1/1/2024	No
<b>A6595</b>	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each	1/1/2024	No
<b>A6596</b>	Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each	1/1/2024	No
<b>A6597</b>	Gradient compression bandage roll, elastic long stretch, linear yard, any width, each	1/1/2024	No
<b>A6598</b>	Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each	1/1/2024	No
<b>A6599</b>	Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each	1/1/2024	No
<b>A6600</b>	Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each	1/1/2024	No
<b>A6601</b>	Gradient compression bandaging supply, high density foam pad, any size or shape, each	1/1/2024	No
<b>A6602</b>	Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each	1/1/2024	No
<b>A6603</b>	Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each	1/1/2024	No
<b>A6604</b>	Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each	1/1/2024	No
<b>A6605</b>	Gradient compression bandaging supply, padded foam, per linear yard, any width, each	1/1/2024	No
<b>A6606</b>	Gradient compression bandaging supply, padded textile, per linear yard, any width, each	1/1/2024	No

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
<b>A6607</b>	Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each	1/1/2024	No
<b>A6608</b>	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each	1/1/2024	No
<b>A6609</b>	Gradient compression bandaging supply, not otherwise specified	1/1/2024	No
<b>A6610</b>	Gradient compression stocking, below knee, 18-30 mmhg, custom, each	1/1/2024	No
<b>A9608</b>	Flutofolastat f 18, diagnostic, 1 millicurie	1/1/2024	No
<b>A9609</b>	Fludeoxyglucose f18 up to 15 millicuries	1/1/2024	No
<b>C1600</b>	Catheter, transluminal intravascular lesion preparation device, bladed, sheathed (insertable)	1/1/2024	No
<b>C1601</b>	Endoscope, single-use (i.e. disposable), pulmonary, imaging/illumination device (insertable)	1/1/2024	No
<b>C1603</b>	Retrieval device, insertable, laser (used to retrieve intravascular inferior vena cava filter)	1/1/2024	No
<b>C1604</b>	Graft, transmural transvenous arterial bypass (implantable), with all delivery system components	1/1/2024	No
<b>C7560</b>	Endoscopic retrograde cholangiopancreatography (ercp) with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)	1/1/2024	No
<b>C9159</b>	Injection, prothrombin complex concentrate (human), balfaxar, per i.u. of factor ix activity	1/1/2024	No
<b>C9160</b>	Injection, daxibotulinumtoxina-lanm, 1 unit	1/1/2024	Yes, Pharmacy Unit
<b>C9161</b>	Injection, aflibercept hd, 1 mg	1/1/2024	No
<b>C9162</b>	Injection, avacincaptad pegol, 0.1 mg	1/1/2024	No
<b>C9163</b>	Injection, talquetamab-tgvs, 0.25 mg	1/1/2024	Yes, Pharmacy Unit
<b>C9164</b>	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	1/1/2024	No
<b>C9165</b>	Injection, elranatamab-bcmm, 1 mg	1/1/2024	Yes, Pharmacy Unit
<b>C9794</b>	Therapeutic radiology simulation-aided field setting; complex, including acquisition of pet and ct imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)	1/1/2024	No
<b>C9795</b>	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or	1/1/2024	No

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
	more lesions, entire course not to exceed 5 fractions		
<b>E0735</b>	Non-invasive vagus nerve stimulator	1/1/2024	No
<b>G0011</b>	Individual counseling for pre-exposure prophylaxis (prep) by physician or qualified health care professional (qhp )to prevent human immunodeficiency virus (hiv), includes hiv risk assessment (initial or continued assessment of risk), hiv risk reduction and medication adherence, 15-30 minutes	1/1/2024	No
<b>G0012</b>	Injection of pre-exposure prophylaxis (prep) drug for hiv prevention, under skin or into muscle	1/1/2024	No
<b>G0013</b>	Individual counseling for pre-exposure prophylaxis (prep) by clinical staff to prevent human immunodeficiency virus (hiv), includes: hiv risk assessment (initial or continued assessment of risk), hiv risk reduction and medication adherence	1/1/2024	No
<b>J0184</b>	Injection, amisulpride, 1 mg	1/1/2024	No
<b>J0217</b>	Injection, velmanase alfa-tycv, 1 mg	1/1/2024	Yes, Pharmacy Unit
<b>J0391</b>	Injection, artesunate, 1 mg	1/1/2024	No
<b>J0402</b>	Injection, aripiprazole (abilify asimtufii), 1 mg	1/1/2024	Yes, Pharmacy Unit
<b>J0576</b>	Injection, buprenorphine extended-release (brixadi), 1 mg	1/1/2024	No
<b>J0688</b>	Injection, cefazolin sodium (hikma), not therapeutically equivalent to j0690, 500 mg	1/1/2024	No
<b>J0750</b>	Emtricitabine 200mg and tenofovir disoproxil fumarate 300mg, oral, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv)	1/1/2024	No
<b>J0751</b>	Emtricitabine 200mg and tenofovir alafenamide 25mg, oral, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv)	1/1/2024	No
<b>J0799</b>	Fda approved prescription drug, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv), not otherwise classified	1/1/2024	No
<b>J0873</b>	Injection, daptomycin (xellia) not therapeutically equivalent to j0878, 1 mg	1/1/2024	No
<b>J1105</b>	Dexmedetomidine, oral, 1 mcg	1/1/2024	No
<b>J1304</b>	Injection, tofersen, 1 mg	1/1/2024	Yes, Pharmacy Unit
<b>J1412</b>	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal $2 \times 10^{13}$ vector genomes	1/1/2024	Yes, Pharmacy Unit

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
<b>J1413</b>	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	1/1/2024	Yes, Pharmacy Unit
<b>J1596</b>	Injection, glycopyrrolate, 0.1 mg	1/1/2024	No
<b>J1939</b>	Injection, bumetanide, 0.5 mg	1/1/2024	No
<b>J2404</b>	Injection, nicardipine, 0.1 mg	1/1/2024	No
<b>J2508</b>	Injection, pegunigalsidase alfa-iwxj, 1 mg	1/1/2024	Yes, Pharmacy Unit
<b>J2679</b>	Injection, fluphenazine hcl, 1.25 mg	1/1/2024	No
<b>J2799</b>	Injection, risperidone (uzedy), 1 mg	1/1/2024	No
<b>J3401</b>	Beremagene geperpavec-svdt for topical administration, containing nominal $5 \times 10^9$ pfu/ml vector genomes, per 0.1 ml	1/1/2024	Yes, Pharmacy Unit
<b>J3425</b>	Injection, hydroxocobalamin, 10 mcg	1/1/2024	No
<b>J9052</b>	Injection, carmustine (accord), not therapeutically equivalent to j9050, 100 mg	1/1/2024	No
<b>J9072</b>	Injection, cyclophosphamide, (dr. reddy's), 5 mg	1/1/2024	No
<b>J9172</b>	Injection, docetaxel (ingenus) not therapeutically equivalent to j9171, 1 mg	1/1/2024	No
<b>J9255</b>	Injection, methotrexate (accord) not therapeutically equivalent to j9250 and j9260, 50 mg	1/1/2024	No
<b>J9258</b>	Injection, paclitaxel protein-bound particles (teva) not therapeutically equivalent to j9264, 1 mg	1/1/2024	No
<b>J9286</b>	Injection, glofitamab-gxbm, 2.5 mg	1/1/2024	Yes, Pharmacy Unit
<b>J9321</b>	Injection, epcoritamab-bysp, 0.16 mg	1/1/2024	Yes, Pharmacy Unit
<b>J9324</b>	Injection, pemetrexed (pemrydi rtu), 10 mg	1/1/2024	No
<b>J9333</b>	Injection, rozanolixizumab-noli, 1 mg	1/1/2024	Yes, Pharmacy Unit
<b>J9334</b>	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	1/1/2024	Yes, Pharmacy Unit
<b>L3161</b>	Foot, adductus positioning device, adjustable	1/1/2024	No
<b>L5615</b>	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	1/1/2024	No
<b>L5926</b>	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	1/1/2024	No
<b>Q2052</b>	Services, supplies, and accessories used in the home for the administration of intravenous immune globulin (ivig)	1/1/2024	No
<b>Q5132</b>	Injection, adalimumab-afzb (abrilada), biosimilar, 10 mg	1/1/2024	No

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Questions and comments about this article may be submitted to the Medicaid Policy Team at [MCPT@dhw.idaho.gov](mailto:MCPT@dhw.idaho.gov).



BRAD LITTLE – Governor  
DAVE JEPPESEN – Director

# IDAHO DEPARTMENT OF HEALTH & WELFARE

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May 10, 2023  
**AMENDED December 18, 2023**

## **MEDICAID INFORMATION RELEASE MA23-09**

**To:** Medicaid Providers

**From:** Juliet Charron, Administrator 

**Subject:** COVID-19 Medicaid Flexibilities Under The Public Health Emergency

The [Consolidated Appropriations Act, 2023](#) set the end of what is known as COVID-19 Medicaid Protection as April 1, 2023. Please see [Department FAQs](#). The department began processing re-evaluations of all individuals who are receiving Medicaid coverage under this protection beginning in February, 2023.

Starting April 1, 2023, a person's Medicaid may discontinue if they are ineligible. If this happens, they will receive a notice from the department that details their household's Medicaid eligibility results.

The [Secretary of Health and Human Services \(HHS\)](#) declared the end date of the federal public health emergency (PHE) as May 11, 2023. **For how that affects Medicaid policy flexibilities, please see [Medicaid Participant](#) and [Medicaid Provider](#) FAQs.** Policy flexibilities were put in place to address dynamic conditions at the height of the pandemic that affected the ability of people to access services. Many flexibilities, such as group sizes, or delaying assessments and service plans have now returned to normal operations.

### **Implementation Status of Highly Anticipated Flexibility Updates**

**Immunization Services:** Please, see the [Physician and Non-physician Practitioner](#), Idaho Medicaid Provider Handbook, for the most current immunization services policy.

**Virtual Care Services:** Please, see the [General Information and Requirements for Providers](#), Idaho Medicaid Provider Handbook, for the most current virtual care services policy.

**Electronic Signatures:** Please, see the [General Information and Requirements for Providers](#), Idaho Medicaid Provider Handbook, for the most current documentation policy including information about electronic signatures.

**Spouse/Parent Personal Care Service (PCS) Caregivers:** The department has received PCS flexibility to allow spouses and parents of minor children to be paid providers. Additional information related to the process for the family personal care services program is available in Information Release MA23-22 PCS by Parents and Spouses.

The following [Medicaid Information Releases](#) related to the COVID-19 PHE are replaced by this information release.

Current [Idaho Administrative Code \(IDAPA\)](#) is in effect, and the [rules waived under the authority of the Director of the Department of Health & Welfare](#) will cease to be waived. Providers are expected to follow the policies outlined in the [Idaho Medicaid Provider Handbook](#) unless otherwise stated in a published [Medicaid Information Release](#) or [MedicAide](#) newsletter article.

All Medicaid Providers	
MA#	Subject
<a href="#">20-06</a>	COVID-19 Provider Resources and Reimbursement for Diagnosis and Treatment
<a href="#">20-07</a>	COVID-19 Telehealth
<a href="#">20-08</a>	COVID-19 Durable Medical Equipment (DME)
<a href="#">20-12</a>	Temporary Suspension of Medicaid Co-payments for All Services - Amended
<a href="#">20-13</a>	COVID-19 Telehealth HIPAA Guidance
<a href="#">20-18</a>	COVID-19 Essential Providers
<a href="#">20-45</a>	Medicaid Provider Stabilization Funding Opportunity from CFAC
<a href="#">21-01</a>	COVID-19 Vaccine and Idaho Medicaid
<a href="#">21-14</a>	COVID-19 CFAC Medicaid Provider Stabilization Fund
<a href="#">21-20</a>	COVID-19 CFAC Medicaid Provider Stabilization Fund
<a href="#">21-25</a>	COVID-19 Vaccine and Idaho Medicaid
<a href="#">21-26</a>	COVID-19 Monoclonal Antibody Coverage and Reimbursement
<a href="#">22-01</a>	Ongoing COVID-19 Flexibilities Under the Public Health Emergency

By Medicaid Provider Type		
MA#	Subject	Provider Type
<a href="#">20-10</a>	COVID-19 - Healthy Connections Temporary Referral Suspension (Replaced by MA21-09)	Healthy Connections Providers
<a href="#">20-14</a>	COVID-19 - Therapy Services Telehealth	Occupational, Physical and Speech-Language Therapy Providers
<a href="#">20-15</a>	COVID-19 - Service Delivery Flexibilities and Best Practices in Response to COVID-19	Personal Assistance Agencies
<a href="#">20-16</a>	COVID-19 - Service Delivery Guidance During the COVID-19 Public Health Emergency	Adult Developmental Disability Waiver Service Providers



By Medicaid Provider Type		
MA#	Subject	Provider Type
<a href="#">20-19</a>	COVID-19 - Idaho's 1135 Waiver: PASSR Level I, Abbreviated Level II and Level III Flexibilities	All Professionals involved in admissions to Nursing Facilities
<a href="#">20-20</a>	COVID-19 - Guidance for CHIS, Children's DD, and School-Based Services	CHIS, Children's DD and SBS Providers
<a href="#">20-22</a>	COVID-19 - Adult DD Program Service Delivery Guidance (Update 1)	Adult DD Service Providers
<a href="#">20-23</a>	COVID-19 - Adult DD Program Service Delivery Guidance (Update 2)	Adult DD Service Providers
<a href="#">20-24</a>	COVID-19 - Select Home and Community-Based Services (HCBS) Selected Rate Adjustments	Developmental Disability, Community Supported Employment, and Adult Day Health Agencies
<a href="#">20-27</a>	COVID-19 - SBS, CHIS, and Children's DD Service Delivery Flexibilities	CHIS, Children's DD, and SBS Providers
<a href="#">20-30</a>	COVID-19 - Laboratory and Pathology Services	Laboratory and Pathology Services
<a href="#">20-31</a>	COVID-19 - Temporary Addition of Homemaker Services to Home and Community-Based Services (HCBS) Program for Adults with Developmental Disabilities	Targeted Service Coordinators, DDA's, Residential Habilitation Agencies, Certified Family Homes, Self-Direction Support Brokers, Self-Direction Community Support Workers
<a href="#">20-36</a>	COVID-19 - Rescindment of Select Home and Community-Based Services (HCBS) Rate Adjustments	Developmental Disability Agencies Supported Employment Agencies Adult Day Health Agencies
<a href="#">20-37</a>	COVID-19 - Safety guidelines for drivers and passengers who use Non-Emergency Medical Transportation (NEMT) during the COVID 19 Pandemic	Non-Emergency Medical Transportation (NEMT) Providers
<a href="#">20-41</a>	Returning to School and Requesting CHIS Increases	Children's Habilitative Intervention Services (CHIS) School-Based Services
<a href="#">20-46</a>	COVID-19 - HCBS Requirements During COVID-19	All Home and Community Based Setting (HCBS) providers
<a href="#">20-47</a>	COVID-19 - Use of Face Masks During Service Delivery	Personal Assistance Agencies
<a href="#">21-02</a>	COVID-19 - Consumer-Directed Service Delivery Flexibilities in Response to COVID-19	Community Support Workers Support Brokers
<a href="#">21-03</a>	COVID19 CFAC Medicaid Provider Stabilization Fund	Home and Community-Based Service (HCBS) Providers with provider specialty types:

By Medicaid Provider Type		
MA#	Subject	Provider Type
		Residential Assisted Living Facility (RALF), Personal Assistance Agency, PCS/Aged & Disabled Services Agency Residential Habilitation Agency
<a href="#">21-06</a>	COVID19 NEMT Provider COVID Vaccination Priority Group Clarification	Medicaid NEMT Providers, Public Health Districts, Vaccine Providers
<a href="#">21-09</a>	COVID-19 - Healthy Connections Referral Requirements Reinstatement (Replaces MA20-10)	Healthy Connections Providers
<a href="#">21-23</a>	COVID-19 - Laboratory and Pathology Services	Laboratory and Pathology Services
<a href="#">23-02</a>	Flexibilities given for PCS care by spouse/parents during the Public Health Emergency	Personal Assistance Agencies
<a href="#">23-06</a>	Personal Care Services (PCS) by Spouses or Parents	Personal Assistance Agencies

Idaho Medicaid deeply appreciates the dedication providers have shown during this challenging and demanding time. Specific questions not answered by the materials referenced above can be directed to [MCPT@dhw.idaho.gov](mailto:MCPT@dhw.idaho.gov).

JC/db

*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 [MCPT@dhw.idaho.gov](mailto:MCPT@dhw.idaho.gov) or by calling 888-528-5861.*



BRAD LITTLE - Governor  
DAVE JEPPESEN - Director

IDAHO DEPARTMENT OF  
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December 11, 2023

**MEDICAID INFORMATION RELEASE MA23-21**

To: Occupational, Physical, and Speech and Language Therapy Providers

From: Juliet Charron, Administrator 

Subject: Therapy Cap Limits

Effective for claims with dates of service on and after January 1, 2024, therapy cap limits are increasing to \$2,330 annually for occupational therapy services and physical therapy/speech-language pathology services combined. These caps are set annually by the Centers for Medicare and Medicaid Services (CMS). Home health agencies and school-based providers fall under different regulations and are not subject to these limitations.

If you have questions about these caps, please contact the Office of Reimbursement in the Idaho Division of Medicaid at (208) 287-1180 or email [MedicaidReimTeam@dhw.idaho.gov](mailto:MedicaidReimTeam@dhw.idaho.gov).

Thank you for participating in the Idaho Medicaid Program.

JC/jg

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](mailto: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.

### January: Eligibility

This course is designed to instruct primary care physicians on how to determine eligibility.

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](http://www.idmedicaid.com).

	January	February	March
	Eligibility	COB	Claims Adjustment
10-11:00 AM MT	1/17/2024	2/21/2024	3/20/2024
	1/18/2024	2/15/2024	3/21/2024
	1/16/2024	2/20/2024	3/19/2024
2-3:00 PM MT	1/10/2024	2/14/2024	3/13/2024
	1/11/2024	2/08/2024	3/14/2024
	1/18/2024	2/15/2024	3/21/2024
	1/16/2024	2/20/2024	3/19/2024

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 [23](#) of this newsletter.

## DHW Resource and Contact Information

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

## Insurance Verification

<b>HMS</b> PO Box 2894 Boise, ID 83701	1 (800) 873-5875 1 (208) 375-1132 Fax: 1 (208) 375-1134
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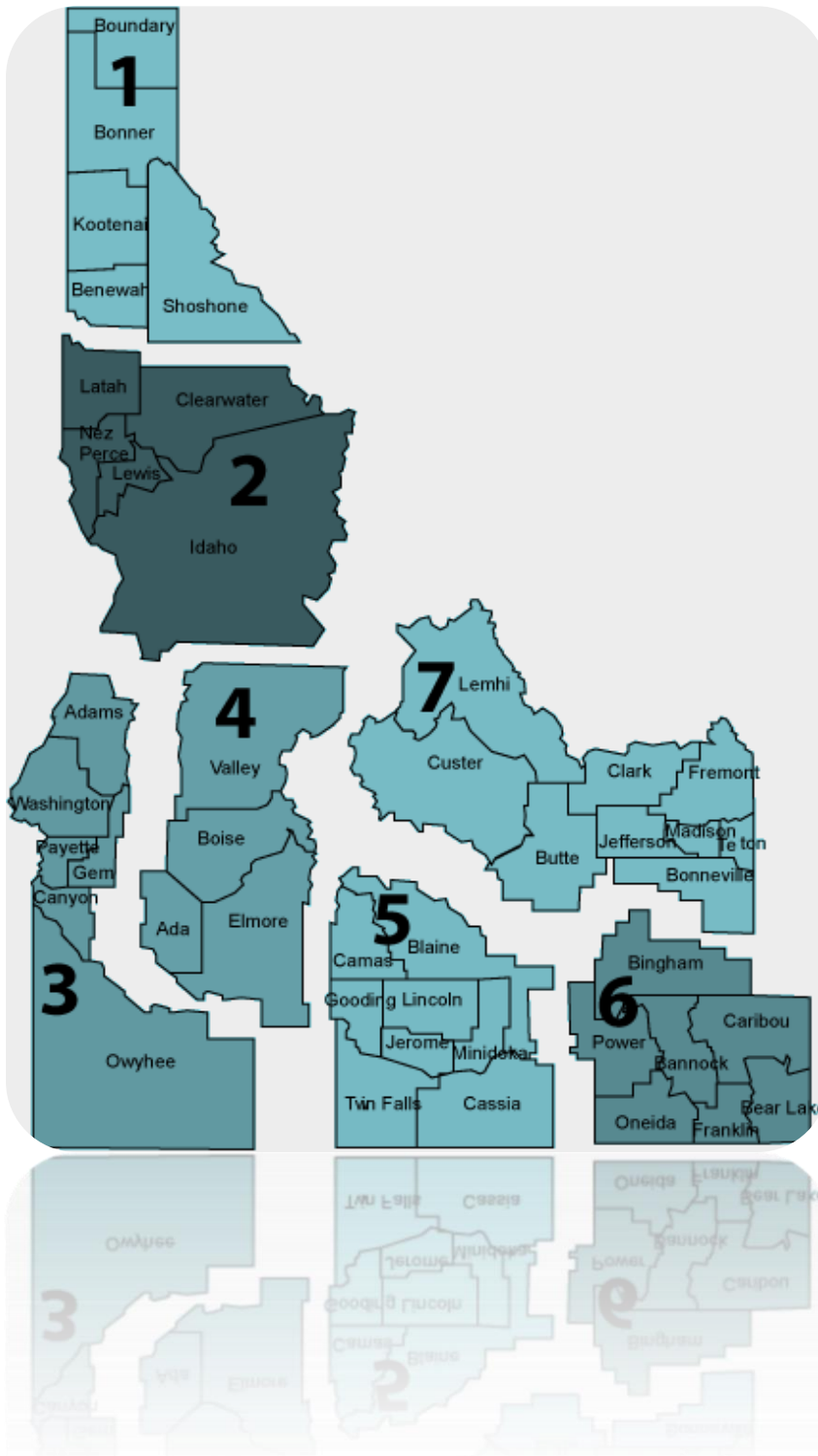
## Gainwell Technologies Provider and Participant Services Contact Information

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

## Gainwell Technologies Provider Services Fax Numbers

<b>Provider Enrollment</b>	1 (877) 517-2041
<b>Provider and Participant Services</b>	1 (877) 661-0974

# Provider Relations Consultant (PRC) Information



**Region 1 and the state of Washington**

1 (208) 202-5735

[Region.1@gainwelltechnologies.com](mailto:Region.1@gainwelltechnologies.com)

**Region 2 and the state of Montana**

1 (208) 202-5736

[Region.2@gainwelltechnologies.com](mailto:Region.2@gainwelltechnologies.com)

**Region 3 and the state of Oregon**

1 (208) 202-5816

[Region.3@gainwelltechnologies.com](mailto:Region.3@gainwelltechnologies.com)

**Region 4**

1 (208) 202-5843

[Region.4@gainwelltechnologies.com](mailto:Region.4@gainwelltechnologies.com)

**Region 5 and the state of Nevada**

1 (208) 202-5963

[Region.5@gainwelltechnologies.com](mailto:Region.5@gainwelltechnologies.com)

**Region 6 and the state of Utah**

1 (208) 593-7759

[Region.6@gainwelltechnologies.com](mailto:Region.6@gainwelltechnologies.com)

**Region 7 and the state of Wyoming**

1 (208) 609-5062

[Region.7@gainwelltechnologies.com](mailto:Region.7@gainwelltechnologies.com)

**Region 9 all other states (not bordering Idaho)**

1 (208) 609-5115

[Region.9@gainwelltechnologies.com](mailto:Region.9@gainwelltechnologies.com)

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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](http://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  
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Editor: Shannon Tolman**

If you have any comments or suggestions,  
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