



# MedicAide

An Informational Newsletter for Idaho Medicaid Providers

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

November 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.*

## Incorrect Coding Radiology Services Could Cause Unbundling

The Medicaid Program Integrity Unit has identified instances when coding radiology incorrectly could cause unbundling. Please be aware that downcoding could result in unbundling by bypassing National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) edits. For example, Current Procedural Terminology (CPT) code 73630 (Radiologic examination, foot; complete, minimum of 3 views) includes radiologic examination of the toes and calcaneus. It would be inappropriate to code the foot x-ray as 2 views when there were 3 or more views in order to also bill the toes and calcaneus separately.

Chapter I, A. Introduction, of the January 2024 Medicaid NCCI Policy Manual, as well as previous versions, explains PTP edits and provides direction on selecting the most comprehensive CPT code that describes the services performed. It states in part:

CMS established the National Correct Coding Initiative (NCCI) program to ensure the correct coding of services. The NCCI program includes two types of edits: NCCI PTP edits and Medically Unlikely Edits (MUEs).

NCCI PTP edits prevent inappropriate payment of services that generally should not be reported together. Each edit has a Column One and Column Two HCPCS/CPT code. If a provider reports the 2 codes of an edit pair for the same beneficiary on the same date of service, the Column One code is eligible for payment and the Column Two code is denied. However, if it is clinically appropriate to use an NCCI PTP-associated modifier, both the Column One and Column Two codes are eligible for payment. (NCCI PTP-associated modifiers and their appropriate use are discussed in Section E of this chapter.)

Procedures shall be reported with the most comprehensive CPT code that describes the services performed. Physicians must not unbundle the services described by a HCPCS/CPT code. Some examples follow:

- A physician shall not fragment a procedure into component parts. For example, if a physician performs an anal endoscopy with biopsy, the physician shall report CPT code 46606 (Anoscopy; with biopsy, single or multiple). It is improper to unbundle this procedure and report CPT code 46600 (Anoscopy; diagnostic,...) plus CPT code 45100 (Biopsy of anorectal wall, anal approach...). The latter code is not intended to be used with an endoscopic procedure code.

Physicians must avoid downcoding. If a HCPCS/CPT code exists that describes the services performed, the physician must report this code rather than report a less comprehensive code with other codes describing the services not included in the less comprehensive code. For example, if a physician performs a unilateral partial mastectomy with axillary lymphadenectomy, the provider shall report CPT code 19302 (Mastectomy, partial...; with axillary lymphadenectomy). A physician shall not report CPT code 19301 (Mastectomy, partial...) plus CPT code 38745 (Axillary lymphadenectomy; complete).

Chapter IX, Radiology Services, of the of the February 2024 Medicaid NCCI Policy Manual, as well as previous versions, explains the requirement to code accurately and report total foot x-rays. It states, in part:

### C. Non-interventional Diagnostic Imaging

Non-invasive/interventional diagnostic imaging includes (but is not limited to) standard radiographs, single or multiple views, contrast studies, computed/computerized tomography, and magnetic resonance imaging. The *CPT Professional* allows for various combinations of codes to address the number and type of radiographic views. For a given radiographic series, the procedure code that most accurately describes what was performed shall be reported. Because the number of views necessary to obtain medically useful information may vary, a complete review of CPT coding options for a given radiographic session is important to assure accurate coding with the most comprehensive code describing the services performed rather than billing multiple codes to describe the service.

17. Since the foot includes the toes and calcaneus bone, CPT code 73630 (Radiologic examination, foot; complete, minimum of 3 views) includes radiologic examination of the toes and calcaneus. A physician shall not report CPT code 73650 (Radiologic examination; calcaneus, minimum of 2 views) or 73660 (Radiological examination; toe(s), minimum of two views) with CPT code 73630 for the same foot on the same date of service.

Services billed to Medicaid when documentation does not meet the record requirements will be subject to recoupment and civil monetary penalties.

## Adult DD Signature Requirements

Idaho Medicaid is superseding guidance provided in the January 2023 MedicAide newsletter regarding signature requirements on documents related to Adult Developmental Disability (DD) services, including application, assessment, and plan/addendum submission and prior authorization.

Idaho law requires that all guardianships and conservatorships administered in the state have been issued by an Idaho court, transferred from another court with jurisdiction accepted by Idaho, or registered in the Idaho state courts. If the guardianship or conservatorship originated in another state (foreign guardianship/conservatorship), Idaho law requires it be registered or transferred with an Idaho court assuming jurisdiction. This is referenced in Title 15, Chapter 13, Parts 3 and 4 of Idaho Code. In order to ensure all actions that are taken by the Department are legal and enforceable, the following will apply to all individuals in the Adult DD program who have a foreign guardianship/conservatorship:

- Guardians/conservators holding foreign guardianships/conservatorships must register and/or transfer that guardianship/conservatorship to Idaho courts.
- Participants with foreign guardianship/conservatorship must sign all documents that require signature until the foreign guardianship has been registered and/or transferred to Idaho courts.

Additionally, in cases with two guardians or conservators only one guardian/conservator's signature is required on documents unless the appointing order specifies that decisions must be made jointly. If the appointing order specifies that decisions must be made jointly, then both signatures are required. The previous guidance being replaced required joint signatures if the term "and" was used in the appointment of the two guardians/conservators.

If you need additional information regarding signature requirements for the Adult DD program, please contact:

Adult DD Program Contacts	
Region 1 Phone: (208) 769-1567 Email: <a href="mailto:BDDSQA1@dhw.idaho.gov">BDDSQA1@dhw.idaho.gov</a>	Region 5 Phone: (208) 736-3024 Email: <a href="mailto:BDDSQA5@dhw.idaho.gov">BDDSQA5@dhw.idaho.gov</a>
Region 2 Phone: (208) 799-4430 Email: <a href="mailto:BDDSQA2@dhw.idaho.gov">BDDSQA2@dhw.idaho.gov</a>	Region 6 Phone: (208) 239-6260 Email: <a href="mailto:BDDSQA6@dhw.idaho.gov">BDDSQA6@dhw.idaho.gov</a>
Region 3 Phone: (208) 334-0940, Option #3 Email: <a href="mailto:BDDSQA3@dhw.idaho.gov">BDDSQA3@dhw.idaho.gov</a>	Region 7 Phone: (208) 528-5750 Email: <a href="mailto:BDDSQA7@dhw.idaho.gov">BDDSQA7@dhw.idaho.gov</a>
Region 4 Phone: (208) 334-0940, Option #3 Email: <a href="mailto:BDDSQA4@dhw.idaho.gov">BDDSQA4@dhw.idaho.gov</a>	

## Duals County Expansion

Idaho Medicaid is pleased to offer Idaho dual-eligible members additional options for their benefit administration. Dual-Eligible members, also known as "Duals," are individuals 21 years of age or older and receive both Medicare (Parts A, B and D) and Enhanced Medicaid coverage.

Molina Healthcare of Idaho has received approval from the Center for Medicare and Medicaid Service (CMS) and the Idaho Department of Health and Welfare to expand the service areas for the Medicare Medicaid Coordinated Plan (MMCP) and Idaho Medicaid Plus (IMPlus) to include the following counties beginning January 1, 2025:

Adams	Gooding	Shoshone
Benewah	*Idaho	Valley
Blaine	Jerome	Washington
Clark	Latah	
Clearwater	Lincoln	

Duals members in the counties listed above except Idaho county must enroll into either IMPlus or MMCP with either Molina or Blue Cross of Idaho. Members in these counties received a plan choice notice in October 2024. If members do not make a choice by December 1, 2024, Idaho Medicaid will enroll those members into IMPlus and randomly select either Molina or Blue Cross of Idaho as their health plan.

Duals members in Idaho county will be automatically enrolled into IMPlus with Molina, unless they enroll in MMCP or submit an opt-out form to Idaho Medicaid. This form will be included in the Passive Enrollment Notice that will be sent in October 2024.

Effective January 1, 2025, the counties below will all be considered mandatory counties. Duals members in these counties are required to enroll in either MMCP or IMPlus with either Blue Cross or Molina.

Ada	Bonner	Elmore	Latah	Power
Adams	Bonneville	Fremont	Lincoln	Shoshone
Bannock	Boundary	Gem	Madison	Twin Falls
Benewah	Canyon	Gooding	Minidoka	Valley

Bingham  
Blaine  
Boise

Cassia  
Clark  
Clearwater

Jefferson  
Jerome  
Kootenai

Nez Perce  
Owyhee  
Payette

Washington

Tribal members, pregnant women, and individuals receiving Adult Developmental Disability Waiver services will be excluded from mandatory enrollment into IMPlus.

If you have further questions, please call 833-814-8568 or email [IdahoDuals@dhw.idaho.gov](mailto:IdahoDuals@dhw.idaho.gov).

## **New Resource for Language Access Plans**

All Medicaid providers must adhere to applicable provisions of federal law, including but not limited to those listed in the [Idaho Medicaid Provider Handbook, General Information and Requirements for Providers](#). This includes 45 CFR Part 90, Part 91 and Part 92, and 42 CFR Part 438 for managed care network providers specific to [Section 1557 of the Patient Protection and Affordable Care Act](#), as applicable and as amended. These regulations ensure non-discrimination and access to Medicaid reimbursable services for participants and includes the provision of interpretation resources for those who have Limited English Proficiency. Refer to the Centers for Medicare and Medicaid Services (CMS) resource [Guide to Developing a Language Access Plan](#) for assistance developing a compliant Language Access Plan. Idaho Medicaid also reimburses for interpretation services through our fee-for-service network for any mode of service delivery when the provider has no alternative means of oral or written communication. See the handbook listed above for coverage and reimbursement details.

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

## **Inpatient Only Procedures**

Idaho Medicaid will no longer follow the Centers for Medicare and Medicaid Services' inpatient only list of procedure codes. This may allow codes that were previously paid "inpatient only" to be performed in an outpatient setting. Idaho Medicaid reserves the right to determine what services are inpatient only. Additionally, codes with a 0 in the Outpatient Hospital procedures Medically Unlikely Edits are only covered as an inpatient service. This change is retroactive to July 1, 2023. Claims will not be reprocessed automatically due to the impact to providers' paid claims. Providers will need to resubmit their own claims for processing.

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

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

The [APC Prep – Fee Schedule Paid Procedure Codes](#) list will be updated October 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.

## Upcoming Provider Meetings

Idaho Medicaid will be holding provider meetings in December.

We are looking for your input on topics. If you would like to suggest a topic or be added to the contact list for these meetings, please email your request to [MCPT@dhw.idaho.gov](mailto:MCPT@dhw.idaho.gov).

<b>DMEPOS Providers</b>
Tuesday, December 3, 2024 – 10:30 am (MT)/9:30 (PT)
<b>Webinar Information &amp; Meeting Link</b>
<a href="https://idhw.webex.com/idhw/j.php?MTID=mec27d7ab4a5293ec1959b5579d85217c">https://idhw.webex.com/idhw/j.php?MTID=mec27d7ab4a5293ec1959b5579d85217c</a>
Join by phone: 1-415-527-5035
Join by meeting number: 2830 549 3253
Meeting Password: zUhq6VdVK32 (98476838 from phones and video systems)

<b>Therapy and Audiology Providers</b>
Tuesday, December 10, 2024 – 10:30 am (MT)/9:30 am (PT)
<b>Topics</b>
Documentation
<b>Webinar Information &amp; Meeting Link</b>
<a href="https://idhw.webex.com/idhw/j.php?MTID=mcf0a2f70dd242e9f5577e236c43ec56b">https://idhw.webex.com/idhw/j.php?MTID=mcf0a2f70dd242e9f5577e236c43ec56b</a>
Join by Phone: 1-415-527-5035
Join by meeting number: 2823 646 5610
Meeting Password: WmwYpCNm284 (76336596 from phones and video systems)

## Provider Handbook Updates

The following Idaho Medicaid Provider Handbook updates have been published.

The [Agency Professional](#) handbook was updated in June to update the behavioral health contact information to Magellan.

The [General Billing Instructions](#) handbook was updated in July to:

- Add clarifications about regulations and requesting documents;
- Add exception for inpatient stays exceeding 365 days;
- Update CMS-1500 Instructions for inputting provider address;
- Update UB-04 Instructions regarding use of NUBC guidelines and use of condition codes;
- Clarify the eligible providers for modifiers 50, 51 and 52.
- Clarify claim number composition;
- Clarify the claim review request and appeal process;
- Add VOCA as an exception to third-party liability;
- Include guidance for insurance changes during inpatient stays; and
- Reorganize the Medicaid-Medicare third-party liability sections.

The [General Billing Instructions](#) handbook was updated in October/November to:

- Clarify the effective dates of coverage and billing policies;
- Clarify the calculation of multiple timed codes;
- Add an end date to the use of the JG modifier;
- Clarify the timely filing limit for Medicare claims;
- Reiterate the billing of the most specific code on claims;

- Add a section on Modifier 76;
- Inform on claim processing times; and
- Include the exception for school-based services from third-party liability.

The [Hospital](#) handbook was updated in October/November to:

- Update behavioral health services to move billing to Magellan;
- Add inpatient coverage for Chimeric Antigen Receptor Therapy;
- Update rates for administratively necessary days and swing beds;
- Add section for neurocognitive disorder involuntary holds;
- Include standard documentation requirements;
- Reorganize reimbursement sections; and
- Add billing instructions for participant coverage changes.

The [Physician and Non-Physician Practitioner](#) handbook was updated in October/November to:

- Update reimbursement rates for MTM;
- Update evaluation and management documentation requirements;
- Add policy on gender transition services;
- Include place of service 10 for site of service differential;
- Include non-physician practitioners in employee services section; and
- Add additional codes for coverage to Pharmacy Services.

The [Podiatric Medicine and Surgery Services](#) handbook was updated in October/November to:

- Add clarifications about regulations and requesting documents;
- Update Prior Authorizations and Documentation Requirements to match general requirements;
- Revise evaluation and management documentation requirements to the most recent version; and
- Include place of service 10 for site of service differential.

The [Provider Types and Specialties](#) handbook was updated in October/November to remove paper enrollment options and update pharmacist enrollment.

The [Technologists, Technicians, and Other Tech Service Providers](#) handbook was substantially updated in October/November. Providers are encouraged to review the document in its entirety.

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

## Pharmacist Coverage Expansion

The following codes are being added for billing under the Pharmacist’s NPI. 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 provider handbook requirements apply.

Additional Codes Billable by Pharmacists			
Codes	Description	Effective Date	Prior Authorization
90281	Human immune globulin for injection into muscle	10/1/2024	
90283	Human immune globulin for infusion into vein	10/1/2024	Yes, Pharmacy

<b>Additional Codes Billable by Pharmacists</b>			
<b>Codes</b>	<b>Description</b>	<b>Effective Date</b>	<b>Prior Authorization</b>
90284	Human immune globulin for infusions	10/1/2024	Yes, Pharmacy
90287	Botulinum equine antitoxin	10/1/2024	
90288	Botulinum human antitoxin for infusion into vein	10/1/2024	
90291	Cytomegalovirus immune globulin for infusion into vein	10/1/2024	
90296	Diphtheria equine antitoxin	10/1/2024	
90371	Hepatitis B immune globulin for injection into muscle	10/1/2024	
90375	Rabies immune globulin for injection	10/1/2024	
90376	Rabies immune globulin for injection beneath the skin and/or into muscle, heat-treated	10/1/2024	
90377	Rabies immune globulin for injection beneath the skin and/or into muscle	10/1/2024	
90378	Respiratory syncytial virus antibody for injection into tissue or muscle	10/1/2024	Yes, Pharmacy
90380	Respiratory syncytial virus antibody, 0.5 mL dosage for injection into muscle	10/1/2024	
90381	Respiratory syncytial virus antibody, 1.0 mL dosage for injection into muscle	10/1/2024	
90384	Rho(D) immune globulin (full dose) for injection into muscle	10/1/2024	
90385	Rho(D) immune globulin (mini dose) for injection into muscle	10/1/2024	
90386	Rho(D) immune globulin for infusion into vein	10/1/2024	
90389	Tetanus immune globulin for injection into muscle	10/1/2024	
90393	Vaccinia immune globulin for injection into muscle	10/1/2024	
90396	Varicella (chicken pox) zoster immune globulin for injection into muscle	10/1/2024	
90399	Other immune globulin injection or infusion procedure	10/1/2024	Yes, Pharmacy
90460	Administration of first vaccine or toxoid component with counseling (18 years or younger)	10/1/2024	
90461	Administration of vaccine or toxoid component with counseling (18 years or younger), each additional vaccine or toxoid component	10/1/2024	
90473	Administration of nasal or oral vaccine, 1 vaccine	10/1/2024	
90474	Administration of nasal or oral vaccine, each additional vaccine	10/1/2024	
90476	Adenovirus type 4 vaccine	10/1/2024	
90477	Adenovirus type 7 vaccine	10/1/2024	
90581	Anthrax vaccine	10/1/2024	
90585	Bacillus Calmette-Guerin vaccine for tuberculosis	10/1/2024	



<b>Additional Codes Billable by Pharmacists</b>			
<b>Codes</b>	<b>Description</b>	<b>Effective Date</b>	<b>Prior Authorization</b>
90586	Bacillus Calmette-Guerin vaccine for bladder cancer	10/1/2024	
90611	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use	10/1/2024	
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier	10/1/2024	
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B	10/1/2024	
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B	10/1/2024	
90622	Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use	10/1/2024	
90623	Meningococcal conjugate vaccine serogroups A, C, W, Y, B-FHbp, pentavalent, tetanus toxoid carrier	10/1/2024	
90624	Meningococcal pentavalent vaccine, men b-4c recombinant proteins and outer membrane vesicle and conjugated men a, c, w, y-diphtheria toxoid carrier, for intramuscular use	10/1/2024	
90625	Cholera vaccine	10/1/2024	
90630	Influenza vaccine, quadrivalent	10/1/2024	
90632	Hepatitis A vaccine adult dosage	10/1/2024	
90633	Hepatitis A vaccine pediatric or adolescent dosage	10/1/2024	
90634	Hepatitis A vaccine pediatric or adolescent dosage (3 dose schedule)	10/1/2024	
90636	Hepatitis A and hepatitis B vaccine	10/1/2024	
90637	Influenza virus vaccine, quadrivalent (qirv), mrna; 30 mcg/0.5 ml dosage, for intramuscular use	10/1/2024	
90638	Influenza virus vaccine, quadrivalent (qirv), mrna; 60 mcg/0.5 ml dosage, for intramuscular use	10/1/2024	
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine	10/1/2024	
90647	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	10/1/2024	
90648	Haemophilus influenzae type b vaccine, PRP-T conjugate	10/1/2024	
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent	10/1/2024	
90650	Human Papillomavirus vaccine, types 16, 18, bivalent	10/1/2024	
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent	10/1/2024	
90653	Influenza vaccine, inactivated	10/1/2024	

<b>Additional Codes Billable by Pharmacists</b>			
<b>Codes</b>	<b>Description</b>	<b>Effective Date</b>	<b>Prior Authorization</b>
90654	Influenza vaccine, trivalent, split virus, preservative-free	10/1/2024	
90655	Influenza vaccine, trivalent, split virus, preservative-free, 0.25 mL dosage	10/1/2024	
90656	Influenza vaccine, trivalent, split virus, preservative-free, 0.5 mL dosage	10/1/2024	
90657	Influenza vaccine, trivalent, 0.25 mL dosage	10/1/2024	
90658	Influenza vaccine, trivalent, 0.5 mL dosage	10/1/2024	
90660	Influenza vaccine, trivalent for nasal administration	10/1/2024	
90661	Influenza vaccine, trivalent derived from cell cultures	10/1/2024	
90662	Influenza vaccine split virus, preservative free	10/1/2024	
90664	Influenza vaccine, live, pandemic formulation for nasal administration	10/1/2024	
90668	Influenza vaccine, live, pandemic formulation, split virus	10/1/2024	
90670	Pneumococcal vaccine, 13-valent	10/1/2024	
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use	10/1/2024	
90672	Influenza vaccine, quadrivalent for nasal administration	10/1/2024	
90673	Influenza vaccine, trivalent derived from recombinant DNA	10/1/2024	
90675	Rabies vaccine for injection into muscle	10/1/2024	
90676	Rabies vaccine for injection into skin	10/1/2024	
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	10/1/2024	
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	10/1/2024	
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use	10/1/2024	
90680	Rotavirus vaccine, pentavalent	10/1/2024	
90681	Rotavirus vaccine, human, attenuated	10/1/2024	
90682	Influenza vaccine, quadrivalent derived from recombinant DNA	10/1/2024	
90683	Respiratory syncytial virus vaccine mRNA lipid nanoparticles	10/1/2024	
90685	Influenza vaccine, quadrivalent, preservative free, 0.25 mL dosage	10/1/2024	
90687	Influenza vaccine, quadrivalent, 0.25 mL dosage	10/1/2024	
90690	Typhoid vaccine	10/1/2024	
90691	Typhoid vaccine for injection into muscle	10/1/2024	
90694	Influenza vaccine, quadrivalent inactivated, 0.5 ml dosage	10/1/2024	

<b>Additional Codes Billable by Pharmacists</b>			
<b>Codes</b>	<b>Description</b>	<b>Effective Date</b>	<b>Prior Authorization</b>
90696	Diphtheria, tetanus, acellular pertussis, and polio vaccine	10/1/2024	
90697	Diphtheria, tetanus, acellular pertussis, polio, Haemophilus influenzae type b, and hepatitis B vaccine	10/1/2024	
90698	Diphtheria, tetanus, acellular pertussis, polio, and Haemophilus influenzae type b vaccine	10/1/2024	
90700	Diphtheria, tetanus, and acellular pertussis vaccine (younger than 7 years)	10/1/2024	
90702	Diphtheria and tetanus vaccine (younger than 7 years)	10/1/2024	
90707	Measles, mumps, and rubella vaccine	10/1/2024	
90710	Measles, mumps, rubella, and varicella vaccine	10/1/2024	
90713	Poliovirus vaccine	10/1/2024	
90714	Diphtheria and tetanus vaccine (7 years or older)	10/1/2024	
90715	Diphtheria, tetanus, and acellular pertussis vaccine (7 years or older)	10/1/2024	
90716	Varicella vaccine	10/1/2024	
90717	Yellow fever vaccine	10/1/2024	
90723	Diphtheria, tetanus, acellular pertussis, hepatitis B, and polio vaccine	10/1/2024	
90732	Pneumococcal vaccine, 23-valent	10/1/2024	
90733	Meningococcal vaccine, serogroups A, C, Y, W-135	10/1/2024	
90734	Meningococcal vaccine, serogroups A, C, W, Y, diphtheria toxoid carrier vaccine	10/1/2024	
90736	Shingles vaccine for injection under skin	10/1/2024	
90738	Japanese encephalitis vaccine	10/1/2024	
90739	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use	10/1/2024	
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage	10/1/2024	
90743	Hepatitis B vaccine, adolescent dosage	10/1/2024	
90744	Hepatitis B vaccine, pediatric or adolescent dosage (3 dose schedule)	10/1/2024	
90746	Hepatitis B vaccine, adult dosage (3 dose schedule)	10/1/2024	
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule)	10/1/2024	
90748	Hepatitis B and Haemophilus influenzae type b vaccine	10/1/2024	
90749	Other vaccine or toxoid injection or infusion procedure	10/1/2024	
90750	Shingles vaccine for injection into muscle	10/1/2024	

<b>Additional Codes Billable by Pharmacists</b>			
<b>Codes</b>	<b>Description</b>	<b>Effective Date</b>	<b>Prior Authorization</b>
90756	Influenza vaccine, quadrivalent derived from cell cultures	10/1/2024	
90758	Live Zaire ebolavirus vaccine, for intramuscular use	10/1/2024	
90759	Vaccine for Hepatitis B (3 dose schedule) for injection into muscle, 10 mcg dosage	10/1/2024	
91304	Severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use	10/1/2024	
91318	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, spike protein, 3 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use	10/1/2024	
91319	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, spike protein, 10 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use	10/1/2024	
91320	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, spike protein, 30 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use	10/1/2024	
91321	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, 25 mcg/0.25 ml dosage, for intramuscular use	10/1/2024	
91322	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, 50 mcg/0.5 ml dosage, for intramuscular use	10/1/2024	

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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  
ALEX J. ADAMS – Director

# IDAHO DEPARTMENT OF HEALTH & WELFARE

JULIET CHARRON – Deputy Director  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0009  
PHONE: (208) 334-5747  
FAX: (208) 364-1811

October 1, 2024

## **MEDICAID INFORMATION RELEASE MA24-24**

To: Hospice Providers

From: Juliet Charron, Deputy Director 

Subject: Medicaid Hospice Rates Fiscal Year 2025

[Section 3004 of the Affordable Care Act](#) amended the Social Security Act to authorize a Medicare quality reporting program for hospice providers. The two tables below include Medicaid hospice rates for federal fiscal year 2025. Table 1 includes the Medicaid hospice rates for those providers that have complied with the quality reporting requirements. Table 2 includes rates for those providers that have not complied with the reporting requirements.

Effective for dates of service on and after October 01, 2024 through September 30, 2025, Medicaid hospice rates are as follows:

- Revenue Code 0651: Routine Home Care
- SIA – Service Intensity Add-on (15 minute units, up to four (4) hours per day)
- Revenue Code 0652: Continuous Home Care
- Revenue Code 0655: Inpatient Respite Care
- Revenue Code 0656: General Inpatient Care

**Table 1 – Hospice Providers that Have Submitted Medicare Required Quality Data**

County	Revenue Code					
	651		SIA	652	655	656
	Days 1-60	Days 61-∞	Up To	All Days		
Franklin	\$213.93	\$168.50	\$254.88	\$15.93	\$521.43	\$1,115.06
Kootenai	\$213.15	\$167.89	\$253.76	\$15.86	\$519.70	\$1,111.20
Jerome County and Twin Falls County	\$202.93	\$159.83	\$239.84	\$14.99	\$496.75	\$1,060.00
Nez Perce	\$216.86	\$170.81	\$258.88	\$16.18	\$528.03	\$1,129.77
Bannock and Power	\$213.96	\$168.52	\$254.88	\$15.93	\$521.50	\$1,115.21

Bonneville, Butte, and Jefferson	\$200.09	\$157.60	\$236.00	\$14.75	\$490.38	\$1,045.81
Ada, Boise, Canyon, Gem, and Owyhee	\$208.37	\$164.13	\$247.20	\$15.45	\$508.97	\$1,087.27
RURAL (all others)	\$194.69	\$153.35	\$228.48	\$14.28	\$478.26	\$1,018.77

**Table 2 – Hospice Providers that Have Not Submitted Medicare Required Quality Data**

County	Revenue Code						
	651		SIA	652	655		656
	Days 1-60	Days 61-∞	Up To	All Days			
Franklin	\$205.60	\$161.95	\$244.96	\$15.31	\$501.16	\$1,071.72	
Kootenai	\$204.86	\$161.37	\$244.00	\$15.25	\$499.49	\$1,068.00	
Jerome County and Twin Falls County	\$195.03	\$153.63	\$230.56	\$14.41	\$477.43	\$1,018.80	
Nez Perce	\$208.43	\$164.18	\$248.80	\$15.55	\$507.50	\$1,085.86	
Bannock and Power	\$205.63	\$161.98	\$244.96	\$15.31	\$501.22	\$1,071.86	
Bonneville, Butte, and Jefferson	\$192.31	\$151.48	\$226.72	\$14.17	\$471.32	\$1,005.16	
Ada, Boise, Canyon, Gem, and Owyhee	\$200.27	\$157.75	\$237.60	\$14.85	\$489.18	\$1,045.01	
RURAL (all others)	\$187.11	\$147.39	\$219.68	\$13.73	\$459.67	\$979.17	

Counties not specifically stated above fall into the “RURAL (all others)” category.

The hospice cap amount for the cap year ending September 30, 2025, is \$34,465.34.

Rate information is based on the Federal Register and the Centers for Medicare and Medicaid [publications](#).

Thank you for your continued participation in the Idaho Medicaid Program.

JC/jf/cp

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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 supply clarity to the public about 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.*

## Provider Training Opportunities

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

### November: Long Term Care

This training will show Long Term Care providers how to submit for admissions, discharges, and ICF/ID preadmissions, how to upload, fax, and mail supporting documentation, how to use the LTC case status, and how to verify 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 for your schedule. To register for training, or to learn how to register, visit [www.idmedicaid.com](http://www.idmedicaid.com).

	November	December	January
	Long Term Care	Respite Care	Eligibility
10-11:00 AM MT	11/20/2024	12/18/2024	1/15/2025
	11/21/2024	12/19/2024	1/16/2025
	11/19/2024	12/17/2024	1/21/2025
2-3:00 PM MT	11/13/2024	12/11/2024	1/08/2025
	11/14/2024	12/12/2024	1/09/2025
	11/21/2024	12/19/2024	1/21/2025
	11/19/2024	12/17/2024	1/23/2025

If you would prefer one-on-one training in your office with your Regional Provider Relations Consultant, please feel free to contact them directly. Contact information for Provider Relations Consultants can be found on page [19](#) 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 Contact Numbers</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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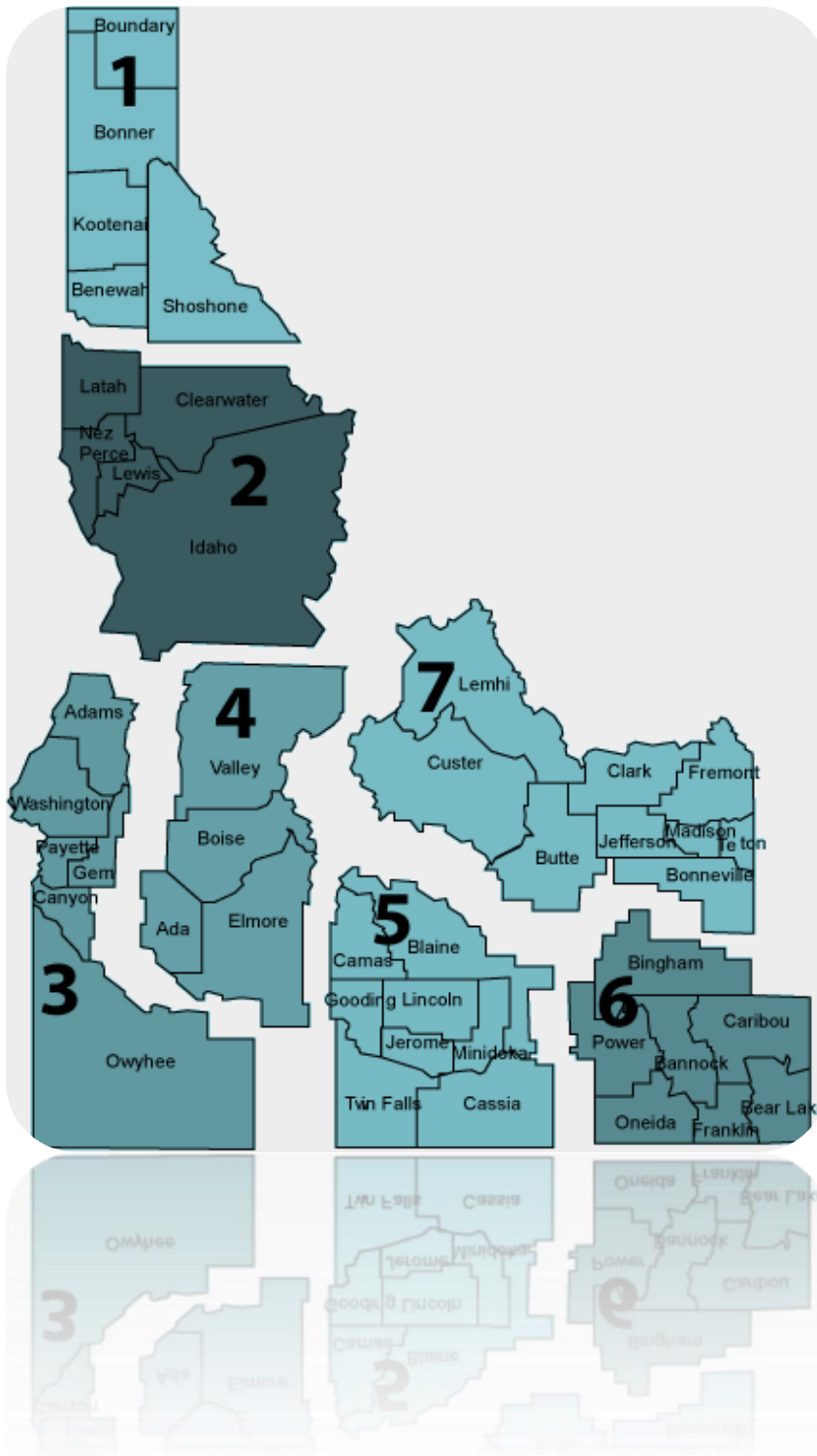
## Gainwell Technologies Provider and Participant Services Contact Information

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)

**Gainwell Technologies**  
**PO Box 70082**  
**Boise, Idaho 83707**



## **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  
informational newsletter for  
Idaho Medicaid providers.  
Editor: Shannon Tolman**

If you have any comments or suggestions,  
please send them to:

**Shannon Tolman,**  
[MedicaidCommunications@dhw.idaho.gov](mailto:MedicaidCommunications@dhw.idaho.gov)

Medicaid – Communications Team

P.O. Box 83720

Boise, ID 83720-0009

Fax: 1 (208) 364-1811