



## What Resources are Available and how do I access them.

### [Telligen Website](#)

- Qualitrac Login
- Provider Portal Registration
- Document Library
  - Forms
    - Seating and Mobility Evaluation: Needed for all wheelchair prior authorization requests except rental <4 months or K0001-K0004 purchase requests
    - Speech Generating Device Evaluation: Needed for all prior authorization requests for speech generating devices.
  - Idaho Medicaid Provider Handbooks
    - Suppliers
      - Information about most DMEPOS
      - Audiology Services
        - Hearing Aids
        - Cochlear Implants
        - Bone Anchored Hearing Aids
        - FM Communication Systems
        - Ear Molds
      - Therapy Services
        - Speech Generating Devices
  - Manuals & User Guides
    - Qualitrac Provider Portal User Guide

Idaho Medicaid Provider Handbooks are also available here:

- [Idaho Medicaid Provider Handbooks](#)

Current and Past Idaho Medicaid Fee Schedules

- [Idaho Medicaid Fee Schedules](#)



### How do I know if a prior authorization is needed for a DMEPOS item?

Refer to the appropriate Idaho Medicaid Fee schedule ([Idaho Medicaid Fee Schedules](#)).

- Column I designates if the item will always require prior authorization and column J designates where to submit the prior authorization request.
- Some items only require prior authorization if the participant has exceeded the share limit. In this case, the fee schedule will not show a prior authorization is needed. You must refer to the appropriate Idaho Medicaid Provider Handbook for shared limit information ([Idaho Medicaid Provider Handbooks](#)).

### How do I submit a prior authorization request for DMEPOS


Refer to Section VI of the Qualitrac Provider Portal User Guide for instructions on submitting prior authorization requests. This is found in the document library on the Telligen Website ([Telligen Website](#)).

- Review Type
  - DME
- Place of Service: Auto fills to Outpatient
- Type of Service: Auto fills to Durable Medical Equipment
- Timing
  - Prospective (almost all requests are prospective)
  - Retrospective
    - Allowed if Participant is granted retrospective eligibility after service(s) is/are provided.
- Dates of Service
  - For rental items, use the time frame for the rental (i.e., 3-month span, 7-month span, 10-month span, or one-year span).
  - For purchase items, date span may be up to one year. Please do more than one day as the date the Participant receives the item must be within the approved date span.
- Providers (It is always best to search using the provider NPI)
  - DME Provider
    - Entity that provides the DMEPOS
  - Ordering Provider
    - Physician or non-Physician practitioner ordering the DMEPOS.
- Diagnosis
  - May enter up to 12 (but only need one).



- Durable Medical Equipment
  - Some requests will have multiple line items (i.e., wheelchair and accessories may all be submitted on one request).
  - If a Participant require two **different** DMEPOS items, please do two requests. (i.e., if both a wheelchair and a stander are needed, please submit two separate requests).
  - One modifier is necessary on all DME requests. Up to two modifiers may be submitted for each item. The second modifier can only be either the SC or the EP modifier.
    - NU-new equipment
    - RR-rental equipment
    - UE-used equipment (rarely needed).
    - SC-Medically necessary service or supply.
      - Refer to the current Idaho Medicaid fee schedule for items that the SC modifier is required.
    - EP-used when billing for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services.
      - Must be the second modifier
      - Only allowed for Participants under the age of 21.
    - If a prior authorization is issued with a modifier, the provider must bill with that modifier. However, provider can add modifiers to billing. This is core functionality because there are many modifiers that are not known until the time of billing.
  - For any NOS or MISC item (i.e., K0108, E1399, L8699) if more than one item with that same NOS code is needed, it must be submitted as one unit under one line item. You **MUST** type out each requested item and requested quantity in the text box.
  - The price does not need to be entered on the request in Qualitrac. For items in which manually pricing is needed, the price approved will be bundled amount.
- Documentation
  - File Upload Restrictions
    - Extensions: pdf, gif, jpg, jpeg, png, bmp, rtf, doc, docx, xls, xlsx, txt, xps, csv
    - Size: Less than or equal to 300 Mb
- Documenting Clinical
  - Document MCG criteria.
    - Please choose any criteria that is Idaho specific.
      - Usually shown as ID\_ or ID Medicaid
    - Check **all** boxes that are appropriate.



- You may type in notes by clicking on the .
- User Attestation is your Qualitrac user ID.

### **What is a Capped Rental?**

Equipment rented as a capped rental will be considered purchased after the tenth monthly rental payment and belong to the participant.

### **What Documentation is Required to submit with a Prior Authorization Request?**

- The participant's medical diagnosis and description of the current medical condition that makes the equipment or supplies medically necessary.
- Estimation of the date range the medical equipment or supply item will be needed, and the frequency of use. As needed (PRN) orders will not be accepted without instructions on how/when the medical equipment or supplies will be used.
- For medical supplies, the description and quality of supply needed per month.
- A full description of the medical equipment provided. All modification or additions to basic equipment must be documented in the attending physician's prescription.
- The detailed written order.
  - See section 9.2.1 of the Supplier Handbook.
- Verification that the participant as met face-to-face with the physician or non-physician practitioner within six months of the order for equipment or suppliers.
  - Audiologists and podiatrists do not qualify to conduct the visit.
- Invoice/quote or documentation from the manufacturer that include the manufacturer's suggested retail pricing (MSRP) for items that do not have an established rate on file.
  - This must include the HCPC code, the number of units, the price, and a brief description of each requested item.
- Medical necessity documentation
- Any other specific documentation as directed by the Idaho Medicaid Provider Handbooks.



### What qualifies as a sufficient Manufacturer Invoice/MSRP and when is one needed?

- For codes that are manually priced, including miscellaneous codes, a copy of the manufacturer's suggested retail pricing (MSRP) or an invoice or quote from the manufacturer is required.
  - This is necessary to have on the case as these items are manually priced in Gainwell. Without the invoice/MSRP the price is entered as \$0.00, and your claim will not get paid appropriately.
  - Reimbursement will be seventy-five percent (75%) of MSRP. If the pricing documentation is the invoice, reimbursement will be at cost plus ten percent (10%), plus shipping, if that documentation is provided.
- Examples of items that require a Manufacturer Invoice/MSRP (not all inclusive). Always refer to the appropriate Idaho Medicaid fee schedule.

A6512	E2599	L8692
A9999	E8000	L8699
E1229	E8001	V5284
E1231	E8002	V5285
E1399	K0108	V5286
E2300	L1499	V5287
E2511	L2999	V5288
	B4105	V5299

- This must be from the manufacturer. If the DME supplier is the manufacturer, this must be specified on the invoice/MSRP.
- **Each** line must have the HCPC code, price, quantity, and brief description of the requested item.
- Please attach the MSRP/Invoice to the case as a separate document and name the document MSRP.



### **What Participants are eligible for DMEPOS through Idaho Medicaid?**

Participants with Medicaid Basis and Enhanced Plans are eligible to receive durable medical equipment and disposable medical supplies. Providers must check eligibility prior to delivery to validate coverage as some participants may be on restrictive programs that include their DME and DMS. Eligibility may be checked by calling Idaho Medicaid Automated Customer Service (MACS) at 1 (866) 686-4272, or through the Trading Partner Account on the Gainwell Technologies Idaho Medicaid website.

- While residing in a facility DME and disposable medical supplies (DMS) may be considered content of care and the responsibility of the facility. Items that are customized for a specific participant, such as prosthetics and orthotics, may be billed separately to Medicaid unless the participant is a resident of a skilled nursing facility.
- Refer to section 3.3.1, 3.3.2, and 3.3.3 for information about Participants residing in facilities.
- For Participants with Medicaid Rate Code 17, all DME requests must be submitted as a special rate to BLTC. These requests are NOT submitted to Telligen.

### **Are there any DME items that have age group restrictions?**

- Audiology services (hearing aids, cochlear implants, BAHAs, FM Communication systems, etc.) are covered for Participants under the age of 21.
  - With the exception of those Participants covered under Waiver (requests for waiver coverage is discussed later in this document).
- Services identified as a result of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and which correct or ameliorate a defect will not be subject to the existing amount, scope, and duration limitations, but require prior authorization. The medical necessity for the additional service must be documented. It must be proven safe, effective, and accepted as a medical practice or treatment for the condition being addressed.
  - EPSDT benefit is only available for children up their 21st birthday.
  - Please review the Supplier provider handbook for specific DMEPOS that is only available under EPSDT. Common items include (but not limited to).
    - Pediatric Car Seats
    - Gait Trainers
    - Oxygen Services that does not meet criteria.
    - Standing Frames
    - Corrective shoes and accessories.
    - Adaptive Non-Medical Specialty Beds
  - When an item is approved under EPSDT funding, add the EP modifier as the second modifier on the request and on your claim.



### **How do I submit a Prior Authorization request for review under Waiver Services?**

Submit the request to Telligen as instructed above. The request will be forwarded to Idaho Medicaid waiver program for review. All required documentation as listed above must be submitted. Once the case is forwarded to Waiver review, your request will be closed as “Outcome Not Rendered”. There will be instructions on who to contact for questions related to the questions in your outcome letter.

### **What criteria is used to determine medical necessity for DMEPOS items?**

The following criteria applicability is used:

1. Criteria written in the Idaho Medicaid Provider Handbooks
2. Milliman Care Guidelines (MCG)
3. Noridian DME Jurisdiction D LCD
4. Medicare NCD

See section five of the Supplier Provider Handbook for more information on criteria sets.



**Documentation requirements and information on submitting a request for specific items that are commonly requested \*\*\*This is subject to change, always review the most current Idaho Provider Handbooks and Idaho Medicaid Fee Schedules\*\*\***

**Audiology Services (only covered for Participants under the age of 21, unless there is waiver coverage). Please use the EP modifier as second modifier on all Audiology requests**

- **Non-implantable Hearing Aids**
  - Prior authorization is not required, and Idaho Medicaid will reimburse for medically necessary monaural or binaural hearing aids when there is a documented hearing loss of at least 30 decibels based on the standard Pure Tone Average. Binaural hearing aids must also have documentation that the participant qualifies for a hearing aid in each ear.
  - Shared limit is one hearing aid per year every **three** years (**Prior Authorization is needed if Participant exceeds the shared limit**).
  - Prior authorization requests for hearing aids for participants under the age of 21 due to not meeting the above criteria must include the following information:
    - A note that consideration is being requested under EPSDT due to not meeting criteria.
    - A copy of the audiometric test results
    - Make/model of the hearing aid, including any option or accessories.
    - Justification for the options or accessories.
    - A current physician or non-physician practitioner order.
- **Bone-Anchored Hearing Aid**
  - Prior authorization is always required.
  - Covered for participants under the age of 21.
  - See specific Idaho Medicaid criteria in section 4.5 of the Audiology Services Provider Handbook.
- **Cochlear Implant**
  - Covered for participants nine months of age and under 21.
  - Always require a prior authorization.
  - There must be documented failure of non-implantable hearing devices.
- **FM Communication Systems**
  - Prior Authorization is always required.
  - Covered for participants with one or more of the following criteria:





- Monaural separation closure deficits, which exhibits as problems filling in missing information in noisy situations.
- Temporal recognition deficits, resulting in reduced speech perception, both in content and intent.
- Binaural separation/integration deficits which manifests as difficulty attending to one piece of information and ignoring noise.
- Prior Authorization requests must include the following information:
  - Make/model of the system, including any option or accessories.
  - Manufacturer or wholesaler's invoice or MSRP for the requested items.
    - This must include the HCPC code, price, quantity, and a brief description of the requested item(s).
  - Documentation of medical necessity for the options and accessories.
  - A current physician or non-physician practitioner order.
  - If the participant does NOT wear a hearing aid, test results identify monaural, closure or temporal deficits per the criteria above.

### **Adaptive Non-Medical Specialty Bed: Pediatric (E1399)**

- May be covered for participants under the age of 21 under EPSDT funding.
- Requested as E1399 with the NU as the first modifier and EP as the second modifier.
- The request must be for one unit on one line.
- All requested items and requested quantity for each item must be listed in the NOS Description box.
  - Typing "see invoice" is not acceptable. The case will be closed as Outcome Not Rendered and you will be instructed to submit a new request.
- The invoice/MSRP must have the HCPC code, price, quantity, and a brief description of each requested item.
- When documenting clinical in MCG, choose the ID\_Adaptive Non-Medical Specialty Bed Pediatric.

### **Apnea Monitors**

- Capped Rental
- Prior Authorization is always required.
- Initial request may only be for up to three months.
- Renewal requests (periods exceeding three months) require a physician or non-physician practitioner's narrative report of client progress.



- Renewals are usually reviewed on a monthly basis, but up to seven months may be requested.
- Considered medically necessary with one or more of these apparent life-threatening events:
  - An apnea episode characterized by color change, choking or gagging.
  - Apnea caused by severe respiratory complications in an infant or child.
  - Bronchopulmonary dysplasia
  - Hyperventilation
  - An infant with a tracheostomy
  - Recent ventilator dependency
  - Symptomatic pre-term infants

### **Activity Chairs**

- May be covered for participants under the age of 21 under EPSDT funding.
- Requested as E1399 with the NU as the first modifier and EP as the second modifier.
- The request must be for one unit on one line.
- All requested items and requested quantity for each item must be listed on the request in the NOS Description box.
  - Typing “see invoice” is not acceptable. The case will be closed as Outcome Not Rendered and you will be instructed to submit a new request.
- The invoice/MSRP must have the HCPC code, price, quantity, and a brief description of each requested item.
- Documentation must include a cost comparison of two similar items with MSRP showing the requested item is the least costly for Idaho Medicaid.
- When documenting clinical in MCG, choose the ID\_Therapeutic Positioning Chairs guideline.

### **Enzyme Digestive Cartridge (EDC)**

- Request as B4105 with the NU modifier as the first modifier and the EP modifier as the second modifier.
- May be covered for participants under the age of 21 under EPSDT funding.
- The invoice/MSRP must have the HCPC code, price, quantity, and a brief description of each requested item.



### **Rehabilitation Shower Chairs and Shower Gurneys**

- Requested as E1399 with the NU modifier.
- The request must be for one unit on one line.
- All requested items must be listed on the request in the NOS Description box and requested quantity for each item
  - Typing “see invoice” is not acceptable. The case will be closed as Outcome Not Rendered and you will be instructed to submit a new request.
- The invoice/MSRP must have the HCPC code, price, quantity, and a brief description of each requested item.
- Documentation must include a cost comparison of three similar items with MSRP showing the requested item is the least costly for Idaho Medicaid.
- When documenting clinical in MCG, choose the ID-Rehab Shower Chairs Guideline.
- Covered for participants with medical conditions that cause unstable ambulation that causes a risk for falls or injury and who would be unable to bathe without them.

### **Breast Pumps**

- Electric and manual breast pumps are covered for women who choose to breast feed. Prior authorization is **not needed** unless the share limit of one every three years is exceeded.
- Hospital Grade breast pumps are available for rental only. Prior authorization is only needed if the rental period exceeds three months and/or does not meet the following criteria.
  - Hospital grade breast pumps are covered when the infant receiving milk experiences a prolonged hospitalization, the mother has been discharged from the hospital, and one of the following conditions directly impacts the ability of the infant to feed from the mother:



- Prematurity (including multiple gestation).
- Neurologic disorder
- Genetic abnormality
- Anatomic or mechanical malformation (e.g., cleft lip or palate)
- Congenital malformation requiring surgery.

### **Pediatric Car Seats**

- Requested as E1399 with the NU as the first modifier and EP as the second modifier.
- The request must be for one unit on one line.
- All requested items must be listed on the request in the NOS Description box with the requested quantity of each accessory.
  - Typing “see invoice” is not acceptable. The case will be closed as Outcome Not Rendered and you will be instructed to submit a new request.
- The invoice/MSRP must have the HCPC code, price, quantity, and a brief description of each requested item.
- Documentation must include a cost comparison of two similar items with MSRP showing the requested item is the least costly for Idaho Medicaid.
- When documenting clinical in MCG, choose the ID\_Special Needs Car Seat Guideline.
- Only covered for participants under the age of 21 (these are funded under EPSDT).
- Participants under the age of 21 are eligible for one specialized car seat every five years. Changes in medical condition will be reviewed on a case-by-case basis for a new car seat within 5 years of being provided another one.
- A specialized car seat evaluation must be submitted with the prior authorization request.
- Idaho Medicaid medical necessity criteria and documentation requirement are listed in section 5.7 of the Idaho Medicaid Provider Handbook, Suppliers.
  - [Idaho Medicaid Provider Handbooks](#)

### **Chest Wall Oscillating Device.**

- Capped Rental.
- Prior Authorization is **NOT** required if the participant has one of the following preapproved diagnoses:



- A15.0, B91, D81.810, D84.1, E84.0, E84.9, G12.0—G12.9, G14, G35, G71.00—G71.8, G72.0—G72.2, G72.89, G73.7, G82.50—G82.54, J47.0—J47.9, J98.6, M33.02, M33.12, M33.22, M33.92, M34.82, M35.03 and Q33.4.
- Prior Authorization requests must be submitted as 10 units over a 10-month period with the RR modifier.

### **Gait Trainers**

- E8000, E8001, or E8002 with the NU modifier (first) and EP modifier (second).
  - This code includes all needed accessories.
  - Request all items as one unit.
  - In the comments list the name of the item and requested quantity of each item.
- There is no set allowed amount on the fee schedule. An invoice/quote/MSRP MUST be submitted with the prior authorization request. It must have the HCPC code, pricing information, number of units, and a brief description of each requested item.
- Use ID\_Medicaid\_Gait Trainer Guideline.
- Documentation of medical necessity for all accessories must be submitted with the prior authorization request.
- A cost comparison of at least two other like items with MSRP information must be submitted with the prior authorization request.
- Idaho Medicaid specific criteria is found in section 5.16 of the Idaho Medicaid Provider Handbook, Suppliers.

### **Hospital Beds**

- Capped Rental
- Number of units requested is the number of rental months.
- Requests may be from one to ten units(months)

### **Incontinence Supplies**

- Incontinence supplies including diapers, liners, pull-ups, and under-pads are covered for participants who have a medical need for the items based on their diagnosis. These items are **not** covered for participants under four years of age or participants in long-term care.
- Prior authorization is not needed unless the Participant exceeds the shared limit.
  - Shared limits are found in section 5.23 of the Idaho Medicaid Provider Manual, Suppliers.



- Only request the number of units needed that exceed the shared limit. For example, disposable diapers:
  - Shared limit is 240 per month (2880 per year). The participant needs 250 per month, you only need to request 120 units for the year.

### **Insulin Infusion Pumps**

- Can be requested as a capped rental OR a purchase.
- Idaho Medicaid specific criteria is found in section 5.25 of the Supplier handbook.

### **Knee Scooter (Rollabouts)**

- Capped Rental
- Prior Authorization not required for one three-month period every five years.
- Submitted documentation must show that the participant is unable to use a cane, crutches, or walker to complete ADLs.

### **Oral Appliances**

- E0485 does not have a designated allowed amount on the Idaho Medicaid Fee schedule. An invoice/MSRP must be submitted with the prior authorization request, and this must show the HCPC code, quantity, price, and a brief description of the requested item.
- Idaho Medicaid specific criteria is found in section 5.30 of the Supplier Handbook.

### **Osteogenesis Stimulators**

- Detailed written orders must include the **frequency and duration** of treatment.

### **Oximeters**

- Continuous monitoring models are a covered benefit. **Oximeters used for spot checking are not covered under the state health plan.**
- Capped Rental
- Prior authorization is not required for the first three months of use. If renewal is needed a prior authorization must be submitted.
- Either a current progress report, a download from the device demonstrating saturation levels, or the prior month's log for oxygen saturation and oxygen liter flow adjustments must be submitted with the prior authorization request.



- Idaho Medicaid specific criteria is found in section 5.32 of the Supplier Handbook.

### **Positive Airway Pressure Devices (Bi-PAPs and CPAPs).**

- Capped rental
- The initial three-month rental does not require prior authorization.
- Renewal requests are submitted as seven units over a seven-month period with the RR modifier.
- An additional three-month trial may be requested if the participant did not meet criteria. This request must be submitted for three units over a three-month period with the RR modifier.
- See the Supplier Handbook, sections 5.37-5.37.6 for Idaho specific criteria.
- Prior authorization requests must be submitted with an initial clinic note, the sleep study results, a compliance report, and a follow-up clinic note.

### **Standing Frames**

- Only covered for Idaho Medicaid Participants under the age of 21. This is under EPSDT funding.
  - Claims must be submitted to Gainwell with the EP modifier.
- Prior authorization is always required.
- Accessories are requested as E1399. All requested accessories must be submitted as one unit. Each requested item and the requested quantity of each item must be typed in the NOS box.
- An invoice/MSRP must be submitted with the prior authorization requested. This must have the HCPC code, price, quantity, and a brief description of all requested items.
- See the Supplier Handbook, section 5.40 for Idaho Medicaid specific criteria.

### **Ventilators**

- Continuous Rental
- Participants without a tracheostomy will only be approved for six-months at a time. Participants with a tracheostomy may be approved for twelve months at a time.
- Backup ventilators are **not** covered by the state health plan.
- Initial requests may only be approved three months (depending on the clinical picture). Renewals may be requested and require:
  - The ventilator's current settings.
  - A download from the device for the last 90 days.
  - Current progress notes.



- Documentation of changes in medical condition in the last six to 12 months including hospitalizations.

### **Manual Wheelchairs**

- See section 5.46 of the Supplier Handbook for Idaho Medicaid specific criteria.
- May be purchased (NU modifier) or rented (RR modifier).
  - Short-term rentals (three months or less) do not require a prior authorization or a completed seating and mobility evaluation but must meet all other criteria. Participants only receive coverage of three-months of short-term rental coverage per five years. If additional short-term rental time or a new capped rental is necessary, a prior authorization is required.
- The seating and mobility evaluation form must be completed for all non-standard wheelchairs that are needed for longer than three months. (K0001, K0002, K0003, and K0004 are the wheelchairs that do not need the seating and mobility evaluation).

### **Power Wheelchairs**

- See section 5.47 of the Supplier Handbook.
- May be purchased (NU modifier) or rented (RR modifier).
  - Short-term rentals (three months or less) do not require a prior authorization or a completed seating and mobility evaluation but must meet all other criteria. Participants only receive coverage of three-months of short-term rental coverage per five years. If additional short-term rental time or a new capped rental is necessary, a prior authorization is required.
- Power wheelchairs Group 2 and above must be provided by a supplier in connection with a RESNA-certified Assistive Technology Professional.
- The Idaho Medicaid Seating and Mobility Form must be completed by a physical or occupational therapist.





### **Wheelchair Accessories and Seating Systems.**

- See section 5.48 of the Supplier Manual for Shared limits.
- Any item that exceeds the shared limit requires a prior authorization.
- Refer to the current Idaho Medicaid fee schedule for items that always require a prior authorization.

### **Prosthetics and Orthotics**

- Refer to section six of the Supplier Handbook
- Idaho Medicaid covers medically necessary prosthetic and orthotic devices and related services that artificially replace a missing portion of the body or support a weak or deformed portion of the body.
- Prior authorization requests must be submitted within ninety days of the detailed written order.
- The prior authorization request must be submitted with documentation that includes the participant's current functional capabilities and their expected function rehabilitation potential.
- Repairs and modification are covered by the Department when the original prosthetic no longer meets the medical needs of the participant.
- Electronically powered or enhanced prosthetic devices of any kind are not covered by the state health plan.
- Prior authorization requests must be submitted with the NU modifier.

### **Cranial Remolding Orthosis**

- Participants must have had cranial vault remodeling surgery synostosis to be eligible for coverage.
- Cranial remolding orthoses are not considered medically necessary and are non-covered for the treatment of plagiocephaly or brachycephaly without synostosis.
- Prior authorization requests must be submitted with the NU modifier.

### **Helmets**



- May be covered for participants with a seizure disorder or a requirement for post operative protection.
- Helmets intended for use in sports, recreation, or behavioral issues are **not** covered under the state health plan.
- Prior authorization requests must be submitted with the NU modifier.

### **Shoes and Accessories**

- Corrective shoes, or modifications to an existing shoe owned by the participant, are covered when they are attached to an orthosis or prosthesis or when specially constructed to provide for a totally or partially missing foot.
- Shoes and accessories are **not** covered for any other indication. Mismatched shoes, comfort shoes following surgery, shoes to support an overweight individual, or shoes used as a bandage following foot surgery, arch supports, foot pads, metatarsal head appliances or foot supports are **not** covered under the program.
- These may be covered under EPSDT for participants under the age of 21.
  - Request must be submitted with NU as the first modifier and EP as the second modifier.