



MedicAide

An Informational Newsletter for Idaho Medicaid Providers

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

January 2026

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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 Division of Medicaid by emailing medicaidcommunications@dhw.idaho.gov or by calling 888-528-5861.

Services Provided to Immediate Family or Household Members

The Medicaid Program Integrity Unit has identified providers that have billed Medicaid for services provided to an immediate family or household members. In most cases, Medicaid doesn't reimburse services provided to immediate family or household members.

Section 3.6 of [General Information and Requirements for Providers](#) in the Idaho Medicaid Provider Handbook states:

3.6. Services for Immediate Family or Household Member

The Department reimburses providers based on the lesser of reasonable costs or customary charges for services and items. The definition for customary charges includes the provision for Medicare rates, which considers items and services furnished to an immediate family or household member to be without charge or no charge due to the relationship between the participant and the provider. Unless otherwise stated providers cannot be reimbursed for services provided to a participant within their immediate family or household.

For physicians and non-physician practitioners this also includes services that are incidental to their care. This section does not apply to a non-professional corporation regardless of the relationship with any employee, stockholder, officer or director. It does apply to a professional corporation, which is any corporation owned by healthcare professionals for the purpose of practicing medicine, midwifery, dentistry, podiatry, optometry, or chiropractic care.

Providers are encouraged to consult their professional organization's stance on these services as many organizations such as the American Medical Association consider the treatment of self or an individual with a close personal relationship in violation of their ethical standards.

3.6.1. Immediate Family Definition

An immediate family member is:

- A spouse;
- A natural, step, in-law, or adopted child;
- A natural, step, in-law, or adopted parent;
- A person acting in loco parentis;
- A natural, step, in-law, or adopted sibling;
- A natural, step, in-law, or adopted grandchild; or
- A natural, step, in-law, or adopted grandparent.

The spouse of a brother-in-law or sister-in-law is not considered an immediate family member. Familial bonds remain in effect in the event of the death of one of the parties.

3.6.2. Household Member Definition

A household member is anyone living in the provider's residence with a relationship based on blood, adoption, marriage, or employment. Roommates and renters are not considered a member of the provider's household. However, services provided for a roommate or renter are still excluded from reimbursement when they are an immediate family member.

Please be advised that services billed to Medicaid for immediate family or household members may be subject to recoupment and civil monetary penalties.

Medicaid Billing Compliance

Idaho Medicaid providers are required to comply with rules and regulations governing medical assistance. Guidance on coverage, service limitations, and other payment conditions is provided through Idaho Administrative Procedure Act (IDAPA) rules, Medicaid Information Releases, provider handbooks, newsletters, and other official program communications.

Providers may contact Medicaid's Management Information System (MMIS) (Gainwell representatives) to inquire about member eligibility, member benefits, procedure codes and diagnostic codes. Gainwell representatives can assist providers with their general questions. Information provided by a Gainwell representative doesn't supersede written policy, rule, or direction given by the Department of Health and Welfare (DHW) and doesn't alleviate providers of their responsibility to know and follow those rules outlined by DHW. Gainwell Technologies is a contractor, and their representatives aren't Medicaid employees.

Valid billing codes and/or Medicaid member eligibility doesn't guarantee the service is reimbursable. Documentation must support medical necessity; the service must have been provided and must be covered under the Medicaid program in accordance with DHW's guidelines. Gainwell MMIS representatives do not approve or authorize services for payment and aren't responsible for providers following DHW's rules regardless of the information they provide.

The [Information for Medicaid Providers](#) page on the DHW website includes links to many of the resources and policy manuals referenced in Medicaid guidelines. Providers are strongly encouraged to refer to the website for the most current information regarding Medicaid coverage, billing procedures, provider handbooks, and compliance requirements.

All services billed to Medicaid must comply with all applicable rules and regulations. Any services billed that do not adhere to Medicaid requirements are subject to review and may result in recoupment of payment and imposition of civil monetary penalties.

Provider Handbook Updates

The following Idaho Medicaid Provider Handbook updates will be published in December 2025 or January 2026.

All handbooks were updated to remove requirements for the Healthy Connections program.

The [Ambulatory Health Care Facility Services](#) handbook was rewritten. Providers are encouraged to familiarize themselves with the new content to stay in compliance.

The [Ambulatory Surgical Center Services](#) handbook was updated to:

- Update provider qualifications;
- Remove prohibitions on certain coverages; and
- Explain bundled services.

The [Audiology Services](#) handbook was updated to:

- Allow for scope of practice; and
- Direct providers to the DMEPOS handbook for DME and DMS.

A new Certified Family Home provider handbook will be published.

The [Chiropractic Services](#) handbook was updated to:

- Allow other providers to perform chiropractic services within the scope of their practice; and
- Allow reimbursement for associated radiology.

The [DMEPOS](#) handbook will be updated to:

- Add contact information for the Bureau of Long Term Care;
- Add A4288 to Breast Pump Limitations;
- Change the Wheelchair Seat Elevation policy;
- Correct the threshold amount for equipment requiring bids; and
- Update coverage codes including L5657, L3064, L6035, Pneumatic Compressors, Walkers.

The [Eye and Vision Services](#) handbook will be updated to:

- Allow scope of practice;
- Add information about tinted lenses;
- Include a list of codes requiring the KX modifier;
- Add refractive state and fundus exam to intermediate ophthalmological services;
- Clarify requirement to follow Therapy Services handbook;
- Update vision therapy age limitation to match IDAPA 16.03.26; and
- Remove the prior authorization requirement for initial vision therapy.

The [General Billing Instructions](#) handbook will be updated to:

- Add information about claims pending for EVV;
- Add information about prior authorization of physician administered drugs;
- Clarify manual pricing of pharmaceuticals;
- Add a section on overpayments and underpayments;
- Clarify required coding and coverage;
- Add a section on unlisted codes;
- Add modifier 73;
- Add an appeals sections;
- Add Auxiant as a payor secondary to Medicaid;
- Incorporate burden of proof from IDAPA 16.05.07; and
- Remove 60-day exception for DOS longer than a year for timely filing.

The [General Information and Requirements for Providers](#) handbook will be updated to:

- Create an appeals section;
- Clarify enrollment and change of ownership procedures; and
- Create a referral section.

The [Hospital Services](#) handbook will be updated to:

- Rearrange some sections to be more intuitive;
- Incorporate change to CART to allow outpatient setting;
- Allow for provider scope of practice;
- Clarify billing for observation;
- Clarify patients returning to the ER for same condition;
- Add information on CAH billing professional services; and
- Add language about 4% reduction.

The Long-Term Care Facility handbook will be renamed the Long-Term Care Facility Services handbook and significantly updated. Providers are encouraged to familiarize themselves with the new content to stay in compliance.

The [Midwife Services](#) handbook will be updated to incorporate published guidance on birthing centers, items and services included in reimbursement and requirements for informing participants.

Remittance Analysis Advice will be substantially reformatted without substantive changes.

The [Medical Services](#) handbook will be updated to:

- Add instructions for hemabate; and
- Add POS for portable radiology and radiology interpretation.

The [Therapy Services](#) handbook will be updated to exempt home health from billing with therapy assistant modifiers.

Questions about this article or suggestions about the provider handbook may be submitted to the [Bureau of Policy](#).

CPT® and HCPCS Coverage Update

The following codes are being added 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 provider handbook requirements apply.

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
C1607	Neurostimulator, integrated (implantable), rechargeable with all implantable and external components including charging system	1/1/2026	Telligen
C7566	Arthrodesis, interphalangeal joints, with or without internal fixation, with autografts (includes obtaining grafts)	1/1/2026	No

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
C7567	Bronchoscopy, rigid or flexible, including fluoroscopic guidance when performed, with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i), with computer-assisted image-guided navigation	1/1/2026	Telligen
C7568	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	1/1/2026	Telligen
C7570	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with intraprocedural coronary fractional flow reserve (ffr) with 3d functional mapping of color-coded ffr values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (list separately in addition to code for primary procedure)	1/1/2026	Telligen
C9176	Tc-99m from domestically produced non-heu mo-99, [minimum 50 percent], full cost recovery add-on, per study dose	1/1/2026	No
C9307	Injection, livoseltamab-gcpt, 1 mg	1/1/2026	Pharmacy
C9308	Injection, carboplatin (avyxa), 1 mg	1/1/2026	No
C9811	Electronic ambulatory infusion pump (e.g. sapphire pump), including all pump components, including disposable components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	1/1/2026	No

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
C9815	Linear peristaltic pain management infusion pump (e.g. cadd-solis ambulatory infusion pump), and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	1/1/2026	No
C9816	Rotary peristaltic infusion pump (e.g., reusable ambit pump) including all disposable system components, reusable non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	1/1/2026	No
G0561	Tympanostomy with local or topical anesthesia and insertion of a ventilating tube when performed with tympanostomy tube delivery device, unilateral (list separately in addition to 69433) (do not use in conjunction with 0583T)	1/1/2026	MCU
J0013	Esketamine, nasal spray, 1 mg	1/1/2026	Pharmacy
J0162	Injection, epinephrine (fresenius), not therapeutically equivalent to j0165, 0.1 mg	1/1/2026	No
J0654	Injection, liothyronine, 1 mcg	1/1/2026	No
J1073	Testosterone pellet, implant, 75 mg	1/1/2026	Pharmacy
J1736	Injection, meloxicam (delova), 1 mg	1/1/2026	No
J1737	Injection, meloxicam (azurity), 1 mg	1/1/2026	No
J1837	Injection, posaconazole, 1 mg	1/1/2026	No
J2516	Injection, pentamidine isethionate, 1 mg	1/1/2026	No
J2596	Injection, vasopressin (long grove), not therapeutically equivalent to j2598, 1 unit	1/1/2026	Pharmacy
J2711	Injection, neostigmine methylsulfate 0.1 mg and glycopyrrolate 0.02 mg	1/1/2026	No

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
J3291	Injection, tranexamic acid in sodium chloride, 5 mg	1/1/2026	No
J3376	Injection, vancomycin hcl (hikma), not therapeutically equivalent to j3373, 10 mg	1/1/2026	No
J3379	Injection, valproate sodium, 5 mg	1/1/2026	No
J3387	Injection, elivaldogene autotemcel, per treatment	1/1/2026	No
J3389	Topical administration, prademagene zamikeracel, per treatment	1/1/2026	No
J7299	Intrauterine copper contraceptive (miudella)	1/1/2026	No
J7528	Mycophenolate mofetil, for suspension, oral, 100 mg	1/1/2026	No
J9184	Injection, gemcitabine hydrochloride (avyxa), 200 mg	1/1/2026	No
J9256	Injection, nipocalimab-aahu, 3 mg	1/1/2026	No
J9282	Mitomycin, intravesical instillation, 1 mg	1/1/2026	No
J9326	Injection, telisotuzumab vedotin-tllv, 1 mg	1/1/2026	Pharmacy
Q5160	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg	1/1/2026	No
20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)	1/1/2026	MCU
27458	Incision of thigh bone and insertion of bone-lengthening device in marrow cavity	1/1/2026	Telligen
27713	Incision of lower leg bone and insertion of bone-lengthening device in marrow cavity	1/1/2026	Telligen
33882	Repair of chest aorta with insertion of stent-graft with fenestration for left chest vein	1/1/2026	No
35602	Bypass of diseased or blocked neck to brain artery using other neck to brain artery	1/1/2026	No

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
37254	Balloon dilation of artery of abdomen/pelvis, straightforward lesion in initial vessel	1/1/2026	No
37255	Balloon dilation of artery in abdomen/pelvis, straightforward lesion in each additional vessel	1/1/2026	No
37256	Balloon dilation of artery in abdomen/pelvis, complex lesion in initial vessel	1/1/2026	No
37257	Balloon dilation of artery in abdomen/pelvis, complex lesion in each additional vessel	1/1/2026	No
37258	Insertion of stent of artery in abdomen/pelvis, straightforward lesion in initial vessel	1/1/2026	No
37259	Insertion of stent in artery of abdomen/pelvis straightforward lesion in each additional vessel	1/1/2026	No
37260	Insertion of stent artery of abdomen/pelvis, complex lesion in initial vessel	1/1/2026	No
37261	Insertion of stent artery of abdomen/pelvis, complex lesion in each additional vessel	1/1/2026	No
37262	Intravascular shockwave treatment artery in abdomen/pelvis	1/1/2026	Telligen
37263	Balloon dilation of artery in thigh/behind knee, straightforward lesion in initial vessel	1/1/2026	No
37264	Balloon dilation of artery in thigh/behind knee, straightforward lesion in each additional vessel	1/1/2026	No
37265	Balloon dilation of artery in thigh/behind knee, complex lesion in initial vessel	1/1/2026	No
37266	Balloon dilation of artery in thigh/behind knee, complex lesion in each additional vessel	1/1/2026	No
37267	Stent placement in artery in thigh/behind knee, straightforward lesion in initial vessel	1/1/2026	No
37268	Stent placement in artery in thigh/behind knee, straightforward lesion in each additional vessel	1/1/2026	No

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
37269	Stent placement in artery in thigh/behind knee, complex lesion in initial vessel	1/1/2026	No
37270	Stent placement in artery in thigh/behind knee, complex lesion in each additional vessel	1/1/2026	No
37271	Removal of plaque with balloon dilation artery in thigh/behind knee, straightforward lesion in initial vessel	1/1/2026	No
37272	Removal of plaque with balloon dilation artery in thigh/behind knee, straightforward lesion in each additional vessel	1/1/2026	No
37273	Removal of plaque with balloon dilation artery in thigh/behind knee, complex lesion in initial vessel	1/1/2026	No
37274	Removal of plaque with balloon dilation artery in thigh/behind knee, complex lesion in each additional vessel	1/1/2026	No
37275	Stent placement in artery in thigh/behind knee with removal of plaque, straightforward lesion in initial vessel	1/1/2026	No
37276	Stent placement in artery in thigh/behind knee with removal of plaque, straightforward lesion in each additional vessel	1/1/2026	No
37277	Stent placement in artery in thigh/behind knee with removal of plaque, complex lesion in initial vessel	1/1/2026	No
37278	Stent placement in artery in thigh/behind knee with removal of plaque, complex lesion in each additional vessel	1/1/2026	No
37279	Intravascular shockwave treatment artery in thigh/back of knee	1/1/2026	Telligen
37280	Balloon dilation of artery in lower leg, straightforward lesion in initial vessel	1/1/2026	No
37281	Balloon dilation of artery in lower leg, straightforward lesion in each additional vessel	1/1/2026	No
37282	Balloon dilation of artery in lower leg, complex lesion in initial vessel	1/1/2026	No
37283	Balloon dilation of artery in lower leg, complex lesion in each additional vessel	1/1/2026	No

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
37284	Stent placement in artery in lower leg, straightforward lesion in initial vessel	1/1/2026	No
37285	Stent placement in artery in lower leg, straightforward lesion in each additional vessel	1/1/2026	No
37286	Stent placement in artery in lower leg, complex lesion in initial vessel	1/1/2026	No
37287	Stent placement in artery in lower leg, complex lesion in each additional vessel	1/1/2026	No
37288	Removal of plaque with balloon dilation in artery in lower leg, straightforward lesion in initial vessel	1/1/2026	No
37289	Removal of plaque with balloon dilation in artery in lower leg, straightforward lesion in each additional vessel	1/1/2026	No
37290	Removal of plaque with balloon dilation in artery in lower leg, complex lesion in initial vessel	1/1/2026	No
37291	Removal of plaque with balloon dilation in artery in lower leg, complex lesion in each additional vessel	1/1/2026	No
37292	Stent placement in artery in lower leg with removal of plaque, straightforward lesion in initial vessel	1/1/2026	No
37293	Stent placement in artery in lower leg with removal of plaque, straightforward lesion in each additional vessel	1/1/2026	No
37294	Stent placement in artery in lower leg with removal of plaque, complex lesion in initial vessel	1/1/2026	No
37295	Stent placement in artery in lower leg with removal of plaque, complex lesion in each additional vessel	1/1/2026	No
37296	Balloon dilation of artery in ankle, straightforward lesion in initial artery	1/1/2026	No
37297	Balloon dilation of artery in ankle, straightforward lesion in each additional artery	1/1/2026	No
37298	Balloon dilation of artery in ankle, complex lesion in initial artery	1/1/2026	No
37299	Balloon dilation of artery in ankle, complex lesion in each additional artery	1/1/2026	No

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	1/1/2026	Telligen
43889	Reduction of size of stomach using an endoscope	1/1/2026	Telligen
47384	Destruction of growths of liver using electrical pulses	1/1/2026	Telligen
52443	Examination of urethra and bladder with incision of opening of prostate gland and drug delivery using endoscope	1/1/2026	Telligen
52597	Removal of prostate gland using robotic-assisted waterjet through urethra	1/1/2026	Telligen
55707	Ultrasound-guided biopsy of prostate gland through rectum	1/1/2026	No
55708	Ultrasound-guided biopsy of first-targeted tumor of prostate gland with MRI-fusion guidance through rectum	1/1/2026	No
55709	Ultrasound-guided of prostate gland through area between scrotum and anus	1/1/2026	No
55710	Ultrasound-guided biopsy of first-targeted tumor of prostate gland with MRI-fusion guidance through area between scrotum and anus	1/1/2026	No
55711	MRI-ultrasound-fusion guided biopsy of prostate gland first targeted tumor only through rectum	1/1/2026	No
55712	MRI-ultrasound-fusion guided biopsy of prostate gland first targeted tumor only through area between scrotum and rectum	1/1/2026	No
55713	CT- or MRI-guided biopsy of prostate gland of targeted tumors	1/1/2026	No
55714	CT- or MRI-guided biopsy of prostate gland of first targeted tumor	1/1/2026	No
55715	MRI-ultrasound fusion, or CT-, or MRI-guided biopsy of prostate gland, each additional targeted tumor	1/1/2026	No
55868	Surgical removal of prostate and surrounding lymph nodes, with biopsy of lymph nodes, using an endoscope	1/1/2026	No

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
55869	Surgical removal of prostate and surrounding lymph nodes using an endoscope	1/1/2026	No
62330	Partial removal of lower spine ligament from both sides of one spine interspace with release	1/1/2026	Telligen
62331	Partial removal of lower spine ligament from both sides of each additional spine interspace with release	1/1/2026	No
63032	Partial removal of spine bone with release of lower spinal cord nerves with implantation of a bone-anchored closure device of one spine interspace	1/1/2026	Telligen
64728	Release of hand nerve at carpal tunnel with balloon dilation	1/1/2026	Telligen
70471	CT scan of blood vessels in the head and neck with contrast	1/1/2026	Telligen
70472	CT scan of brain blood flow with contrast, with image post-processing with concurrent CT or CT scan of blood vessels of same area performed at same time	1/1/2026	No
70473	CT scan of brain blood flow with contrast	1/1/2026	Telligen
77436	Treatment planning and simulation-aided field setting for superficial or orthovoltage surface radiation therapy	1/1/2026	Telligen
77437	Delivery of superficial surface radiation therapy	1/1/2026	Telligen
77438	Delivery of orthovoltage surface radiation therapy	1/1/2026	Telligen
81354	Detection of abnormalities associated with constitutional chromosomal abnormalities by optical genome mapping	1/1/2026	Telligen
81524	DNA methylation analysis of at least 10,000 methylation sites using DNA, reported as probability of matching a reference tumor family and class in central nervous system tumors	1/1/2026	No
81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	1/1/2026	Telligen
87182	Susceptibility studies by multiplex immunoassay to detect antibiotic enzyme	1/1/2026	No

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
87183	Susceptibility studies by amplified probe technique to detect antibiotic resistance genes	1/1/2026	No
87494	Detection test by nucleic acid (DNA or RNA) multiplex amplified probe technique for chlamydia and gonorrhea	1/1/2026	No
87627	Detection test for joint space pathogens and drug resistance genes	1/1/2026	Telligen
87812	Detection test for severe acute respiratory syndrome coronavirus 2 and influenza virus types A and B	1/1/2026	No
90481	Administration of severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine by intramuscular injection, each additional component administered	1/1/2026	No
90482	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service, 3 minutes up to 10 minutes	1/1/2026	No
90483	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service, more than 10 minutes up to 20 minutes	1/1/2026	No
90484	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service, more than 20 minutes	1/1/2026	No
90631	Influenza vaccine, H5, pandemic formulation	1/1/2026	No
91124	Test for tone and sensation of rectum and anus	1/1/2026	No
91125	Study of rectum sensitivity and function	1/1/2026	No
92288	Screening evaluation of eye adaptation to light and dark with interpretation and report	1/1/2026	TBD
92628	Evaluation for hearing aids in one or both ears, first 30 minutes	1/1/2026	No
92629	Evaluation for hearing aids in one or both ears, each additional 15 minutes	1/1/2026	No
92631	Hearing aid selection services for one or both ears, first 30 minutes	1/1/2026	No

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
92632	Hearing aid selection services for one or both ears, each additional 15 minutes	1/1/2026	No
92634	Hearing aid fitting services for one or both ears, first 60 minutes	1/1/2026	No
92635	Hearing aid fitting services for one or both ears, each additional 15 minutes	1/1/2026	No
92636	Hearing aid post-fitting follow-up services for one or both ears, first 30 minutes	1/1/2026	No
92637	Hearing aid post-fitting follow-up services for one or both ears, each additional 15 minutes	1/1/2026	No
92638	Behavioral verification of amplification for hearing aids	1/1/2026	No
92639	Hearing-aid measurement verification with probe-microphone	1/1/2026	No
92641	Hearing device verification through electroacoustic analysis	1/1/2026	No
92642	Supplemental technology fitting services for hearing assistive device	1/1/2026	No
92930	Insertion of 2 stents for 2 or more lesions in 2 or more coronary segments or , with balloon dilation of coronary artery and/or its branch(es) or a bifurcation lesion requiring balloon dilation and/or stenting in the main artery and side branch	1/1/2026	No
92945	Removal of plaque, insertion of stent and/or balloon dilation of single coronary artery, branch or bypass graft, and/or subtended major coronary artery branches of the bypass graft in the direction of normal blood flow and against the direction of normal blood flow	1/1/2026	No
97007	Mechanical scalp cooling, with individual cap supply with head measurement, fitting, and patient education	1/1/2026	MCU
97008	Mechanical scalp cooling, with hair preparation, individual cap placement, therapy initiation, and precooling period	1/1/2026	MCU
97009	Mechanical scalp cooling provided after discontinuation of chemotherapy, each 30 minutes	1/1/2026	MCU

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
99470	Management using the results of remote physiologic monitoring during the calendar month, first 10 minutes	1/1/2026	Telligen

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Questions and comments about this article may be submitted to the [Bureau of Policy](#).

Information Releases

Medicaid has recently published the following IRs:

- [MA25-23 DRG Updates for Behavioral Health Claims](#)
- [MA26-01 Managed Care Provider Enrollment – Amended](#)
- [MA26-02 Provider Claims Processing](#)
- [MA26-03 340B](#)
- [MA26-04 ICD-10 Codes](#)
- [MA25-05 Therapy Service Limitations](#)

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 for your schedule. To register for training, or to learn how to register, visit www.idmedicaid.com.

	January	February	March
	Eligibility	Revalidation	Claims Adjust
10-11:00 AM MT	1/15/2026	2/17/2026	3/17/2026
	1/20/2026	2/18/2026	3/18/2026
	1/21/2026	2/19/2026	3/19/2026
2-3:00 PM MT	1/8/2026	2/11/2026	3/11/2026
	1/14/2026	2/12/2026	3/12/2026
	1/15/2026	2/17/2026	3/17/2026
	1/20/2026	2/19/2026	3/19/2026

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 [20](#) of this newsletter.

DHW Resource and Contact Information

DHW Website	https://healthandwelfare.idaho.gov/
Idaho Careline	2-1-1 1 (800) 926-2588
Medicaid Program Integrity Unit	P.O. Box 83720 Boise, ID 83720-0036 prvfraud@dhw.idaho.gov Hotline: 1 (208) 334-5754 Fax: 1 (208) 334-2026
Telligen	1 (866) 538-9510 Fax: 1 (866) 539-0365 http://IDMedicaid.Telligen.com

Insurance Verification

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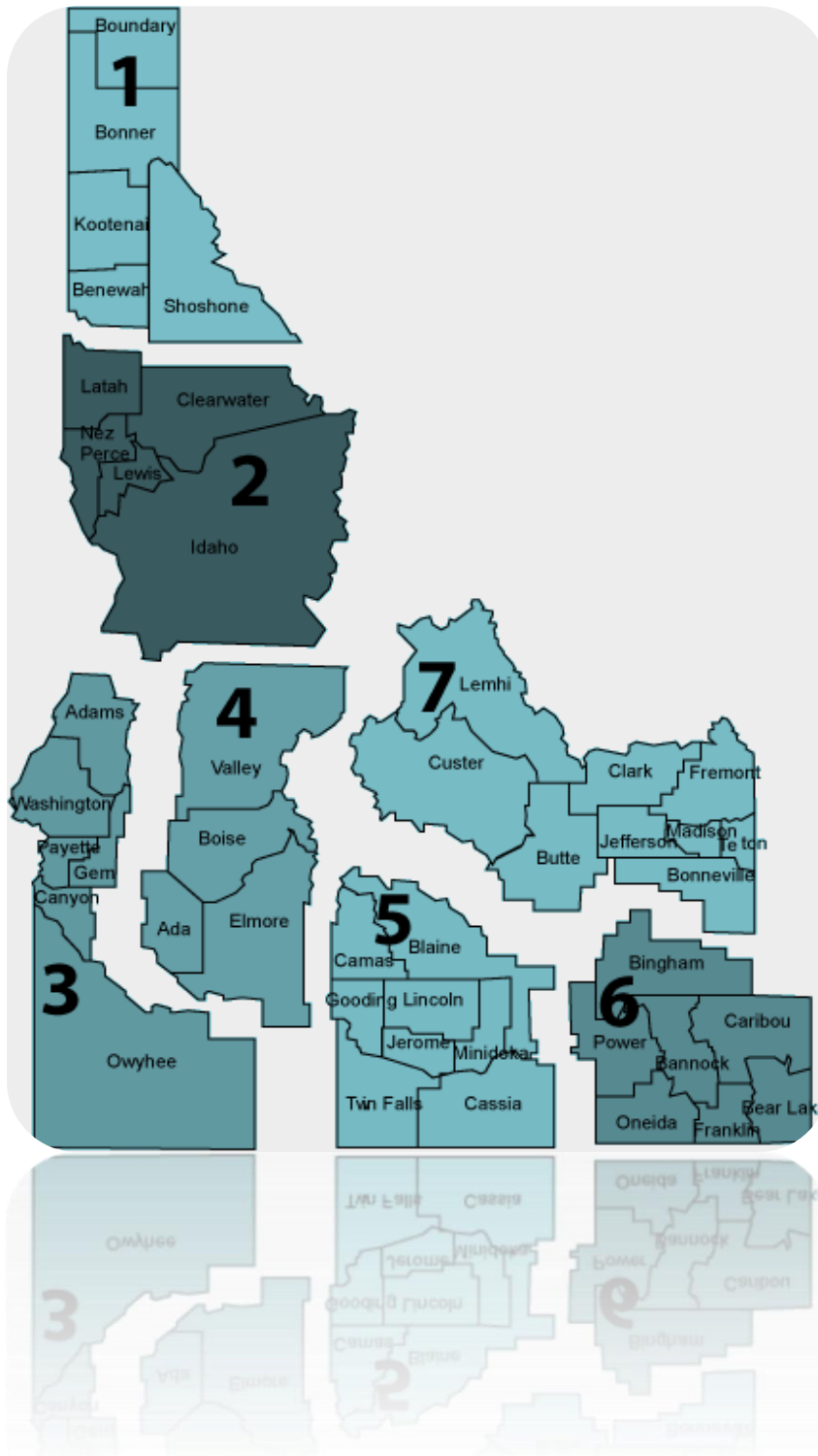
Gainwell Technologies Provider and Participant Services Contact Information

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

Gainwell Technologies Provider Services Fax Numbers

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

Provider Relations Consultant (PRC) Information



Region 1 and the state of Washington

1 (208) 202-5735

Region.1@gainwelltechnologies.com

Region 2 and the state of Montana

1 (208) 202-5736

Region.2@gainwelltechnologies.com

Region 3 and the state of Oregon

1 (208) 202-5816

Region.3@gainwelltechnologies.com

Region 4

1 (208) 202-5843

Region.4@gainwelltechnologies.com

Region 5 and the state of Nevada

1 (208) 202-5963

Region.5@gainwelltechnologies.com

Region 6 and the state of Utah

1 (208) 593-7759

Region.6@gainwelltechnologies.com

Region 7 and the state of Wyoming

1 (208) 609-5062

Region.7@gainwelltechnologies.com

Region 9 all other states (not bordering Idaho)

1 (208) 609-5115

Region.9@gainwelltechnologies.com

Gainwell Technologies
PO Box 70082
Boise, Idaho 83707



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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**MedicAide is an
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Idaho Medicaid providers.**

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

MedicaidCommunications@dhw.idaho.gov

Medicaid – Communications Team

P.O. Box 83720

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