MedicAide

An Informational Newsletter for Idaho Medicaid Providers

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

Immediate Access to Provider Records

The Medicaid Program Integrity Unit (MPIU) conducts reviews to verify billed services were rendered and documentation is recorded in the medical records to support medical necessity for services billed. MPIU has encountered instances where providers have been reluctant to grant access to records.

Pursuant to the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations 45 Code of Federal Regulations (CFR) §160 and 45 CFR §164.506, provider records are not exempt from disclosure. Idaho Code, provider agreements, and Idaho Administrative Code all direct that records must be provided to Department of Health and Welfare (DHW) staff immediately upon written request. Providers must take steps to ensure they are able to provide requested records in a format that is readily accessible and legible.

Idaho Code §56-209h and Idaho Administrative Procedure Act (IDAPA) 16.05.07.100 and 16.05.07.101 provide that medical assistance providers are required to generate documentation at the time of service sufficient to support each claim for payment and must retain that documentation for a minimum of five years. All claims are subject to prepayment and post payment review by DHW.

Failure to grant immediate access to such documentation may result in DHW taking administrative action. Such action may include, but is not limited to, exclusion from participation in the Medicaid Program, IDAPA 16.05.07.250.02; a recoupment of funds, IDAPA 16.05.07.205; denial of payment, IDAPA 16.05.07.200.03; termination of provider agreement, IDAPA 16.05.07.230.05; and/or civil monetary penalties, IDAPA 16.05.07.235.

90 and KT Modifiers for Vision Services

Idaho Medicaid is changing the 90 and KT modifiers used for certain vision services to ensure accuracy, consistency, and compliance with national correct coding.

Vision services previously using the 90 modifier will now use the CG modifier.
Vision services previously using the KT modifier will now use the KX modifier.

A sample of effected codes includes:

HCPCS	Procedure Code Description	Current Modifier	New Modifier
V2520	Contact lens, hydrophilic, spherical, per lens	90	CG
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens	90	CG
V2522	Contact lens, hydrophilic, bifocal, per lens	90	CG
V2530	Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)	KT	KX
V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)	KT	KX

Please use the new modifiers for all claims beginning July 1, 2026. Questions and comments about this article may be submitted to the Bureau of Policy.

Upcoming Provider Meetings

Idaho Medicaid will be holding provider meetings in September.

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 the Bureau of Policy.

DMEPOS Providers
Topics: **Please send suggested topics to MCPT@dhw.idaho.gov**
Thursday, September 10, 2026 – 11:30 am (MT)/10:30 (PT)
Webinar Information & Meeting Link
https://teams.microsoft.com/meet/28161688878993?p=vCxWu66BKsQkLpZLUv
Join by meeting ID: 281 616 888 789 93
Meeting Passcode: G9p3b9ur
Join by phone: 1-972-454-4077
Phone conference ID: 560 347 714#
Email for invite: MCPT@dhw.idaho.gov

Therapy - Audiology Providers
Topics: **Please send suggested topics to MCPT@dhw.idaho.gov**
Wednesday, September 16, 2026 – 11:30 am (MT)/10:30 (PT)
Webinar Information & Meeting Link
https://teams.microsoft.com/meet/244325588005116?p=7QYAalZWpn1DgY1GXi
Join by meeting ID: 244 325 588 005 116
Meeting Passcode: Z5vH24Mk
Join by Phone: 1-972-454-4077
Phone Conference ID: 792 484 833#
Email for invite: MCPT@dhw.idaho.gov

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**
90616	Influenza virus vaccine, trivalent (tirv), mrna, 37.5 mcg/0.38 ml dosage, for intramuscular use	7/1/2026	No
90639	Influenza virus vaccine, quadrivalent (qirv), mrna; 50 mcg/0.5 ml dosage, for intramuscular use	7/1/2026	No

Covered Codes			
Codes	**Description**	**Effective Date**	**Prior Authorization**
98976	Device supply for data access or data transmissions to support monitoring of respiratory system, 16-30 days in a 30-day period	7/1/2026	No
98977	Device supply for data access or data transmissions to support monitoring of musculoskeletal system, 16-30 days in a 30-day period	7/1/2026	No
98978	Device supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 16-30 days in a 30-day period	7/1/2026	No
98979	Remote therapeutic monitoring treatment management services by physician or other qualified health care professional, first 10 minutes per calendar month	1/1/2026	Telligen
98980	Remote therapeutic monitoring treatment management services by physician or other qualified health care professional, first 20 minutes per calendar month	7/1/2026	Telligen
98981	Remote therapeutic monitoring treatment management services by physician or other qualified health care professional, each additional 20 minutes per calendar month	7/1/2026	Telligen
98984	Device supply for data access or data transmissions to support monitoring of respiratory system, 2-15 days in a 30-day period	1/1/2026	Telligen
98985	Device supply for data access or data transmissions to support monitoring of musculoskeletal system, 2-15 days in a 30-day period	1/1/2026	Telligen
98986	Device supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 2-15 days in a 30-day period	1/1/2026	Telligen
99445	Remote monitoring of physiologic parameters, initial supply of devices with daily recordings or programmed alerts transmission, monitoring of 2-15 days in a 30-day period	1/1/2026	Telligen
A9574	Injection, ferumoxytol, 1 mg	7/1/2026	No
C1609	Vertebral device, motion-preserving, with screw fixation	7/1/2026	MCU

Covered Codes			
Codes	**Description**	**Effective Date**	**Prior Authorization**
C8014	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, including use of a suction enabled ureteral access sheath, with irrigation (if performed)	7/1/2026	MCU
C9310	Injection, leucovorin calcium (avyxa), 1 mg	7/1/2026	No
G0577	Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction performed in the non-facility setting	7/1/2026	Telligen
J0528	Injection, fosfomycin disodium, 20 mg	7/1/2026	No
J1289	Injection, narsoplimab-wuug, 1 mg	7/1/2026	No
J1577	Injection, immune globulin (qivigy), 100 mg	7/1/2026	Telligen
J2361	Injection, depemokimab-ulaa, 1 mg	7/1/2026	Telligen
J2374	Apraclonidine hydrochloride ophthalmic, 1% solution, 0.1 ml	7/1/2026	No
J2789	Riboflavin 5'-phosphate, ophthalmic solution (epioxahd/epioxa), up to 2 ml	7/1/2026	Telligen
J3386	Injection, etuvetidigene autotemcel, per treatment	7/1/2026	Telligen
J3405	Injection, onasemnogene abeparvovec-brve, per treatment	7/1/2026	Telligen
J7176	Injection, human fibrinogen - chmt (fesilty), 1 mg	7/1/2026	No
J9053	Injection, belantamab mafodotin-blmf, 0.1 mg	7/1/2026	Telligen
J9062	Injection, amivantamab 5 mg and hyaluronidase-lpuj	7/1/2026	Telligen
J9232	Injection, docetaxel (hospira), not therapeutically equivalent to j9171, 1 mg	7/1/2026	No

Covered Codes			
Codes	**Description**	**Effective Date**	**Prior Authorization**
M0231	Intravenous infusion, tocilizumabbavi, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation only, includes infusion and post administration monitoring, first dose	7/1/2026	No
M0232	Intravenous infusion, tocilizumabbavi, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation only, includes infusion and post administration monitoring, second dose	7/1/2026	No
M0233	Intravenous infusion, tocilizumab-aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, first dose	4/1/2026	No
M0234	Intravenous infusion, tocilizumab-aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, second dose	4/1/2026	No
M0235	Intravenous infusion, monocloN/Al antibody products with an indication for post-exposure prophylaxis or treatment of covid-19, for hospitalized adults and/or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygeN/Ation (ecmo) only, includes infusion and post administration monitoring, not otherwise classified, first dose	10/1/2025	No

Covered Codes			
Codes	**Description**	**Effective Date**	**Prior Authorization**
M0236	Intravenous infusion, monocloN/Al antibody products with an indication for post-exposure prophylaxis or treatment of covid-19, for hospitalized adults and/or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygeN/Ation (ecmo) only, includes infusion and post administration monitoring, not otherwise classified, second dose	10/1/2025	No
M0237	Intravenous infusion, tocilizumab-anoh, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygeN/Ation (ecmo) only, includes infusion and post administration monitoring, first dose	10/1/2025	No
M0238	Intravenous infusion, tocilizumab-anoh, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygeN/Ation (ecmo) only, includes infusion and post administration monitoring, second dose	10/1/2025	No
Q0234	Injection, tocilizumab-bavi, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation only, 1 mg	7/1/2026	No
Q5164	Injection, ustekinumab-hmny (starjemza), biosimilar, 1 mg	7/1/2026	Telligen
Q5165	Injection, denosumab-mobz (oziltus), biosimilar, 1 mg	7/1/2026	Telligen
Q5166	Injection, denosumab-desu (osvyrti/jubereq), biosimilar, 1 mg	7/1/2026	Telligen
Q5167	Injection, denosumab-qbde (enoby/xtrenbo), biosimilar, 1 mg	7/1/2026	Telligen
Q5168	Injection, ranibizumab-leyk (nufymco), biosimilar, 0.1 mg	7/1/2026	Telligen
Q5169	Injection, pegfilgrastim-unne (armlupeg), biosimilar, 0.5 mg	7/1/2026	Telligen

Covered Codes			
Codes	**Description**	**Effective Date**	**Prior Authorization**
Q5170	Injection, aflibercept-boav (eydenzelt), biosimilar, 1 mg	7/1/2026	Telligen
Q5171	Injection, denosumab-mobz (boncresa), biosimilar, 1 mg	7/1/2026	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:

- MA26-18 Update to Additional Terms Nursing Facility Provider Agreement
- MA26-17 Managed Care Provider Enrollment
- MA26-16 Home Health SFY 2027
- MA26-11 Residential Habilitation Rates – Amended

Provider Training Opportunities

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

September: Provider Enrollment Application (PEA) Maintenance - A comprehensive overview of how and when to submit Provider Maintenance to reflect changes to an existing Provider record using the upgraded PEA system. The upgraded Idaho Medicaid Provider Enrollment Application features a new look and feel, simplified processes for maintenance requests and features dynamic screens and electronic signature options, which will result in quicker processing times and less paper transactions. Join us to learn more!

Training is delivered at the times shown in the table below. Each session is open to any region, but space is limited to 25 providers 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.

	September	October	November
	PEA Maintenance	**Coordination of Benefits (COB)**	**Revalidation**
10-11:00 AM MT	9/15/2026	10/15/2026	11/17/2026
	9/16/2026	10/20/2026	11/18/2026
	9/17/2026	10/21/2026	11/19/2026
2-3:00 PM MT	9/9/2026	10/8/2026	11/11/2026
	9/10/2026	10/14/2026	11/12/2026
	9/15/2026	10/15/2026	11/17/2026
	9/17/2026	10/20/2026	11/19/2026

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 13 of this newsletter.

DHW Resource and Contact Information

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

Insurance Verification

HMS PO Box 2894 Boise, ID 83701	800-873-5875 208-375-1132 Fax: 208-375-1134

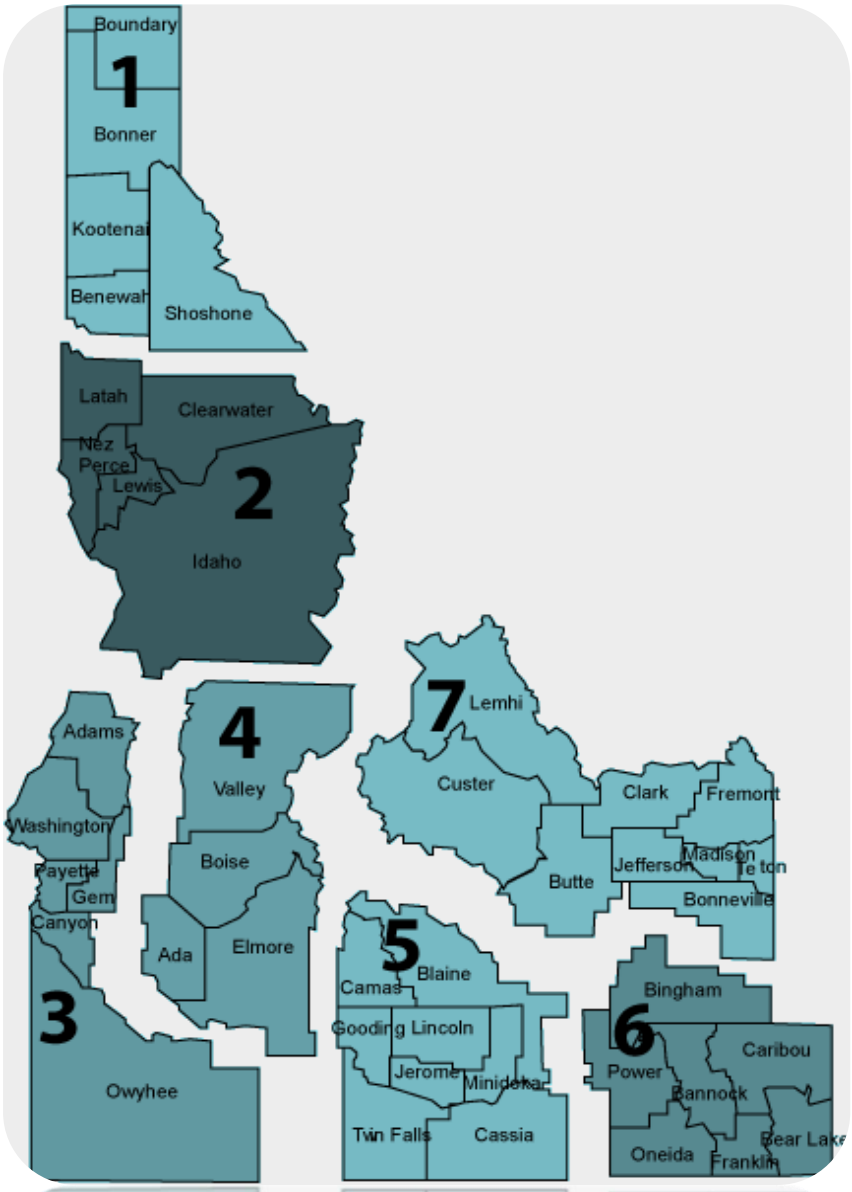
Gainwell Technologies Provider and Member Services Contact Information

Provider Services	
MACS (Medicaid Automated Customer Service)	866-686-4272 208-373-1424
Provider Service Representatives Monday through Friday, 7 a.m. to 7 p.m. MT	866-686-4272 208-373-1424
Email	idproviderservices@gainwelltechnologies.com idproviderenrollment@gainwelltechnologies.com
Mail	P.O. Box 70082 Boise, ID 83707
Member Services	
MACS (Medicaid Automated Customer Service)	866-686-4752 208-373-1432
Member Service Representatives Monday through Friday, 7 a.m. to 7 p.m. MT	866-686-4752 208-373-1424
Email	idparticipantservices@gainwelltechnologies.com
Mail – Member 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	877-517-2041
Provider and Member Services	877-661-0974

Provider Relations Consultant (PRC) Information



Region 1 and the state of Washington
208-202-5735
Region.1@gainwelltechnologies.com

Region 2 and the state of Montana
208-202-5736
Region.2@gainwelltechnologies.com

Region 3 and the state of Oregon
208-202-5816
Region.3@gainwelltechnologies.com

Region 4
208-202-5843
Region.4@gainwelltechnologies.com

Region 5 and the state of Nevada
208-202-5963
Region.5@gainwelltechnologies.com

Region 6 and the state of Utah
208-593-7759
Region.6@gainwelltechnologies.com

Region 7 and the state of Wyoming
208-609-5062
Region.7@gainwelltechnologies.com

Region 9 all other states (not bordering Idaho)
208-609-5115
Region.9@gainwelltechnologies.com