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1. Section Modifications

Version	Section / Column	Update	Publish Date	SME
21.0	All	Published version	5/21/15	TQD
20.1	A.2 Certified Family Home (CFH)	Added table and removed reference to fee schedule	5/21/15	C Taylor D Baker
20.0	All	Published version	3/30/15	TQD
19.1	Appendix K. Nursing and Custodial Care	Corrected unit measurement for PCS – Family Alternate Care Home	3/30/15	C Taylor
19.0	All	Published version	3/12/15	TQD
18.1	3.2 CMS 1500 Form Descriptions	Updated note about ECI codes in box 21 for clarity.	3/12/15	C Taylor D Baker
18.0	All	Published version	2/26/15	TQD
17.1	3.2 CMS 1500 Form Descriptions	Added note about ECI codes in box 21.	2/26/15	C Taylor
17.0	All	Published version	10/23/14	TQD
16.1	Appendix G. Dietary & Nutritional Service Providers	Removed S9452 and added G0108, G0109	10/23/14	K McNeal C Taylor
16.0	All	Published version	8/15/14	TQD
15.1	3.2 CMS 1500 Form Descriptions	Updated boxes 10, 10a, 10b, 10c, and 14 to clarify information	8/15/14	D Decrevel C Taylor D Baker
15.0	All	Published version	8/1/14	TQD
14.7	C.2 Anesthesiology	Updated for ICD-10 dates and diagnosis code	8/1/14	L Neal C Taylor
14.6	B.9.2. Supported Employment Services	Updated for ICD-10 dates and diagnosis code	8/1/14	L Neal C Taylor
14.5	B.8 Respite Care	Updated for ICD-10 dates and diagnosis code	8/1/14	L Neal C Taylor
14.4	B.7 Residential Habilitation-Agency	Updated for ICD-10 dates and diagnosis code	8/1/14	L Neal C Taylor
14.3	B.3 Chore Services – Skilled	Updated description, ICD-10 dates and diagnosis code	8/1/14	L Neal S Perry D Baker
14.2	B.2 Children's Service Coordination	Updated for ICD-10 dates and diagnosis code	8/1/14	L Neal C Taylor
14.1	B.1 Behavior Consultation/Crisis Management (BC/CM)	Updated for ICD-10 dates and diagnosis code	8/1/14	L Neal C Taylor
14.0	All	Published version	4/18/14	TQD
13.1	3.2 CMS 1500 Form Descriptions	Updated Field Name and Notes for box 24E to to clarify using alpha character	4/18/14	D Decrevel C Taylor
13.0	All	Published version	4/11/14	TQD
12.1	3.2 CMS 1500 Form Descriptions	Clarified information for entering PA number in Box 23.	4/11/14	D Decrevel D Baker
12.0	All	Published version	3/28/14	TQD
11.3	Appendix D. • Clinic/Cneter-Rehabilitation, Substane Use Disorder • Psychiatric Diagnosis and Evaluation • Mental Health Clinic • Rehab Mental Health Services	Removed sections	3/28/14	C Burt C Taylor

Version	Section / Column	Update	Publish Date	SME
11.2	Appendix B. • Psychosocial Rehabilitation Services (PSR) • Specialized Services to Nursing Facility Participants • Mental Health Service Coordination	Removed sections	3/28/14	C Burt C Taylor
11.1	B.1.6 Adult DD Agency Codes	Removed H0004	3/28/14	C Burt C Taylor
11.0	All	Published version	3/21/14	D Baker C Taylor
10.25	Appendix P. A & D Waiver	Updated table information	3/21/14	J Siroky
10.24	Appendix L. Nursing Services Providers	Updated language, removed codes	3/21/14	S Choules
10.23	Appendix K. Nursing and Custodial Care	Updated language, removed codes	3/21/14	S Choules
10.22	D.1.9 District Health Department Services	Added supply code J1050; removed J1055 and J1056 Removed procedure code 11975; added 11981	3/21/14	J Siroky
10.21	D.1.5 Clinic/Center-IHC	Added information to clarify and updated table information	3/21/14	D Baker
10.20	D.1.4 Clinic/Center-RHC	Added information to clarify and updated table information	3/21/14	D Baker
10.19	D.1.2 Clinic/Center - FQHC	Added information to clarify and updated table information	3/21/14	D Baker
10.18	D.1.1 Adult Day Care (Health)	Updated section title	3/21/14	D Baker
10.17	B.1.24 Speech-Language Pathology Services	Removed fee schedule information	3/21/14	J Siroky
10.16	B.1.22 School Based Services	Removed fee schedule information, clarified diagnosis code	3/21/14	F Trenkle-MacAllister
10.15	B.1.15 PT and OT Services	Removed fee schedule information	3/21/14	J Siroky
10.14	B.1.14 PCS	Removed fee schedule information	3/21/14	S Choules
10.13	B.1.13 Nursing Services	Removed fee schedule information	3/21/14	S Choules
10.12	B.1.12 Nursing Agency-PDN	Removed fee schedule information	3/21/14	S Choules
10.11	B.1.10 Medical Equiment and Supplies	Removed fee schedule information	3/21/14	S Choules
10.10	B. 1.10 Intensive Behavioral Intervention (IBI)	Removed section	3/21/14	F Trenkle-MacAllister
10.9	B.1.9 DT and OT	Removed of all children DD Services	3/21/14	F Trenkle-MacAllister
10.8	B.1.8 Developmental Therapy (DT)	Removed of all children DD Services	3/21/14	F Trenkle-MacAllister
10.7	B.1.6 Adult Developmental Disability Agency Codes	Removed of all children DD Services	3/21/14	F Trenkle-MacAllister
10.6	B.1.4 Children's DD Services – Family Directed Services Option	Removed "redesign" language, removed all children's services	3/21/14	F Trenkle-MacAllister
10.5	B.1.3 Children's DD Services – Traditional Option	Removed "redesign" language, removed all children's services	3/21/14	F Trenkle-MacAllister
10.4	A.1.2 Certified Family Home (CFH)	Removed fee schedule information	3/21/14	S Choules
10.3	A.1.1 Adult Residential Living Facility – (RALF)	Removed fee schedule information	3/21/14	S Choules
10.2	3.2 CMS 1500 Form Instructions	Updated notes for box 24E	3/21/14	D Decrevel
10.1	3.2 CMS 1500 Form Descriptions	Added requirements for box number 23 for PA number	3/21/14	D Decrevel
10.0	All	Published version	1/24/14	TQD
9.1	B.1.2 Children's Service Coordination	Updated PA requirements	1/24/14	D Baker

Version	Section / Column	Update	Publish Date	SME
9.0	All	Published version	12/20/13	TQD
8.4	Appendix P.3 Preventive Health Assistance	Removed tobacco cessation	12/20/13	D Baker
8.3	3.2 CMS 1500 Form Descriptions	Updated descriptions for boxes 14, 19, and 21 to align with new form requirements	12/20/13	D Baker
8.2	3 Instructions for Completing the CMS 1500 Form	Added dates of acceptance for old and new forms	12/20/13	D Baker
8.1	2 CMS 1500 Form	Replaced screen shot of old form with new form	12/20/13	D Baker
8.0	All	Published version	11/8/13	TQD
7.1	Appendix K	Changed ICF/MR to ICF/ID	11/8/13	D Baker
7.0	All	Published version	10/02/12	TQD
6.1	Appendix C.5.2 Postpartum Care	Changed from "twin" to multiple and added modifier 59	10/02/12	C Taylor
6.0	All	Published version	6/1/12	TQD
5.1	Appendix J Non-Emergent Transportation Providers	Updated section	6/1/12	D Baker
5.0	All	Published Version	2/28/12	TQD
4.3	3.2 CMS 1500 Form Descriptions	Added ME to NDC unit of measure	2/28/12	J Decrevel
4.2	Appendix I Licensed Midwives	Added Licensed Midwives section	2/28/12	J Siroky
4.1	B.1.25 School Based Services	Added two billing codes for the Infant Toddler Program	2/28/12	L Ertz
4.0	All	Published version	10/20/11	TQD
3.41	Appendix Q Ambulance Transportation Services	Updated heading		
3.40	Appendix O Speech, Language, and Hearing Service Providers	Updated information	10/20/11	K Mcneal
3.39	Appendix H Eye and Vision Services Provider	Updated information	10/20/11	K Mcneal
3.38	Appendix G Dietary and Nutritional Service Providers	Updated table	10/20/11	K Mcneal
3.37	Appendix F Chiropractor	Updated Diagnosis codes	10/20/11	J Siroky
3.36	Appendix E Behavioral Health and Social Service Providers	Updated table	10/20/11	K Mcneal
3.35	D.1.9 District Health Department Services	Added section	10/20/11	K Mcneal
3.34	D.1.6 Psychiatric Diagnosis and Evaluation	Updated table	10/20/11	K Mcneal
3.33	D.1.2 Clinic/Center -Federally Qualified Health Center (FQHC) D.1.4 Clinic/Center -Rural Health Clinics (RHC) D.1.5 Indian Health Center (IHC)	Updated modifier and POS	10/20/11	K Mcneal
3.32	C.1 Allergy and Immunology-Clinical and Laboratory Immunology	Changed 90465 to 90460 and updated all tables	10/20/11	J Siroky
3.31	B.1.25 School Based Services	Removed HCPCS 90887	10/20/11	P Grooms
3.30	B.1.23 Residential Habilitation-Agency	Removed HCPCS T1019	10/20/11	P Grooms
3.29	B.1.10 Intensive Behavioral Intervention (IBI)	Updated table	10/20/11	P Grooms
3.28	B.1.9 Developmental Therapy (DT) and Occupational Therapy (OT)	Update table	10/20/11	P Grooms
3.27	B.1.8 Developmental Therapy (DT) and Intensive Behavioral Intervention (IBI)	Removed **HCPCS** code 90887	10/20/11	L Ertz

Version	Section / Column	Update	Publish Date	SME
3.26	B.1.7 DD Service Coordinator	Updated table	10/20/11	P Grooms
3.25	B.1.6 Developmental Disability Agency Codes	Deleted H0004	10/20/11	P Grooms
3.24	B.1.4 Children's DD Redesign Services – Family-Directed Services Option	Added information	10/20/11	L Ertz
3.23	B.1.3 Children's DD Redesign Services – Traditional Option	Added information	10/20/11	L Ertz
3.22	B.1.1 Behavior Consultation/Crisis Management (BC/CM)	Updated table	10/20/11	P Grooms
3.21	3.2 CMS 1500 Form Descriptions	Updated information for Box 1A, 17, 17a, 17b, 19, 24A, 24J (shaded/unshaded), 32 Line 1, 32a, 32b,	10/20/11	K Mcneal
3.20	All	Published version	10/20/11	TQD
3.19	E 1.2 FQHC	Added modifier and POS	10/20/11	K Purney
3.18	E 1.4 RHC	Added modifier and POS	10/20/11	K Purney
3.17	E 1.6 IHC	Added modifier and POS	10/20/11	K Purney
3.16	Appendix G – Chiropractor	Removed **98943** CPT code	10/20/11	A Rameriz
3.15	Field 32b	Added "If this is included the service facility must be affiliated with the billing facility."	10/20/11	J Decrevel
3.14	Field 32a	Added "If this is included the service facility must be affiliated with the billing facility."	10/20/11	J Decrevel
3.13	All	Published version	10/20/11	TQD
3.12	C.1.27 Supportive Counseling	Removed section	10/20/11	P Grooms
3.11	C.1.21 ResHab-Agency	Removed T1019	10/20/11	P Grooms
3.10	C.1.8 - IBI	Updated descriptions	10/20/11	P Grooms
3.9	C.1.7 DT and OT	Updated descriptions, removed 97004	10/20/11	P Grooms
3.8	C1.5 DD Service Coordinator	Removed G9001 Update desccription for G9002, G9007, H2011, H2011/HM	10/20/11	P Grooms
3.7	C.1.4 DD Agency Codes	Removed 90887 Removed U8 modifier for E1399 Removed H0004 , HM, Supportive counseling	10/20/11	P Grooms
3.6	C.1.1 Behavior Consultation Crisis Management	Updated descriptions	10/20/11	P Grooms
3.5	Appendix G – Chiropractor	Updated Diagnosis codes	10/20/11	C Taylor
3.4	Field 1A	Updated for clarity, added (Three zero prefix plus seven digit ID number.)	10/20/11	V Schmidt
3.3	Field 17, 17a, 17b	Updated to read "Not required at this time"	10/20/11	J Gillet
3.2	Field 24 (shaded top)	Added "A"	10/20/11	D Decrevel
3.1	Appendix G	Removed diagnosis codes	10/20/11	M Wood
3.0	All	Published version	8/27/10	TQD
2.38	Appendix Q	Updated with information for non-emergent medical transportation	8/27/10	M Wimmer
2.37	All	Replaced member with participant	8/27/10	C Stickney
2.36	Appendix P	Separated into specialty sections	8/27/10	C Stickney
2.35	All Appendix	Alphabetized Appendices for ease of use.	8/27/10	T Kinzler
2.34	All Appendix	Alphabetized sections within each appendix for ease of use.	8/27/10	T Kinzler
2.33	Appendix P	Added entries for Nicotine Lozenges, Nicotine Inhaler, and Nicotine Nasal Spray	8/27/10	C Brock

Version	Section / Column	Update	Publish Date	SME
2.32	Appendix P	Initial Installation fee needs to be called Personal Emergency Response System Initial Installation	8/27/10	P Grooms
2.31	Appendix P	Monthly Service Fee/DD Waiver needs to be called Personal Emergency Response System Monthly Service Fee	8/27/10	P Grooms
2.30	B.1.5	Added codes H2014, H2021, H2032, 97535 and 97537 with modifier HQ to reflect group therapy.	8/27/10	P Grooms
2.29	Q.2	Added Home Health	8/27/10	M Meints
2.28	Q.1	Added Hospice	8/27/10	M Meints
2.27	N.1	Added multiple codes	8/27/10	M Meints
2.26	M.	Added "These codes plus other codes for state approved therapies and modalities."	8/27/10	M Meints
2.25	D.1.10	Updated 1 unit = 15 minutes	8/27/10	M Meints
2.24	D.1.4	Added Mental Health Clinic	8/27/10	M Meints
2.23	D.1.3	Updated to Rehab Mental Health Services, added multiple codes	8/27/10	M Meints
2.22	D.1.2	Removed 8296A	8/27/10	M Meints
2.21	B.1.31	Added DDA	8/27/10	M Meints
2.20	B.1.30	Added – PHA	8/27/10	C Taylor
2.19	B.1.29	Added – Supports Brokerage – FEA	8/27/10	D Baker
2.18	B.1.28	Added H2011	8/27/10	M Meints
2.17	B.1.26	Added multiple codes	8/27/10	M Meints
2.16	B.1.26	Added multiple codes	8/27/10	M Meints
2.15	B.1.24	Added H2011	8/27/10	M Meints
2.14	B.1.23	Added multiple codes	8/27/10	M Meints
2.13	B.1.21	Added multiple codes	8/27/10	M Meints
2.12	B.1.20	Added multiple codes	8/27/10	M Meints
2.11	B.1.15	Added multiple codes	8/27/10	M Meints
2.10	B.1.10	Added multiple codes	8/27/10	M Meints
2.9	CFH-Independent Affiliation Fee	Removed	8/27/10	C Taylor
2.8	CFH-Agency Affiliation Fee	Removed	8/27/10	C Taylor
2.7	All	Removed modifiers U2 – U8	8/27/10	C Taylor
2.6	B.1.5	97537 and H2032 – Added HQ modifier Added 97004 – OT Assessment	8/27/10	M Meints
2.5	B.1.3	Changed to 1 unit = 1 visit	8/27/10	C Taylor
2.4	B.1.1	Removed "03 School" from place of service	8/27/10	C Taylor
2.3	A.1.1	Removed "PA number must be billed on claim"	8/27/10	D Baker
2.2	3.2 Field 22	Changed "adjustment" to "replacement	8/27/10	M Wood
2.1	3.1	Enter all dates using the month, day, and year (MM/DD/YY) format.	8/27/10	D Decrevel
2.0	All	Published version	6/14/10	TQD
1.14	2.0	Updated for clarity	6/14/10	E Charles
1.13	2.0	Updated for clarity	6/14/10	E Charles
1.12	Field 22	Updated for clarity	6/14/10	E Charles
1.11	Field 23	Updated for clarity	6/14/10	E Charles
1.10	Added Field 24D	NDC Unit Price; Required if NDC code is present in 24A; Enter unit price corresponding to NDC code.	6/14/10	E Charles

Version	Section / Column	Update	Publish Date	SME
1.9	Field 33a	**Removed** note that NPI numbers, sent on paper claims are optional and will not be used for claims processing	6/14/10	E Charles
1.8		**Removed** Interpretation, Bilingual Translation; 8296A; Interpretation for bilingual translation 1 Unit = 1 Hour	6/14/10	M Meints
1.7	B.1.20 DD Service Coordinator	**Removed** 1 unit = 1 month initial service coordination	6/14/10	M Meints
1.6	B.1.21 Children's Service Coordination	**Changed** Children's Service Coordinator to *Children's Service Coordination* **Removed** G9001	6/14/10	M Meints
1.5	B.1.21 Children's Service Coordination	**Added** the following EPSDT Children's Plan Development, G9012, Children's Plan Development, PA is required. 1 Unit = 15 minutes	6/14/10	M Meints
1.4	B.1.22 Mental Health Case Management	Mental Health Service Coordination Crisis Updated for clarity	6/14/10	M Meints
1.3	D1.2. Individual and Group Psychotherapy	All Services were updated for clarity with: *The UA Modifier is required when provided by physician*	6/14/10	M Meints
1.2	O. Suppliers	**Added** Non-Physician Weight Management and Non-Prescription Tobacco Cessation	6/14/10	C Taylor
1.1	Multiple	**Updated** diagnosis code V604 to **V60.4**	6/14/10	C Taylor
1.0	All	Initial document – Published version	5/7/10	TQD

2. CMS 1500 Form

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

	24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1										NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

SAMPLE

3. Instructions for Completing the CMS 1500

The updated form (2/2012) will be accepted beginning January 5, 2014 and the old form (8/2005) will be accepted until April 4, 2014. Beginning April 5, 2014 only the new form will be accepted.

3.1. Helpful Tips for Filling out the Paper Claim Form

- A maximum of six line items per claim can be accepted. If the number of services performed exceeds six lines, prepare a new claim form and complete all the required elements. Total each claim separately.
- Enter all dates except the Patient's Birth Date using the 2-digit month, day, and year (MM/DD/YY) format.
- You can bill with a date span (From and To Dates of Service) **only if** the service was provided every consecutive day within the span.
- Do not enter any data or documentation on the claim form that is not listed as required below.

Consult the *Use* column to determine if information in any particular field is required. Only fields that are required for billing the Idaho Medicaid program are shown on the following table. There is no need to complete any other fields. Claims will be rejected when required information is not entered into a required field. The following numbered items correspond to the CMS-1500 (02/2012) claim form.

3.2. CMS 1500 Form Descriptions

Box No.	Field Name	Use	Notes
1a	Insured's ID	Required	Enter the Participant's Idaho Medicaid ID number (Three zero prefix plus seven digit ID number.)
2	Patient's Name	Required	Enter the participant's name exactly as it appears on the Participant's Idaho Medicaid ID card. Enter as last name, first name, middle initial.
3	Patient's Birth Date	Required	Enter the patient's date of birth. Formatted as MMDDCCYY
3	Sex	Required	Check the appropriate box indicating the patient's gender. M – Male F - Female
5	Patient's Address	Required	Enter Patient's Street Address
5	City	Required	Enter the patient's city
5	State	Required	Enter the patient's 2 character state code.
5	Zip	Required	Enter patient's 5 or 9 digit zip code.

Box No.	Field Name	Use	Notes
10	Is patients's condition related to:		If condition is related to box 10a, 10b, or 10c then a date is required in box 14.
10a	Employment?	Not Required	Indicate yes or no if this condition is related to the client's employment; if yes, then a date is required in box 14.
10b	Auto Accident? Place (State)	Not Required	Indicate yes or no if this condition is related to an auto accident. If yes, enter 2 digit state abbreviation of the state where auto accident occurred and a date is required in box 14.
10c	Other Accident?	Not Required	Indicate yes or no if this condition is related to an accident other than an auto accident. If yes, a date is required in box 14.
14	Date of Current Illness, Injury, or Pregnancy (LMP)	Only required if any related cause in box 10 is marked Yes.	Enter Date of Accident or the date the illness or injury first occurred, or the date of the last menstrual period (LMP) for pregnancy and if services being billed are subsequent to initial encounter. Formatted MMDDYY
17	Name of Referring Provider	Not required at this time	Enter the referring physician's name formatted: Last Name, First Name, Middle Initial
17a	Referring Physician Other ID	Not required at this time	Enter the referring physician's Idaho Medicaid ID if the referring physician is not registered with an NPI.
17b	Referring Physician NPI	Not required at this time	Enter the referring physician's 10-digit NPI.
19	Additional Claim Information	Not Required	Use as a "remarks" field to indicate information helpful for claims processing, e.g. injury/accident – how, where, and when injury/accident happened.
21 (A-L)	Diagnosis or Nature of Illness or Injury	At least one Required	Enter the appropriate ICD-9-CM/ICD-10 codes (up to 12). Enter the primary diagnosis in 21(A). If applicable, B, C, and other diagnosis in 21 (A-L). Always enter the entire diagnosis code **including** the decimal point. Enter a 9 for ICD-9 or a zero for ICD-10 codes in the ICD Ind. field. **Note**: External Cause of Injury (ECI) codes are not billable as the primary diagnosis on CMS 1500 claims.

Box No.	Field Name	Use	Notes
22	Resubmission Code	Required if claim is a resubmission	Enter 7 if claim is a replacement claim. Enter 8 if this claim voids a previously submitted claim. Only enter a value in this field if sending an replacement or void to a previously submitted claim, otherwise leave blank.
22	Original REF. NO.	Required if claim is a resubmission	Enter the claim ID number of the original claim to be voided or replaced. Only enter a value in this field if sending a replacement or void to a previously submitted claim, otherwise leave blank.
23	Prior Authorization Number	Required if services need a PA	Enter the PA number exactly as it appears on the Notice of Decision.
24A (unshaded)	Date of Service - From/To	Required	Enter the from and to date(s) the service was provided, using the following format: **MMDDYY**
24A (shaded top)	NDC code	Required if appropriate	Enter **N4** followed by the 11 digit NDC code
24B (unshaded)	Place of Service	Required	Enter the appropriate 2 digit numeric code
24B (shaded top)	NDC Unit of measure	Required if NDC code is present in 24A	Enter appropriate 2 digit NDC unit of measure Valid values: F2 - International Unit GR – Gram ME - Milligram ML - Milliliter UN - Unit
24C (unshaded)	EMG	Required, if applicable	If the services performed are related to an emergency, mark this field with an **X**.
24C-D (shaded top)	NDC number of Units	Required if NDC code is present in 24A	Enter the actual metric decimal quantity (units) administered to the patient. If reporting a fraction of a unit, use the decimal point. Nine numbers may precede the decimal point and three numbers may follow the decimal.
24D (unshaded)	Procedures, Services, or Supplies	Required	Enter the appropriate five-character HCPCS procedure code to identify the service provided.
24D (unshaded)	Modifier	Desired	If applicable, add the appropriate HCPCS two digit modifier(s). Enter as many as four. Otherwise, leave this section blank.

Box No.	Field Name	Use	Notes
24D (shaded top modifier section)	NCD Unit Price	Required if NDC code is present in 24A	Enter unit price corresponding to NDC code.
24E (unshaded)	Diagnosis Pointer	Required if diagnosis code in block 21 is present	Use A-L for the corresponding diagnosis code entered in field 21.
24F (unshaded)	Charges	Required	Enter the usual and customary fee for each line item or service. Do not include tax.
24G (unshaded)	Days or Units	Required	Enter the quantity or number of units of the service provided. Maximum value of 9999999. If there is a zero leading a value you need to remove it (IE. 01 will be 1).
24H (unshaded)	EPSDT Family Plan	Required if applicable	Not required unless applicable. If the services performed constitute an EPSDT program screen, refer to the instructions for EPSDT claims in the provider handbook.
24I (shaded)	ID. Qualifier for service line rendering provider	Required	Enter Service line rendering provider id only if provider rendering the service is different than billing provider. Enter qualifier **1D** followed by Idaho Medicaid provider number in 24J, only if Rendering Provider is not registered with an NPI.
24J (shaded top)	Rendering Provider ID Number	Required if rendering provider is billing with Idaho Medicaid ID.	Enter Service line rendering provider id only if provider rendering the service is different than billing provider. Enter Rendering Provider Medicaid ID only if Rendering provider is not registered with an NPI.
24J (unshaded)	Rendering Provider NPI	Required if rendering provider is different from billing provider	Enter Service line rendering provider NPI only if provider rendering the service is different than billing provider.
25	Federal Tax ID Number	Required	Enter the Federal Tax ID. Must be 9 numeric characters.
26h	Patient Account Number	Required	Enter patient account number.
28	Total Charge	Required	Enter total of all service line charges
32 Line 1	Service Facility Name	Required if Service Facility Location is present in 32a	Enter name of service facility only if Service Location is different than Billing Provider name in box 33, otherwise leave box 32 blank. If this is included the service facility must be affiliated with the billing facility.

Box No.	Field Name	Use	Notes
32 Line 2	Service Facility Address line 1	Required if Service Facility Location ID is present in 32a	Enter Street Address of Service Facility, only if Service Location address is different than Billing Provider address in box 33, otherwise leave box 32 blank.
32 Line 3	Service Facility Address line 2	Not Required	Enter additional service facility address line if needed and service location if different than billing provider address in box 33, otherwise leave box 32 blank.
32 Line 3 or 4	Service Facility City, State and Zip Code	Required if Service Facility Location is present in 32a	Enter Service Facility city, state, and zip code, only if Service Location address is different than Billing Provider address in box 33, otherwise leave box 32 blank.
32a	Service Facility Location ID (NPI)	Required, if applicable	If you bill with an NPI, enter the 14-digit service location identifier only if the services were rendered at a location other than that of the billing provider in box 33. Do not enter any other value in box 32a. For example, **1234567890-001**. If this is included the service facility must be a part of your billing facility.
32b	Service Facility Location ID (blank)	Required, if applicable	If you bill with an Idaho proprietary number (not an NPI) enter the 12-digit service location identifier only if rendered at a location other than that of the billing provider in box 33. Do not enter any other value in box 32b. For example, **M1234567-001** or **A1234567-001**. If this is included the service facility must be a part of your billing facility.
33 Line 1	Billing Provider Name	Required	Enter billing provider name
33 Line 2	Billing Provider Address line 1	Required	Enter street address of billing provider
33 Line 3	Billing Provider Address line 2	Not Required	Enter additional billing provider address line, if needed
33 Line 3 or 4	Billing Provider city, state, and zip code	Required	Enter billing provider city, state, and zip code
33a	NPI Number	Required, if billing with an NPI	Enter the 10-digit NPI number of the billing provider.
33b	Billing Provider Medicaid ID	Required if not billing with NPI in 33a	Enter the qualifier 1D followed by the provider's 8-digit proprietary Idaho Medicaid provider number with no spaces in between.

Appendix A. Adult Residential Care

A.1 Adult Residential Living Facility- RALF

Refer to the current Fee Schedules for **Personal Care – Home and Community Based Services Aged & Disabled Waiver Services**.

A.2 Certified Family Home (CFH)

HCPCS	Description	Place of Service
S5140	Certified Family Home – Daily One to two participants Foster Care – Adult; per diem 1 unit = 1 day	**12 Home** **33 Custodial Care Facility** **99 Other**
T1019	Personal Care Service per 15 minutes	
S5100	Adult Foster Care	
H2011	Crisis intervention per 15 minutes	

Appendix B. Agency - Professional

B.1 Behavior Consultation/Crisis Management (BC/CM)

HCPCS	Modifier	Description	Diagnosis	Place of Service
H2019		Therapeutic Behavioral Services 1 Unit = 15 minutes	For dates of service through September 30, 2015, enter the ICD-9 code **V60.4** - for the primary diagnosis. For dates of service on or after October 1, 2015, enter the ICD-10 code Z74.2 for the primary diagnosis.	**11 Office** **12 Home** **99 Other** (Community)
H2019	HM	Therapeutic Behavioral Services Limited to 96 units per calendar month. 1 Unit = 15 minutes		
H2011		Community Crisis supports (1 unit = 15 minutes)		

B.2 Children's Service Coordination

HCPCS	Modifier	Description	Diagnosis
G9002		Coordinated Care Fee, Maintenance Rate (Ongoing Children's Service Coordination) 1 Unit = 15 minutes, PA is required.	For dates of service through September 30, 2015, use diagnosis code **V60.4** as the primary diagnosis code for personal care case management. For dates of service on or after October 1, 2015, enter the ICD-10
G9002	HM	Service Coordination Paraprofessional, PA is required.	
G9003		Coordinated Care Fee, Risk Adjusted High, Initial (Emergency service coordination). PA is required by Medicaid. 1 Unit = 15 minutes	

HCPCS	Modifier	Description	Diagnosis
G9012		Children's Plan Development. 1 Unit = 15 minutes	code Z74.2 for the primary diagnosis code for personal care case management.
H2011		Children's Crisis Assistance (1 unit = 15 min)	
H2011	HM	Children's Crisis Assistance Paraprofessional (1 unit = 15 min)	

B.2.1 Children's DD Services – Traditional Option

Refer to the current Fee Schedules for **Children's DD Services**.

B.2.2 Children's DD Services – Family-Directed Services Option

Refer to the current Fee Schedules for **Children's DD Services**.

B.3 Chore Services – Skilled

HCPCS	Description	Diagnosis	Place of Service
S5121	Chore Services (Skilled)	For dates of service through September 30, 2015, enter the ICD-9 code **V60.4** - for the primary diagnosis. For dates of service on or after October 1, 2015, enter the ICD-10 code Z74.2 for the primary diagnosis.	**12 Home**

B.4 Adult Developmental Disability Agency Codes

CPT / HCPCS	Modifier	Description
T2025		Residential Care (NOS) Waiver; per diem rate (1 unit = 1 day)
97537		Home/Community Individual Developmental Therapy for Adults (1 unit = 15 minutes)
97537	HQ	Home/Community Group Developmental Therapy for Adults (1 unit = 15 minutes)
E1399		Specialized Medical Equipment (75% of vendor's retail price)
H2000		Developmental Therapy Evaluation (1 unit = 15 minutes)
H2015		Individual Supported Living (1 unit = 15 minutes)
H2015	HQ	Group Supported Living (1 unit = 15 minutes)
H2019	U1	Behavioral Consultation by Psychiatrist (1 unit = 15 minutes)
H2019	HM	Intensive Behavioral Intervention—Paraprofessional (1 unit = 15 minutes)
H2032		Center Based Individual Developmental Therapy for Adults (1 unit = 15 minutes)
H2032	HQ	Center Based Group Developmental Therapy for Adults (1 unit = 15 minutes)

CPT / HCPCS	Modifier	Description
S5100		Adult Day Care (1 unit = 15 minutes)
T1028		Social History/Evaluation (1 unit = 15 minutes)

B.4.1 DD Service Coordinator

HCPCS	Modifier	Description
G9002		Adult DD Service Coordination 1 Unit= 15 min
G9002	HM	Adult DD Service Coordination Paraprofessional (1 unit = 15 min)
G9007		Adult DD Plan Development 1 Unit = 15 minutes
H2011		Adult DD Crisis Assistance (1 unit = 15 min)
H2011	HM	Adult DD Crisis Assistance Paraprofessional (1 unit = 15 min)

B.4.2 Developmental Therapy (DT)

CPT / HCPCS	Description
H2011	Intervention for participant in crisis situations. (See IDAPA 16.03.10, Subsection 613.13 for specific requirements). Service is limited to a maximum of 20 hours per crisis, for 5 consecutive days. Service may not exceed 20 hours per crisis. 1 Unit = 15 Minutes.

B.4.3 Developmental Therapy (DT) and Occupational Therapy (OT)

CPT / HCPCS	Modifier	Description
H2000		Developmental Therapy Evaluation: Specify exact time. 1 Unit = 15 Minutes.
H2032		Center Based Individual Developmental Therapy for Adults Individual activity therapy. 1 Unit = 15 Minutes. (PA required for adults in the DD care management process)
H2032	HQ	Center Based Group Developmental Therapy for Adults Group activity therapy. 1 Unit = 15 Minutes. (PA required for adults in the DD care management process)
97003		OT evaluation. Specify exact time. 1 Unit = 1 evaluation.
97004		OT re-evaluation
97535		Individual Occupational Therapy Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, individual. Specify exact time. 1 Unit = 15 Minutes.
97537		Individual Home/community Developmental Therapy for Adults 1 Unit = 15 Minutes. (PA required for adults in the DD care management process)

CPT / HCPCS	Modifier	Description
97537	HQ	Group Home/community Developmental Therapy for Adults, two or more individuals. 1 Unit = 15 Minutes. (PA required for adults in the DD care management process)

B.4.4 Specialized Medical Equipment and Supplies

HCPCS	Description	Requires PA
E1399	DME, miscellaneous. 1 Item = 1 Unit. Note: All items require invoice or MSRP.	Yes

B.5 Nursing Agency-PDN

Refer to the current Fee Schedules for **Personal Care – Home and Community Based Services Aged & Disabled Waiver Services**.

Place of Service: (12) Home; (99) other – unlisted facility

B.5.1 Nursing Services

Refer to the current Fee Schedules for **Personal Care – Home and Community Based Services Aged & Disabled Waiver Services**.

B.6 Personal Care Services (PCS)

Refer to the current Fee Schedules for **Personal Care – Home and Community Based Services Aged & Disabled Waiver Services**.

B.7 Physical Therapy (PT) and Occupational Therapy (OT) Services

Refer to the current Fee Schedules for **Independent Therapy** for a list of covered services.

B.8 Psychotherapy

CPT	Description
90899	Unlisted psychiatric service. This code was previously, Individual Psychiatric Therapy. Note: This is an interim code to be used by schools to be able to bill for psychotherapy services. This code should be used instead of 90804, 90806, and 90808. Professional only. 1 Unit = 15 Minutes
90853	Group psychotherapy; Two or more students. Professional only. Specify exact time. 1 Unit = 15 Minutes.
90847	Family psychotherapy (conjoint psychotherapy) (with patient present). Professional only. Specify exact time. 1 Unit = 15 Minutes.

CPT	Description
90846	Family psychotherapy without patient present. Must be face-to-face with at least one family participant present. The participant must be the focus of services. Professional only. Goals of treatment must be specified on the participants individualized treatment plan. 1 Unit = 15 Minutes.

B.9 Psychotherapy Treatment

CPT / HCPCS	Modifier	Description
H0004		Behavioral health counseling and therapy, individual. Specify exact time. 1 Unit = 15 Minutes.
90853		Psychotherapy; two or more individuals. Specify exact time. 1 Unit = 15 Minutes.
90847		Family psychotherapy; (with patient present). Specify exact time. 1 Unit = 15 Minutes.

B.10 Registered Nurse Services Agency DD Waiver

HCPCS	Description	Place of Service
T1001	Nursing Assessment/Evaluation 1 Occurrence = 1 assessment/evaluation	**12 Home** **99 Other** (unlisted facility)
T1001	Nursing Assessment /Evaluation 1 Occurrence = 1 assessment/evaluation	
T1000	Private Duty/Independent Nursing Services Licensed 1 Unit = 15 minutes	
T1000	Private Duty/Independent Nursing Services Licensed 1 Unit = 15 minutes	
T1000	Private Duty Nursing/Independent Nursing Services Licensed Minimum age is 21. 1 Unit = 15 minutes	
T1001	Nursing Assessment/Evaluation Occurrence = 1 assessment/evaluation.	

B.11 Residential Habilitation-Agency

HCPCS	Modifier	Description	Diagnosis	Place of Service
H2011		Community Crisis Supports (1 unit = 15 min)		

HCPCS	Modifier	Description	Diagnosis	Place of Service
H2015		Comprehensive Community Support Services; per 15 minutes (24-hour/day unavailable under hourly services) for participants who live in their own home or apartment or live with a non-paid caregiver. This code requires PA. 1 Unit = 15 minutes	For dates of service through September 30, 2015, enter the ICD-9 code **V60.4** - for the primary diagnosis. For dates of service on or after October 1, 2015, enter the ICD-10 code Z74.2 for the primary diagnosis.	**12 Home** (CFH, participant's own home, or home of unpaid family) **99 Other** (Community) This code should only be used when the participant receives hourly supported living to access the community. All other RES/HAB should be coded as Home.
H2015	HQ	Comprehensive Community Support Services; per 15 minutes Supported living for two or three participants who live in their own home or apartment or live with a non-paid caregiver. This code requires PA. 1 Unit = 15 minutes 24 hour/day unavailable under hourly serviced.		
H2022		Community Based Services, per diem 24 hours per day support and supervision. Provided through a blend of 1:1 and group staffing.		
H2016		Comprehensive Community Support Services, per diem 24 hours per day support and supervision. Typically requires 1:1 staffing but requests for blend of 1:1 and group staffing will be reviewed on a case-by-case basis.		
S5100		Day Care Services Adult; per 15 minutes		
S5140		Certified Family Home Foster Care Adult; per diem		
T2025		Agency - Certified Family Home Affiliation Fee DD Waiver Agency - Certified Family Home Affiliation Fee PA number must be billed on claim for payment consideration	Certified Family Home (CFH) - Agency Affiliation Fee	

B.12 Respite Care

HCPCS	Description	Diagnosis	Place of Service
T1005	Respite Care Services, up to 15 minutes 1 Unit = 15 minutes. Maximum of six hours per day or 24 units.	For dates of service through September 30, 2015, enter the ICD-9 code **V60.4** - for the primary diagnosis. For dates of service on or after October 1, 2015, enter the ICD-10 code **Z74.2** for the primary diagnosis.	**12 Home** (CFH, participant's own home, or home of unpaid family) **99 Other (Community)** This code should only be used when the participant receives hourly supported living to access the community. All other RES/HAB should be coded as, Home.
S9125	Respite Care, In the Home, per diem 1 Unit = 1 day		

B.13 School Based Services

Refer to the current Fee Schedules for School-Based Services.
Diagnosis Codes: The diagnosis code must be specific to the student's health condition that qualifies them to receive services and allows the school to receive Medicaid reimbursement.

B.13.1 Speech-Language Pathology Services

Refer to the current Fee Schedules for **Independent Therapy** for a list of covered services.

B.13.2 Supported Employment Services

HCPCS	Description	Diagnosis	Place of Service
H2011	Community Crisis Supports (1 unit = 15 minutes)		
H2023	Supported Employment, per 15 minutes The maximum allowable units per week are 160. 1 Unit = 15 minutes	For dates of service through September 30, 2015, enter the ICD-9 code **V60.4** - for the primary diagnosis. For dates of service on or after October 1, 2015, enter the ICD-10 code Z74.2 for the primary diagnosis.	**99 Other** (Community)

B.13.3 Supports Brokerage - FEA

HCPCS	Description	Notes
T2040	Financial management self-directed waiver per 15 minutes	Monthly amount based on UCR fee schedule
T2025	Waiver services not otherwise specified	Pay as billed

B.13.4 Transportation

HCPCS	Description
T2001	Non emergency transportation, patient attendant/escort. Specify exact time. 1 Unit = 15 Minutes.
A0080	Non-emergency Non Medical transportation, per mile, vehicle provided by volunteer (individual or organization), with no vested interest. Specify number of miles from pick-up to delivery. Prior Authorization for waiver service required. 1 unit = 1 mile

Appendix C. Allopathic and Osteopathic

C.1 Allergy and Immunology-Clinical and Laboratory Immunology

C.1.1 State-Supplied Free Vaccines with or without Evaluation and Management (E/M) Visit

Service	CPT	Modifier	Billed Amount
State-Supplied Free Vaccines with or without and Evaluation and Management (E/M) Visit	90460 to 90474	SL If there is a significant, separately identifiable service, performed, at the time of the vaccine administration, an appropriate E/M code may also be billed with modifier **25**.	$0.00

C.1.2 Administration of a Provider Purchased Childhood Vaccine With or Without an Evaluation and Management (E/M) Visit

Service	CPT	Modifier
Administration of a Provider Purchased Childhood Vaccine With or Without an Evaluation and Management (E/M) Visit	90460 to 90474	If there is a significant, separately identifiable service, performed, at the time of the vaccine administration, an appropriate E/M code may also be billed with modifier **25**.

C.1.3 Administration of a Provider Purchased Adult Vaccine With or Without an Evaluation and Management (E/M) Visit

Service	CPT	Modifier
Administration of a Provider Purchased Adult Vaccine With or Without an Evaluation and Management (E/M) Visit	90471 to 90474	If there is a significant, separately identifiable service, performed, at the time of the vaccine administration, an appropriate E/M code may also be billed with modifier **25**

C.2 Anesthesiology

CPT	Modifier		Diagnosis	Unit of Service
To bill for the epidural injections use the appropriate CPT procedure codes	A repeat anesthesia procedure on the same day which is billed with the CPT modifier **76** or **77** will be paid at $0.00.		For dates of service through September 30, 2015, the ICD-9 code **V25.2** must be used for sterilizations. For dates of service on or after October 1, 2015, the ICD-10 code **Z30.2** must be used for sterilizations.	Enter total units (1 unit = 1 minute) for time
	AA	Anesthesia services personally performed by an anesthesiologist. The AA modifier is used for all basic procedures		
	AD	Medical supervision by a physician, more than four concurrent anesthesia procedures.		
	P1	Normal healthy patient.		
	P2	Patient with mild systemic disease		
	P3	Patient with severe systemic disease		
	P4	Patient with severe systemic disease that is a constant threat to life		
	P5	Moribund patient who is not expected to survive without the operation.		
	QS	Monitored anesthesia care service (can be billed by CRNA or a physician). Modifier QS (Monitored Anesthesia Care) is for informational purposes. Please report actual monitoring time on the claim form. This modifier must be billed with another modifier to show that the service was personally performed or medically directed.		
	QX	CRNA service, with medical direction by a physician.		
	QY	Medical direction of one 1 CRNA by an anesthesiologist.		
	QZ	CRNA service, without medical direction by a physician.		

C.3 Billing Presumptive Eligibility (PE) Determinations

Service	HCPCS
Billing Presumptive Eligibility (PE) Determinations	T1023 to bill for PE determination.

C.4 Diabetes Education

Service	HCPCS
Group Counseling	G0109
Individual Counseling	G0108

C.5 Obstetrics and Gynecology

C.5.1 Incomplete Antepartum Care

Service	CPT	
Billing for Incomplete Antepartum Care	59425	When billing for four to six prenatal visits
	59426	When billing for seven or more prenatal visits with or without an initial visit

C.5.2 Postpartum Care

Service	CPT	Modifier
Billing for Multiple Deliveries	For additional babies: 59409, 59514, 59612, or 59620	51 and 59

C.6 Oral and Maxillofacial Surgery

Service	HCPCS
Oral and Maxillofacial Surgery	Do not use CPT procedure code 41899, as this is an unspecified code and will cause delay in payment for services.

C.7 Physician Service Policy

Service	Modifier
Locum Tenens and Reciprocal Billing	Q5 - Service furnished by a substitute physician under a reciprocal billing arrangement.
	Q6 - Service furnished by a locum tenens physician

C.8 Telemedicine

CPT / HCPCS	Description	Modifier
90862	Pharmacological Management Including prescription, use and review of medication with no more than minimal medical psychotherapy	GT
90805	Psychotherapy 20 - 30 minute session with medical evaluation and management services.	GT
90801	Psychiatric diagnostic interview examination. 1 Unit = 15 minutes	GT
Q3014	Telehealth Originating Site Transmission 1 Unit + 1 Originating Site Transmission	
T1014	Telehealth Distant Site Transmission 1 Unit + 1 Distant Site Transmission	

Appendix D. Ambulatory Health Care Facility

D.1 Adult Day Care (Health)

HCPCS	Description	Modifier	Place of Service
S5100	Day Care Services, Adult 1 Unit = 15 minutes	U2 modifier is no longer required when billing this service code.	**12** Home **99** Other (Community)

D.2 Clinic/Center-Federally Qualified Health Center (FQHC)

Bill the encounter using procedure code T1015 with the appropriate rate on the first detail line. Providers are required to list all the CPT/HCPCS services provided during the encounter priced at zero dollars on subsequent lines. CPT codes included with the T1015 encounter code must accurately indicate the service(s) provided during the encounter and conform to National Correct Coding Initiative (NCCI) standards. Claims submitted without the corresponding CPT/HCPCS codes will be denied.

Service	HCPCS	Diagnosis	Description	Modifier	Place of Service
Clinic/ Center - FQHC	T1015	Use appropriate diagnosis code for services rendered. (i.e., Well Child Exam, Family Planning)	All FQHC clinics must use procedure code **T1015** for medical services.	76 (same day/ same provider) 77 (same day/ different provider)	50

D.3 Clinic/Center-Rural Health Clinics (RHC)

Bill the encounter using procedure code T1015 with the appropriate rate on the first detail line. Providers are required to list all the CPT/HCPCS services provided during the encounter priced at zero dollars on subsequent lines. CPT codes included with the T1015 encounter code must accurately indicate the service(s) provided during the encounter and conform to National Correct Coding Initiative (NCCI) standards. Claims submitted without the corresponding CPT/HCPCS codes will be denied.

Service	HCPCS	Diagnosis	Description	Modifier	Place of Service
Clinic/ Center - Rural Health Clinics	T1015	Use appropriate diagnosis code for services rendered. (i.e., Well Child Exam, Family Planning)	All rural health clinics must use procedure code **T1015** for medical services.	76 (same day/ same provider) 77 (same day/ different provider)	72

D.4 Indian Health Center (IHC)

Bill the encounter using procedure code T1015 with the appropriate rate on the first detail line. Providers are required to list all the CPT/HCPCS services provided during the encounter priced at zero dollars on subsequent lines. CPT codes included with the T1015 encounter

code must accurately indicate the service(s) provided during the encounter and conform to National Correct Coding Initiative (NCCI) standards. Claims submitted without the corresponding CPT/HCPCS codes will be denied.

Service	HCPCS	Diagnosis	Description	Modifier	Place of Service
Clinic/ Center - Indian Health Clinics	T1015	Use appropriate diagnosis code for services rendered. (i.e., Well Child Exam, Family Planning)	All rural health clinics must use procedure code **T1015** for medical services.	76 (same day/ same provider) 77 (same day/ different provider)	5

D.5 District Health Department Services

Procedure Codes

All claims for services or supplies that are provided as part of a family planning visit must include the **FP** (Family Planning) modifier with one or more of the following CPT or HCPCS codes.

CPT Code	Description
99201	Office or other outpatient visit, new patient (Family planning, brief exam)
99203	Office or other outpatient visit, new patient (Family planning, interim visit)
99204	Office or other outpatient visit, new patient (Family planning, yearly visit)
99211	Office or other outpatient visit, established patient (Family planning, brief exam)
99213	Office or other outpatient visit, established patient (Family planning, interim visit)
99214	Office or other outpatient visit, established patient (Family planning, yearly visit)

Supply Code	Description
S4993	Contraceptive pills for birth control (monthly supply).
J1050	Injection, medrowyprogesterone acetate, 1 mg
J7300	Intrauterine copper contraceptive (Paragard T380A).
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena IUD).
J7303	Hormone containing vaginal ring (NuvaRing).
J7304	Contraceptive supply, hormone containing patch, each (Ortho-Evra patch).
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies.
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies (Implanon).
A4266	Diaphragm for contraceptive use.
See Section *2.19.1 Reporting National Drug Code (NDC) for Drugs Billed with HCPCS Codes* in the Allopathic and Osteopathic Physicians section of the Provider Handbook.	

Procedure Code	Description (Only allowable to physicians, physician assistants, and nurse practitioners.)
58300	Insertion of IUD
58301	Removal of IUD
11976	Removal, implantable contraceptive capsules
11981	Insertion, non-biodegradable drug delivery implant

D.6 Pregnant Women Clinic

CPT / HCPCS	Description
81025	Urine pregnancy test, by visual color comparison methods
G9001	Coordinated care fee, initial rate
G9005	Coordinated care fee, risk adjusted maintenance
J9261	Injection, nelarabine, 50 mg
S9213	Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (do not use this code with any home infusion per diem code)
S9127	Social work visit, in the home, per diem
S9470	Nutritional counseling, dietitian visit
T1001	Nursing assessment/evaluation
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter

Appendix E. Behavioral Health and Social Service Providers

HCPCS	Modifier	Service	Description
S9127			Social work visit, in the home, per diem. (Individual and family social services.)
T1001			Nursing assessment/evaluation - PA required
T1023			Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter - PA required
H2019	HO	Therapeutic Consultation	Therapeutic Behavior Services - Master's Degree Level, 15 min
H2011	HO	Crisis Intervention – Professional	Community Crisis Supports - Master's Degree Level, 15 min

Appendix F. Chiropractor

Service	Diagnosis	CPT	Description	Modifier
Chiropractor Services	739.0 – 739.5 839.00 – 839.08 839.20 – 839.21 839.40 – 839.42	98940	Chiropractic manipulative treatment (CMT); spinal, 1 - 2 regions.	Modifiers are not required for chiropractic services
		98941	CMT; spinal, 3 - 4 regions.	
		98942	CMT; spinal, 5 regions.	

Appendix G. Dietary and Nutritional Service Providers

HCPCS	Description	Modifier
G0108	Individual counseling	When billing for PW members a pregnancy related diabetic diagnosis is required.
G0109	Group counseling	When billing for PW members a pregnancy related diabetic diagnosis is required.
S9470	Nutritional counseling, dietician visit.	The **U5** (PW) modifier is no longer required when reporting dietician services for PW.

Appendix H. Eye and Vision Services Provider

Per IR MA11-11 - As of July 1, 2011, Medicaid will no longer pay for vision services on participants over the age of 21 unless the treatment is for a chronic disease such as diabetes.

Service	CPT / HCPCS	Description	Place of Service
All vision and optician services			
Determination of Refractive State	92015	Allowed once every 365 days when a full exam is not necessary. Medicaid reimbursement rate for the full exam includes determination of refractive state.	11
Tonometry	92100	Tonometry is considered included within a comprehensive visual exam. If an additional separate tonometry is needed, Medicaid will allow one additional tonometry within the same 365 day period as the comprehensive exam. This limitation does not apply to participants receiving ongoing treatment for glaucoma.	11

Appendix I. Licensed Midwives

HCPCS	Description	Place of Service
36415	Routine venipuncture for collection of specimen(s)	11 – Office, 12 – Home
36416	Collection of capillary blood specimen	11 – Office, 12 – Home
59400	Vaginal delivery w/7 or more antepartum & postpartum	11 – Office, 12 – Home
59409	Vaginal delivery only	11 – Office, 12 – Home

HCPCS	Description	Place of Service
59410	Vaginal delivery; including postpartum care	11 – Office, 12 – Home
59425	Antepartum care only; 4-6 visits	11 – Office, 12 – Home
59426	Antepartum care only; 7 or more visits	11 – Office, 12 – Home
59430	Post-partum care only	11 – Office, 12 – Home
59610	Routine OB care including antepartum, vaginal delivery & postpartum; after previous cesarean	11 – Office, 12 – Home
59612	Vaginal delivery only, after previous cesarean	11 – Office, 12 – Home
59614	Vaginal delivery only after cesarean, including postpartum	11 – Office, 12 – Home
59899	Unlisted maternity procedure (use for labor management in the event of transfer intrapartum)	11 – Office, 12 – Home
90471	Immunization administration, first vaccine. Single or combination vaccine/toxoid (use for injection of vaccination/rhogam injection)	11 – Office, 12 – Home
96360	Intravenous infusion, hydration	11 – Office, 12 – Home
96361	Each additional hour (list separately in addition to code for primary procedure)	11 – Office, 12 – Home
96365	IV for therapy, prophylaxis, or diagnosis (specify substance or drug); initial one (1) hour	11 – Office, 12 – Home
96366	Each additional hour (list separately in addition to code for primary procedure)	11 – Office, 12 – Home
99001	Handling and/or conveyance of specimen for transfer	11 – Office, 12 – Home
	EVALUATION AND MANAGEMENT VISITS (99201 – 99348) can be used for initial patient visit	
99201	New patient office visit problem focused	11 – Office, 12 – Home
99202	New patient office visit expanded problem	11 – Office, 12 – Home
99203	OV or OP evaluation new patient detailed 30 minutes	11 – Office, 12 – Home
99211	Established patient office visit problem focused	11 – Office, 12 – Home
99212	Established patient office visit expanded problem	11 – Office, 12 – Home
99213	OV or OP evaluation established patient detailed 30 minutes	11 – Office, 12 – Home
99341	Home visit new pt/a problem (low severity)	12 – Home
99342	Home visit new pt/expanded (moderate severity)	12 – Home
99347	Home visit for e/m of established patient; problem focused	12 – Home
99348	Home visit for e/m of established patients; expanded problem focused	12 – Home
99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	11 – Office

HCPCS	Description	Place of Service
99461	Initial care, per day, for evaluation & management of normal newborn other than hospital or birthing center	12 – Home
99463	Initial hospital or birthing center per day for evaluation & management of normal newborn admit/discharge same day	11 – Office, 12 – Home
99465	Delivery/birthing room resuscitation: provision of positive pressure ventilation and/or chest compressions in presence of acute inadequate ventilation	11 – Office, 12 – Home
A4217	Sterile water/saline, 500 ml	11 – Office, 12 – Home
J0171	Injection, adrenalin, epinephrine, 0.1 mg	11 – Office, 12 – Home
J0290	Injection, ampicillin, up to 500 mg	11 – Office, 12 – Home
J0561	Injection, penicillin g benzathine, per 100,000 units	11 – Office, 12 – Home
J0690	Injection, cefazolin sodium, ancef, kefzol, up to 500 mg	11 – Office, 12 – Home
J2590	Injection, oxytocin, up to 10 units	11 – Office, 12 – Home
J2790	Rho d immune globulin injection 300 mcg	11 – Office, 12 – Home
J3430	Injection, vitamin K, per 1 mg	11 – Office, 12 – Home
J3490	UNCLASSIFIED DRUGS (use for erythromycin ointment, or for lidocaine injection and attach a copy of the invoice to the claim)	11 – Office, 12 – Home
J7040	Infusion, normal saline solution, (500 ml=1 unit)	11 – Office, 12 – Home
J7050	Infusion, normal saline solution, 250 cc	11 – Office, 12 – Home
J7120	Ringers lactate infusion up to 1000 cc	11 – Office, 12 – Home
S0077	Injection, clindamycin phosphate, 300 mg	11 – Office, 12 – Home
S3620	Newborn metabolic screening, includes test kit, postage & lab tests specified	11 – Office, 12 – Home
S5011	5% dextrose in lactated ringer's, 1000 ml	11 – Office, 12 – Home

Appendix J. Non-Emergent Transportation Providers

Claims for transportation services provided **on or after September 1st, 2010**, that meet the definition of non-emergency medical transportation, must be authorized by and submitted to American Medical Response (AMR) for payment. This covers the following service codes; A0100, A0110, A0140, A0170, A0180, A0190, A0200, A0210, S0215, T2003, T2004.

Claims for transportation services that meet the definition of non-emergency medical transportation provided **prior to September 1st, 2010**, must be submitted to Molina Medicaid Solutions for payment. This covers the following service codes; A0100, A0110, A0140, A0170, A0180, A0190, A0200, A0210, S0215, T2003, T2004 as well as service codes listed in table below.

More information about Idaho Medicaid non-emergency medical transportation can be found at www.idahonemt.net.

Service	HCPCS	Description	PA Required	Modifier	Place of Service
Individual Transportation					
Non-emergency transportation, per mile	A0080	Aged and Disabled (A&D) or Developmental Disabilities (DD) Waiver non-medical transportation, per mile, as authorized by Regional Medicaid Services. 1 Unit = 1 Mile. Maximum allowable of 1,800 waiver miles per year.	Yes	No	99
Attendant salary	T2001	Non-emergency transportation, patient attendant/escort (salary). Spouse or parent of a minor child cannot be paid as attendant. 1 Unit = 15 Minutes.	Yes	No	99
Agency Transportation					
Non-emergency transportation, per mile	A0080	Aged and Disabled (A&D) or Developmental Disabilities (DD) Waiver non-medical transportation, per mile, as authorized by Regional Medicaid Services. 1 Unit = 1 Mile. Maximum allowable of 1,800 waiver miles per year.	Yes	No	99
Attendant salary	T2001	Non-emergency transportation, patient attendant/escort (salary). Spouse or parent of a minor child cannot be paid as attendants.	Yes	No	99
Commercial Transportation					
Non-emergency transportation, per mile	A0080	Aged and Disabled (A&D) or Developmental Disabilities (DD) Waiver non-medical transportation, per mile, as authorized by Regional Medicaid Services. 1 Unit = 1 Mile. Maximum allowable of 1,800 waiver miles per year.	Yes	(First Trip, No modifier) (Subsequent trips, same day, Modifier 76 required)	99
Attendant salary	T2001	Non-emergency transportation, patient attendant/escort (salary). Spouse or parent of a minor child cannot be paid as attendants.	Yes	No	99

Appendix K. Nursing and Custodial Care

Service	HCPCS	Description	PA Required
PCS Assessment - Participant Evaluation & Care Plan Development - Agency	G9002	RN Care Plan Development and Placement Initial visit and/or plan development, and annually for the re-evaluation. Prior authorization (PA) from Medicaid is required each time this procedure code is used. If additional evaluations are necessary, obtain PA from Medicaid. For adults and children Initial – 8 units Annual – 4 units	
RN Supervising Visit - Agency	T1001	Nursing Assessment/Evaluation The frequency of the supervising visits will be included in Medicaid approved PA. 1 Occurrence = 1 visit	If additional or emergency visits in excess of the approved number are required, they must be prior authorized byMedicaid.
QIDP Participant Evaluation and Individual Support Plan Development - Agency	G9001	Coordinated Care Fee – Initial Rate Initial visit and plan development and the re-evaluation done annually.	PA from the RMS is required each time this procedure code is used. If additional evaluations are necessary, obtain PA from Medicaid.
QIDP Supervising Visit - Agency	H2020	Therapeutic Behavioral Services, per diem. If additional or emergency visits in excess of the approved number are required, they must be prior authorized by Medicaid. 1 Unit = 1 day	The frequency of the supervising visits will be included in the Medicaid approved PA.
Agency PCS Provider	T1019	PCS, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/ID or IMD, part of the Individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse). 1 Unit = 15 minutes	
PCS – Family Alternate Care Home	T1019	Foster care, therapeutic, child; Fee for service. This service is available only to children under the Early & Periodic Screening & Diagnostic Treatment (EPSDT) benefit. 1 Unit = 15 minutes	

Appendix L. Nursing Services Providers

Service	HCPCS	Description	PA Required	Modifier	Place of Service
Private Duty Nurse Agency RN	T1001	Nursing Assessment/Evaluation Professional licensed nurse, registered nurse or RN employed by an agency 1 Unit = 15 minutes		TD	12 Home 99 Other
Private Duty Nurse Agency LPN	T1000	Private duty/independent nursing service(s) – licensed Agency LPN 1 Unit = 15 minutes			
Private Duty Nurse Individual RN	T1000	Private duty/independent nursing service(s) – licensed Individual RN 1 Unit = 15 minutes			
Private Duty Nurse Individual LPN	T1000	Private duty/independent nursing service(s) –licensed Individual LPN 1 Unit = 15 minutes	Yes		
Professional Licensed Nurse Oversight	T1001	Nursing Assessment/Evaluation Professional licensed nurse oversight of a licensed practical nurse 1 Occurrence = 1 assessment/evaluation	Yes		
RN Services Agency	T1002	RN Services by Licensed Professional Nurse RN or LPN 1 Unit = 15 minutes	Yes		12 Home
LPN Services Agency	T1003	Nursing services LPN (LPN/LVN services) 1 unit = 15 minutes	Yes		12 Home
Nursing Oversight Independent RN Visit	T1001	Nursing Assessment/Evaluation 1 Occurrence = 1 assessment/evaluation	Yes	TD	12 Home 99 Other
Nursing Oversight Agency RN Visit	T1001	Nursing Assessment /Evaluation 1 Occurrence = 1 assessment/evaluation	Yes	TD	
Independent (Skilled LPN) Hourly	T1000	Private Duty/Independent Nursing Services Licensed 1 Unit = 15 minutes	Yes		
Agency (Skilled LPN) Hourly	T1000	Private Duty/Independent Nursing Services Licensed 1 Unit = 15 minutes	Yes		

Service	HCPCS	Description	PA Required	Modifier	Place of Service
Agency (Skilled RN) Hourly	T1000	Private Duty Nursing/Independent Nursing Services Licensed Minimum age is 21. 1 Unit = 15 minutes	Yes		
Oversight of LPN Visits (RN Skilled)	T1001	Nursing Assessment/Evaluation 1 Occurrence = 1 assessment/evaluation.	Yes		
Supervisory RN Codes Participant Evaluation and Plan of Care Development (Agency)	G9002	RN Care Plan Development and Placement Initial – 8 units Annual – 4 units Each time this procedure code is used it must be prior authorized by Medicaid. The Medicaid office will assign a PA number that must be on the claim form submitted to Idaho Medicaid for payment. This code is to be used for the initial visit and annually for the re-evaluation. If additional evaluations are necessary, obtain prior authorization from Medicaid. Medicaid authorizes the number of PCS hours after the Uniform Assessment Instrument (UAI) is completed. The RN does the POC based on hours from the UAI.	Yes		12 Home 99 Other
Supervising Visit (Agency)	T1001	Nursing Assessment/Evaluation 1 Occurrence = 1 visit The frequency of the supervising visits must be included in Medicaid approved Functional Assessment/Plan of Care but no less than every 90 days.	Yes		

Appendix M. Physician Assistants and Advanced Practice Nursing Providers

Service	CPT	Description	Modifier	
CRNA Services			AA	Anesthesia services personally performed by an anesthesiologist. The -**AA** modifier is used for all basic procedures.
			P1	Normal healthy patient.
			P2	Patient with mild systemic disease.
			P3	Patient with severe systemic disease.
			P4	Patient with severe systemic disease that is a constant threat to life.
			P5	Moribund patient who is not expected to survive without the operation.
			QS	Monitored anesthesia care service (can be billed by CRNA or a physician). This modifier for monitored anesthesia care (QS) is for informational purposes. Please report actual monitoring time on the claim form. This modifier must be billed with another modifier to show that the service was personally performed or medically directed.
			QX	CRNA service; with medical direction by a physician.
			QZ	CRNA service; without medical direction by a physician.
Wellness Examinations for Adults 21 years and up	99385	New Patient Preventive Medicine Examination – Adult Age 18-39.	N/A	
	99386	New Patient Preventive Medicine Examination – Adult Age 40-64.		
	99387	New Patient Preventive Medicine Examination – Adult Age 65+.		

Service	CPT	Description	Modifier
	99395	Established Patient Preventive Medicine Examination – Adult Age 18-39.	
	99396	Established Patient Preventive Medicine Examination – Adult Age 40-64.	
	99397	Established Patient Preventive Medicine Examination – Adult Age 65+.	
Health risk assessment/preventive physical examination	99450	- Basic Life and/or disability examination that includes: History and Physical and completion of necessary documentation.	N/A
	99080	Special Reports-more than the information conveyed in the usual medical communications or standard reporting form. This code should be used when the provider can complete the DHW required History and Physical information from past records rather than a new examination.	

Appendix N. Respiratory, Developmental, Rehab, and Restorative Services

Service	CPT	Description	PA Required
Independent Occupational Therapists	97039	Unlisted modality (specify type and time if constant attendance)	Yes
	97139	Unlisted therapeutic procedure (specify)	Yes
	97537	Community/work reintegration training (e.g., shopping, transportation, money management, a vocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact	Yes

Service	CPT	Description	PA Required
		by provider, each 15 minutes	
Independent Physical Therapy (PT) Service	97039	Unlisted modality (specify type and time if constant attendance)	Yes
	97139	Unlisted therapeutic procedure (specify)	Yes
	97537	Community/work reintegration training (e.g., shopping, transportation, money management, a vocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes	Yes

These codes plus other codes for state approved therapies and modalities.

Appendix O. Speech, Language, and Hearing Service Providers

Per Information Release MA11-15 - *Effective July 1, 2011 audiology procedures indicated below with an asterisk (*) are no longer payable if the participant is over the age of 21.*

O.1 Audiology Services

NOTE: Effective July 1, 2011 procedures indicated with one asterisk (*) are not payable to participants over the age of 21. Procedures indicated with two asterisk (**) are no longer payable regardless of the participant's age.

CPT/ HCPCS	Description
92550 – 92588	Audiometric Testing
*92590 - 92595	Audiometric Testing
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
*92603 - 92604	Diagnostic analysis of cochlear implant with programming
92607	Evaluation for use prosthetic/augmentative device, speech
92608	Each additional 30 (list separately in addition to code for primary procedure)
92609	Therapeutic services for the use of speech generating device including programming
92610	Evaluation of oral and pharyngeal swallowing function
**92626	Evaluation of auditory rehabilitation status, first hour
**92627	Evaluation of auditory rehab status, each additional 15 minutes, add-on
**92630	Auditory rehabilitation, pre-lingual hearing loss
**92633	Auditory rehabilitation, post-lingual hearing loss
92700	Unlisted Otorhinolaryngological service or procedure
97761	Prosthetic training
97762	Checkout for orthotic/prosthetic use
*V5362	Speech screening
*V5364	Dysphagia screening

O.2 Speech Therapy

CPT / HCPCS	Description	POS Specific
92506- 92507	Speech/hearing evaluations, therapy	
92597	Oral speech device evaluation	
G0153	Services of a speech and language pathologist in home health or hospice settings, each 15 minutes	34 or 12
S9128	Speech Therapy in the home per deim	12
S9152	Speech Therapy re-evaluation	

Appendix P. Suppliers

P.1 Aged and Disabled (A&D) Waiver

Service	HCPCS	Description	Modifier	Place of Service
Assistive Technology (A&D)	E1399	Assistive Technology, by report, amount authorized by Medicaid	U2 Modifier is no longer required with this service	12 Home 13 Assisted Living Facility 33 Custodial Care Facility
Environmental Accessibility Adaptations (A&D)	S5165	Environmental Accessibility Adaptations. Services are authorized by Medicaid based on bid.	U2 modifier no longer required with this service	12 Home
Personal Emergency Response System (PERS) Initial Installation Fee (A&D)	S5160	Initial installation fee, one time only per residence, paid by report based on amount authorized by Medicaid.	U2 modifier no longer required with this service	
Personal Emergency Response System (PERS) Monthly Service Fee (A&D)	S5161	Monthly service fee 1 Unit = 1 month	U2 modifier no longer required with this service	

P.2 Developmentally Disabled (DD) Waiver

Service	HCPCS	Description	Modifier	Place of Service
Environmental Modifications (DD)	S5165	Minimum age is 21. Services are authorized by the RMS. 1 Unit = 1 service.	U2 modifier no longer required with this service	12 Home

Service	HCPCS	Description	Modifier	Place of Service
Environmental Accessibility Adaptations (DD)	S5165	Home modifications; per service. Actual cost of three competitive bids for items over $1500.00 including labor.	U8 modifier is no longer required to be billed with this service	
Home Delivered Meals (DD)	S5170	Home Delivered Meals, including preparation; per meal This service is restricted to 14 meals per week. No more than two meals per day are allowed.	U8 modifier is no longer required to be billed with this service	12 Home
Personal Emergency Response System Initial Installation Fee (DD)	S5160	Only one installation fee is allowed for each participant per residence. This fee includes the installation fee and the first month's service fee. Minimum age is 21. 1 Unit = 1 service	U8 modifier is no longer required to be billed with this service	
Personal Emergency Response System Monthly Service Fee (DD)	S5161	This code can be billed only once per calendar month, and does not include the costs of monthly telephone service. Minimum age is 21. 1 Unit = 1 month	U8 modifier is no longer required to be billed with this service	
Specialized Medical Equipment/Supplies and Service (DD)	E1399	1 Unit = 1 service	U8 modifier is no longer required to be billed with this service	

P.3 Preventive Health Assistance (PHA)

Effective for dates of service on or after January 1, 2014, smoking cessation products are no longer available through the PHA program and must be billed through the pharmacy program. For tobacco cessation counseling use the appropriate CPT code.

Service	HCPCS	Description
Non-Physician Weight Management	S9449	Weight Management counseling
Non-Physician Weight Management	S9451	Weight Management exercise
Non-Physician Weight Management	S9970	Weight Management health club membership annual

Appendix Q. Ambulance Transportation Services

Claims for transportation services provided **on or after September 1st, 2010**, that meet the definition of non-emergency medical transportation, must be authorized by and submitted to American Medical Response (AMR) for payment.

Claims for transportation services that meet the definition of non-emergency medical transportation provided **prior to September 1st, 2010**, must be submitted to Molina Medicaid Solutions for payment.

More information about Idaho Medicaid non-emergency medical transportation can be found at www.idahonemt.net.

Service	HCPCS	Description
Advanced life support, level 2 (ALS 2).	A0433	
Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency).	A0427	
Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1).	A0426	
Ambulance service, basic life support, emergency transport (BLS - emergency).	A0429	
Ambulance service, basic life support, non-emergency transport (BLS).	A0428	
Ambulance service, conventional air services, transport, one way (fixed wing).	A0430	Base rate.
Ambulance service, conventional air services, transport, one way (rotary wing).	A0431	Base rate.
Ambulance waiting time (ALS or BLS), 1/2 hour increments.	A0420	1 Unit = 1/2 Hour. Do not count the first 1/2, which is included in the base rate. Must be physician ordered.
Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged). Requires medical review.	A0424	Attendant must be in the patient compartment of the ambulance and actively treating or attending the patient. 1 Unit = Total charges for 1 extra attendant.
Fixed wing air mileage, per statute mile.	A0435	
Ground mileage, per statute mile.	A0425	
Respond and evaluate no other services (all levels).	A0998	Treat and release (ambulance response and treatment, no transport).
Response and treatment, advanced life support.	A0998	
Response and treatment, basic life support.	A0998	
Rotary wing air mileage, per statute mile.	A0436	