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Ambulatory Health Care Facilities

This chapter of the Idaho Medicaid Provider Handbook describes Medicaid-covered services provided by:

- Adult Day Cares (Health);
- Birthing Centers;
- Diagnostic Clinics;
- Hearing and Speech Clinics;
- Mobile Radiology Clinics;
- Physical Therapy Facilities; and
- Pregnant Women Clinic.

Services must be within the scope of practice, licensure and training of the provider rendering them.

Outpatient behavioral health services (formerly mental health clinic, psychosocial rehabilitation, substance use disorder services, and service coordination for participants with mental illness) are provided under the Idaho Behavioral Health Plan. Optum Idaho is the managed care contractor who administers this program. Additional information can be obtained on their website at www.optumidaho.com.

Sections of the Idaho Medicaid Provider Handbook applicable in specific situations are listed throughout the handbook for provider convenience. Handbook chapters which always apply to this provider type include the following:

- [General Billing Instructions](#);
- [General Information and Requirements for Providers](#); and
- [Glossary](#).

Handbooks can only be used properly in context. Providers must be familiar with the handbooks that affect them and their services. The numbering in handbooks is also important to make note of as subsections rely on the content of the sections above them.

Example

Section 1.2.3.a The Answer requires the reader to have also read Section 1, Section 1.2 and Section 1.2.3 to be able to properly apply Section 1.2.3.a.

References are included throughout the handbook for provider and staff convenience. Not all applicable references have been incorporated into the handbook. Not all references provided are equal in weight.

- **Case Law:** Includes references to court cases that established interpretations of law that states and providers would be required to follow.
- **CMS Guidance:** These references reflect various Centers for Medicare and Medicaid Services (CMS) publications that Idaho Medicaid reviewed in the formulation of their policy. The publications themselves are not required to be followed for Idaho Medicaid services.
- **Federal Regulations:** These references are regulations from the federal level that affected policy development. Usually these include the Code of Federal Regulations, the Social Security Act and other statutes. They are required to be followed.

- Idaho Medicaid Publications: These are communications from Idaho Medicaid to providers that were required to be followed when published. These are included in the handbook for historical reference. The provider handbook supersedes other communications unless the documents are listed in the Department's [Rules, Statutes, and Policies](#) webpage under policies in Medicaid's [department library](#).
- Idaho State Plan: The State Plan is the agreement between the State of Idaho and the Centers for Medicare and Medicaid Services on how the State will administer its medical assistance program.
- Professional Organizations: These references reflect various publications of professional organizations that Idaho Medicaid reviewed in the formulation of their policy. Providers may or may not be required to follow these references, depending on the individual reference and its application to a provider's licensure and scope of practice.
- Scholarly Work: These references are publications that Idaho Medicaid reviewed in the formulation of their policy. The publications themselves are not required to be followed for Idaho Medicaid services.
- State Regulations: These references are regulations from the state level that affected policy development. They usually include statute and IDAPA. They are required to be followed.

1. Important Contacts

The [Directory](#), Idaho Medicaid Provider Handbook contains a comprehensive list of contacts. The following contacts are presented here for provider convenience.

1.1. Gainwell Technologies

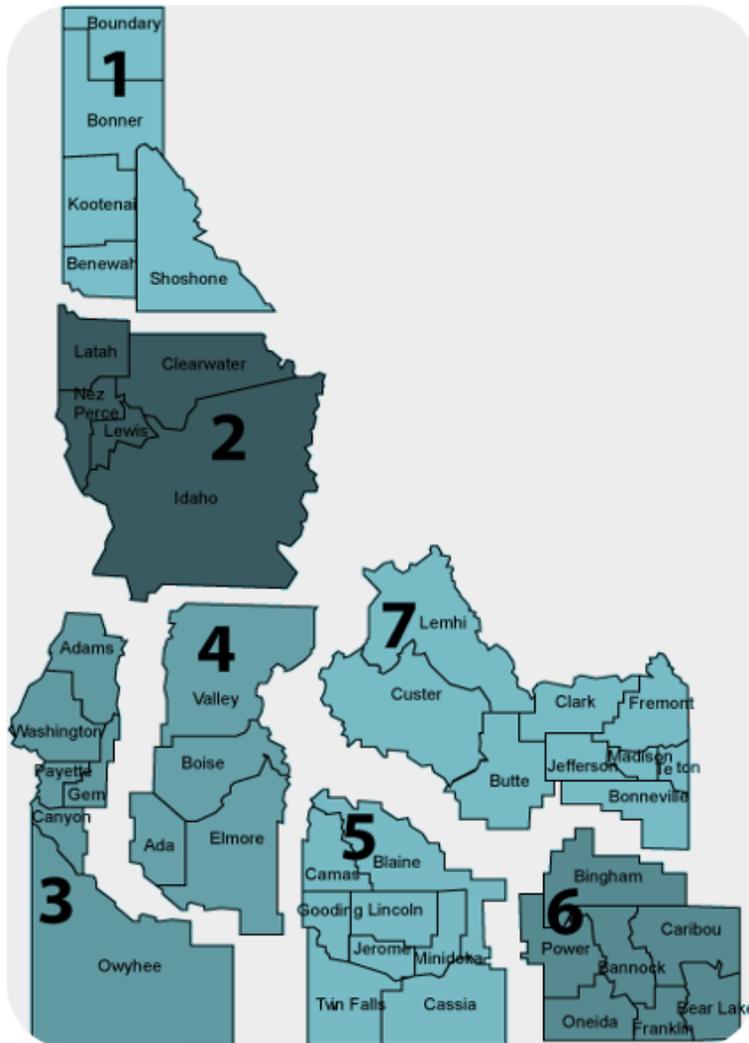
[Gainwell Technologies](#) is Idaho Medicaid’s fiscal agent that handles all claims processing and customer service issues.

Gainwell Technologies Contact Information
<p>Gainwell Technologies Provider Services P.O. Box 70082 Boise, ID 83707 Phone: 1 (888) 686-4272 Fax: 1 (877) 661-0974 IDProviderServices@dxc.com</p> <p>The Medicaid Automated Call Service (MACS) is available 24 hours a day, seven days a week. Provider service representatives are available Monday through Friday, 7:00 A.M.-7:00 P.M. MT.</p>
<p>Provider Enrollment P.O. Box 70082 Boise, ID 83707 Phone: 1 (866) 686-4272 Fax: 1 (877) 517-2041 IDProviderEnrollment@dxc.com</p>
<p>Technical Services Phone: 1 (866) 686-4272 Fax: 1 (877) 517-2040 IDEDISupport@dxc.com</p>

1.2. Provider Relations Consultants

Gainwell Technologies Provider Relations Consultants help keep providers up-to-date on billing changes required by program policy changes implemented by the Division of Medicaid. Provider Relations Consultants accomplish this by:

- Conducting provider workshops;
- Conducting live meetings for training;
- Visiting a provider’s site to conduct training; and
- Assisting providers with electronic claims submission



Region 1 and the state of Washington

1 (208) 373-1309

Region.1@dxc.com

Region 2 and the state of Montana

1 (208) 373-1326

Region.2@dxc.com

Region 3 and the state of Oregon

1 (208) 373-1475

Region.3@dxc.com

Region 4 and all other states

1 (208) 373-1351

Region.4@dxc.com

Region 5 and the state of Nevada

1 (208) 373-1357

Region.5@dxc.com

Region 6 and the state of Utah

1 (208) 373-1325

Region.6@dxc.com

Region 7 and the state of Wyoming

1 (208) 373-1408

Region.7@dxc.com

2. Adult Day Care (Health)

See *IDAPA 16.03.10.326.01 and 16.03.10.703.12.*

Adult day care (health) is a supervised, structured service generally furnished four or more hours per day on a regularly scheduled basis, for one or more days per week. It is provided outside the home of the participant in a non-institutional, community-based setting, and it encompasses health services, social services, recreation, supervision for safety, and assistance with activities of daily living needed to ensure the optimal functioning of the participant. Adult day care (health) services will not include room and board payments.

For DD waiver participants, adult day care (health) cannot exceed 30 hours per week, either alone or in combination with developmental therapy and occupational therapy.

Note: Adult day care (health) services are only covered for Medicaid Enhanced Plan participants who qualify for the A&D or DD waiver.

2.1. Adult Day Care (Health) Provider Qualifications

See *IDAPA 16.03.10.329.10* and *16.03.10.705.13*.

Providers of adult day care (health) must meet the following requirements.

- Services provided in a facility must be provided in a facility that meets the building and health standards identified in *IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)."*
- Services provided in a home must be provided in a home that meets the standards of home certification identified in *IDAPA 16.03.19, "Rules Governing Certified Family Homes."*
- Services provided in a residential adult living facility must be provided in a residential adult living facility that meets the standards identified in *IDAPA 16.03.22, "Residential Care or Assisted Living Facilities in Idaho."* (**Note:** Only participants on the A&D waiver may receive adult day care (health) in Residential Care or Assisted Living Facilities.)
- Adult day care (health) providers who provide direct care or services must satisfactorily complete a criminal history check in accordance with *IDAPA 16.05.06, "Criminal History and Background Checks."*
- Providers of adult day care (health) must notify the Department on behalf of the participant, if the adult day care (health) is provided in a Certified Family Home other than the participant's primary residence. The adult day care (health) provider must provide care and supervision appropriate to the participant's needs as identified on the plan.
- Adult day care (health) providers who provide direct care or services must be free from communicable disease.
- For A&D waiver adult day care (health) providers only: all providers of adult day care (health) services must meet, either by formal training or demonstrated competency, the training requirements contained in the Idaho provider training matrix and the standards for direct care staff.

Adult Day Care (Health) providers are required to have their site credentialed. Should the provider have a change of address they must complete and submit a new W9 that reflects the new address, a new provider agreement and proof of the new site being credentialed before billing for goods and services provided at the new location.

Note: Any entity providing adult day care (health) services must be enrolled as a Medicaid Adult Day Care (Health) provider with a valid Medicaid Provider Agreement *and* a valid Medicaid Provider Agreement; Additional Terms – Adult Day Care (Health). Adult Day Care (Health) providers must meet all requirements identified in *IDAPA 16.03.10.700-706* and *IDAPA 16.03.10.320-330*.

2.2. Adult Day Care (Health) Reimbursement

HCPCS	Description	Place of Service
S5100	Day Care Services, Adult 1 Unit = 15 minutes	12 Home 33 Custodial Care 99 Other (Community)

See the [General Billing Instructions](#), Idaho Medicaid Provider Handbook regarding billing, co-pays, prior authorization, and requirements for billing all other third party resources before submitting claims to Medicaid.

See the [General Information and Requirements for Providers](#), Idaho Medicaid Provider Handbook for information on when billing a participant is allowable.

3. Birthing Centers

Birthing centers in any state are eligible to participate in the Idaho Medicaid Program. Centers must have a National Provider Identification (NPI).

Centers must follow the provider handbook and all applicable state, and federal, rules and regulations. See [General Information and Requirements](#) for Providers, Idaho Medicaid Provider Handbook for more information on enrolling as an Idaho Medicaid provider.

4. Diagnostic Clinic Services

Diagnostic screening clinics coordinate the treatment between physicians and other medical professionals for Medicaid participants diagnosed with Cerebral Palsy, Myelomeningitis, or other neurological diseases and injuries with comparable outcomes. The diagnostic clinic must be established as a separate and distinct entity from the hospital, physician, or other provider practices.

The clinic must perform an on-site multidisciplinary assessment and consultation with each participant and responsible parent or guardian. Diagnostic and consultation services related to the diagnosis and treatment of the participant are provided by board-certified physicians who are specialists in physical medicine, neurology, and orthopedics.

As part of a diagnostic assessment, a medical social worker monitors and arranges participant treatments and provides medical information to providers who have agreed to coordinate the care of the participant. The clinic may bill no more than five hours of medical social services, per participant, during each state fiscal year (July 1 – June 30).

4.1. Provider Qualifications: Diagnostic Clinics

Diagnostic clinics in any state are eligible to participate in the Idaho Medicaid Program. Clinics must have a National Provider Identification (NPI). Staff must be licensed in the state where the services are performed. A staff affiliation roster with signatures is required for provider enrollment.

Clinics must follow the provider handbook and all applicable state, and federal, rules and regulations. See [General Information and Requirements](#) for Providers, Idaho Medicaid Provider Handbook for more information on enrolling as an Idaho Medicaid provider.

5. Hearing and Speech Clinics

Hearing and Speech Clinics in any state are eligible to participate in the Idaho Medicaid Program. Clinics must have a National Provider Identification (NPI). Staff must be certified. A staff affiliation roster with signatures is required for provider enrollment.

Clinics must follow the provider handbook and all applicable state, and federal, rules and regulations. See [General Information and Requirements](#) for Providers, Idaho Medicaid Provider Handbook for more information on enrolling as an Idaho Medicaid provider.

6. Mobile Radiology Clinic

Mobile radiology clinics in any state are eligible to participate in the Idaho Medicaid Program. Clinics must have a National Provider Identification (NPI) and Medicare certification. A staff affiliation roster with signatures is required for provider enrollment. Providers are required to have professional and general liability insurance.

Clinics must follow the provider handbook and all applicable state, and federal, rules and regulations. See [General Information and Requirements](#) for Providers, Idaho Medicaid Provider Handbook for more information on enrolling as an Idaho Medicaid provider.

7. Physical Therapy Facility

Physical therapy facilities in any state are eligible to participate in the Idaho Medicaid Program. Facilities must have a National Provider Identification (NPI) and Medicare certification. Staff must be licensed in the state services are provided. A staff affiliation roster with signatures is required for provider enrollment.

Facilities are required to have their site credentialed. Should the provider have a change of address they must complete and submit a new W9 that reflects the new address, a new provider agreement and proof of the new site being credentialed before billing for goods and services provided at the new location.

Facilities must follow the provider handbook and all applicable state, and federal, rules and regulations. See [General Information and Requirements](#) for Providers, Idaho Medicaid Provider Handbook for more information on enrolling as an Idaho Medicaid provider.

8. Pregnant Women (PW) Clinic

Some district health departments are also PW clinics. They must be Medicaid approved providers and meet the conditions for presumptive eligibility (PE) of pregnant women. A special agreement is signed between DHW and the district health department. The district health department should only utilize personnel who have attended a DHW sponsored training program for PE qualified providers. Approved providers must be trained and certified by DHW.

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

8.1. Provider Qualifications: Pregnant Women Clinics

Pregnant women clinics in any state are eligible to participate in the Idaho Medicaid Program. Clinics must have a National Provider Identification (NPI). Staff must be licensed in the state where the services are performed. A staff affiliation roster with signatures is required for provider enrollment.

Clinics must follow the provider handbook and all applicable state, and federal, rules and regulations. See [General Information and Requirements](#) for Providers, Idaho Medicaid Provider Handbook for more information on enrolling as an Idaho Medicaid provider.

Appendix A. Ambulatory Health Care Facility, Provider Handbook Modifications

This table lists the last three years of changes to this handbook as of the publication date.

Ambulatory Health Care Facility, Provider Handbook Modifications				
Version	Section/ Column	Modification Description	Publish Date	SME
21.0	All	Published Version	3/5/2021	TQD
20.7	Appendix A. Section Modifications	Renamed Ambulatory Health Care Facility, Provider Handbook Modifications. Removed changes over three years old.	3/2/2021	W Deseron E Garibovic
20.6	2.8 Ambulatory Surgical Center (ASC)	Section deleted. Moved to Ambulatory Surgical Center handbook.	3/2/2021	W Deseron E Garibovic
20.5	2.7 IHS, FQHC and RHC Services	Section deleted. Moved to IHS, FQHC and RHC Services handbook.	3/2/2021	W Deseron E Garibovic
20.4	2.6 Rural Health Clinics (RHC)	Section deleted. Moved to IHS, FQHC and RHC Services handbook.	3/2/2021	W Deseron E Garibovic
20.3	2.5 Indian Health Services (IHS)	Section deleted. Moved to IHS, FQHC and RHC Services handbook.	3/2/2021	W Deseron E Garibovic
20.2	2.4 Federally Qualified Health Center (FQHC)	Section deleted. Moved to IHS, FQHC and RHC Services handbook.	3/2/2021	W Deseron E Garibovic
20.1	Ambulatory Health Care Facilities	Provided directions for reading a handbook.	3/2/2021	W Deseron E Garibovic
20.0	All	Published version	12/31/2020	TQD
19.1	All	Removed DXC references, rebranded to Gainwell Technologies	12/31/2020	TQD
19.0	All	Published version	11/1/2018	TQD
18.1	All	Removed Molina references	11/1/2018	D Baker E Garibovic
18.0	All	Published version	10/24/2018	TQD
17.1	2.7.10 Personal Care Services (PCS)	Replace RMS with BLTC	10/24/2018	W Deseron D Baker E Garibovic
17.0	All	Published version	8/9/2018	TQD
16.1	All	Clarifications, format changes, inclusion of codes from CMS-1500	8/9/2018	W Deseron E Garibovic