

# Table of Contents

- Indian Health Services ..... 1**
- 1. Important Contacts ..... 3**
  - 1.1. Gainwell Technologies ..... 3
  - 1.2. Provider Relations Consultants ..... 4
  - 1.3. Magellan Healthcare, Inc. .... 5
  - 1.4. Medicaid ..... 6
  - 1.5. Telligen, Inc. .... 7
  - 1.6. United Healthcare Community Plan of Idaho ..... 8
- 2. Provider Qualifications ..... 9**
  - 2.1. Indian Health Services Clinics ..... 9
    - 2.1.1. References: Indian Health Services Clinics ..... 9
  - 2.2. Tribal Federally Qualified Health Center ..... 11
    - 2.2.1. References: Tribal Federally Qualified Health Center ..... 11
- 3. Participant Eligibility ..... 13**
  - 3.1. References: Participant Eligibility ..... 14
    - 3.1.1. Federal Regulations ..... 14
  - 3.2. Copayments ..... 15
    - 3.2.1. References: Copayments ..... 15
- 4. Covered Services and Limitations ..... 16**
  - 4.1. Encounters ..... 17
    - 4.1.1. References: Encounters ..... 19
  - 4.2. Services Outside the Four Walls ..... 21
  - 4.3. Virtual Care Services ..... 22
  - 4.4. Advance Directives ..... 23
  - 4.5. Audiology Services ..... 24
  - 4.6. Dental Encounter ..... 25
  - 4.7. Family Planning ..... 26
    - 4.7.1. References: Family Planning ..... 26
  - 4.8. Laboratory Services ..... 27
  - 4.9. Mental Health Services ..... 28
  - 4.10. Visiting Nursing Services ..... 29
    - 4.10.1. References: Visiting Nursing Services ..... 29
  - 4.11. Obstetric Care ..... 31
  - 4.12. Pharmacy ..... 32
    - 4.12.1. References: Pharmacy ..... 32
  - 4.13. Radiology ..... 33
  - 4.14. Immunization and Vaccines ..... 34
    - 4.14.1. References: Vaccinations ..... 34
  - 4.15. Vision Services ..... 35
- 5. Prior Authorization ..... 36**

---

**6. Documentation ..... 37**  
6.1. References: Documentation..... 37  
6.1.1. State Regulations ..... 37

**7. Reimbursement ..... 38**  
7.1. References: Reimbursement..... 38  
7.1.1. State Regulations ..... 38  
Appendix A. IHS Services Provider Handbook Modifications ..... 40

## Indian Health Services

Idaho Medicaid recognizes the sovereignty of all Tribes and strives to always operate as a government-to-government relationship. The department will always default to Federal Guidance and Language.

This Provider Handbook describes Medicaid-covered services provided by Indian Health Service (IHS) Clinic. Services must be within the scope of practice, licensure and training of the provider rendering them.

Should the handbook ever appear to contradict relevant provisions of Idaho or federal regulations, the regulations prevail. Any paper or digital copy of these documents is considered out of date except the version appearing on Gainwell Technologies' [Idaho Medicaid](#) website. Sections of the Idaho Medicaid Provider Handbook applicable in specific situations are listed throughout the handbook for provider convenience. Handbooks 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 [Policies, Procedures, and Waivers](#) webpage under policies in [Medicaid Policies 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.

Some citations may not be available on the internet. Copies of the documents may be requested with a [public records request](#). Guidance for public records requests is available on the Department's website.

## 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

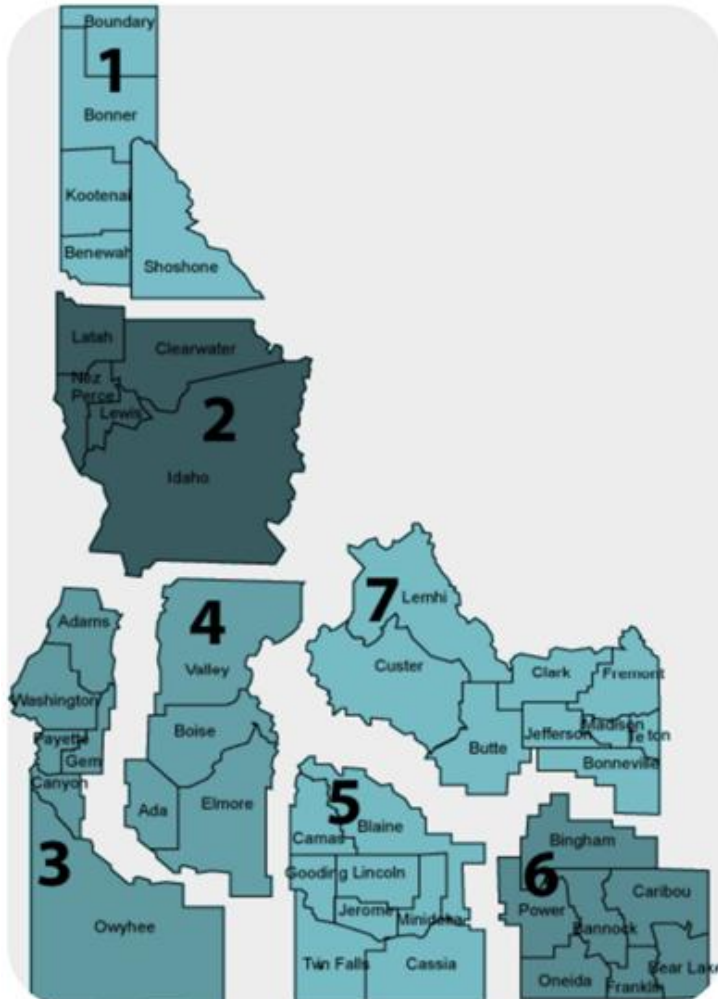
[Gainwell Technologies](#) is Idaho Medicaid’s fiscal agent that handles all claims processing and customer service issues.

<b>Gainwell Technologies Contact Information</b>
<p>Gainwell Technologies Provider Services P.O. Box 70082 Boise, ID 83707 Phone: 1 (866) 686-4272 Fax: 1 (877) 661-0974 <a href="mailto:IDProviderServices@gainwelltechnologies.com">IDProviderServices@gainwelltechnologies.com</a></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 <a href="mailto:IDProviderEnrollment@gainwelltechnologies.com">IDProviderEnrollment@gainwelltechnologies.com</a></p>
<p>Technical Services Phone: 1 (866) 686-4272 Fax: 1 (877) 517-2040 <a href="mailto:IDEDISupport@gainwelltechnologies.com">IDEDISupport@gainwelltechnologies.com</a></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) 202-5735  
[Region.1@gainwelltechnologies.com](mailto:Region.1@gainwelltechnologies.com)

Region 2 and the state of Montana  
1 (208) 202-5736  
[Region.2@gainwelltechnologies.com](mailto:Region.2@gainwelltechnologies.com)

Region 3 and the state of Oregon  
1 (208) 202-5816  
[Region.3@gainwelltechnologies.com](mailto:Region.3@gainwelltechnologies.com)

Region 4  
1 (208) 202-5843  
[Region.4@gainwelltechnologies.com](mailto:Region.4@gainwelltechnologies.com)

Region 5 and the state of Nevada  
1 (208) 202-5963  
[Region.5@gainwelltechnologies.com](mailto:Region.5@gainwelltechnologies.com)

Region 6 and the state of Utah  
1 (208) 593-7759  
[Region.6@gainwelltechnologies.com](mailto:Region.6@gainwelltechnologies.com)

Region 7 and the state of Wyoming  
1 (208) 609-5062  
[Region.7@gainwelltechnologies.com](mailto:Region.7@gainwelltechnologies.com)

Region 9 and other states (not bordering Idaho)  
1 (208) 609-5115  
[Region.9@gainwelltechnologies.com](mailto:Region.9@gainwelltechnologies.com)

### **1.3. Magellan Healthcare, Inc.**

Magellan Healthcare, Inc. is Idaho Medicaid's managed care contractor for the Idaho Behavioral Health Plan. Magellan covers all behavioral health and substance use disorder claims with a primary diagnosis code listed in the [Behavioral Health and Social Services](#), Idaho Medicaid Provider Handbook.

Magellan Healthcare, Inc.  
P.O. Box 1029  
Maryland Heights, MO 63043  
Phone: 1 (855) 202-0983  
Fax: 1 (888) 656-9795  
E-mail: [IdahoProvider@MagellanHealth.com](mailto:IdahoProvider@MagellanHealth.com)

The Idaho Behavioral Health Plan does not cover participants enrolled in Idaho Medicaid Plus or the Medicare Medicaid Coordinated Plan (MMCP). Participants enrolled in dual plans receive their behavioral health services from the health plans in which they are enrolled.

For Tribal specific information refer to the [Magellan Healthcare Tribal Appendix](#).

Contact the Magellan Healthcare Tribal Liaison for any claim or plan concerns.

## 1.4. Medicaid

The Medical Care Unit is Idaho Medicaid's team that reviews prior authorizations for some services as listed on the [Numerical Fee Schedule](#).

Medical Care Unit  
PO Box 83720  
Boise, ID 83720-0009  
Phone 1 (866) 205-7403  
[MedicalCareUnit@dhw.idaho.gov](mailto:MedicalCareUnit@dhw.idaho.gov)

The status of a prior authorization request submitted to the Medical Care Unit may be checked online at the [Gainwell Technologies](#) portal under "Authorization Status", using your National Provider Identifier (NPI). If you have questions on a Denial, click on the Notes, which will explain the reason for the Denial.

If prior authorizations are needed for additional services, contact Idaho Medicaid for approvals and billing codes.

The Idaho Medicaid Tribal Liaison is responsible for regular outreach, engagement, and problem solving on relevant issues related to the Idaho Medicaid program. Contact the Tribal Liaison for any provider or participant concerns.

### **1.5. Telligen, Inc.**

Telligen, Inc. is Idaho Medicaid's quality improvement organization (QIO) that reviews [Prior Authorization](#) (PA) requests for some services and surgical procedures as listed on the [Numerical Fee Schedule](#) or when a prior authorization would otherwise be indicated. They also conducted reviews of inpatient stays and laboratory services.

Telligen  
670 E Riverpark Ln. Suite 120  
Boise, ID 83706  
Phone: 1 (866) 538-9510  
E-mail: [idmedicaidsupport@telligen.com](mailto:idmedicaidsupport@telligen.com)

See the [QIO Provider Manual](#) for a listing of diagnoses and procedures that require PA and details regarding review processes.

## **1.6. United Healthcare Community Plan of Idaho**

[UnitedHealthcare Community Plan of Idaho](#) is Idaho Medicaid's managed care contractor for IMPlus and MMCP. For claim issues and information contact the United Healthcare Community Plan of Idaho's Tribal Liaison.

## 2. Provider Qualifications

### 2.1. Indian Health Services Clinics

Indian Health Service (IHS) clinics are health services for tribal members administered by the Indian Health Service within the Department of Health and Human Services. Tribally owned and operated 638 clinics are also eligible to participate in the Idaho Medicaid Program. Some IHS and Tribal Clinics may also qualify as a [federally qualified health center \(FQHC\)](#) and have different guidance. Medicaid reimburses IHS through an all-inclusive rate for each participant [Encounter](#).

IHS clinics in any state are eligible to participate in the Idaho Medicaid Program. Services must be within the scope of practice, licensure, and training of the provider rendering them. Clinics must have a National Provider Identifier (NPI). A group roster with provider signatures is required for provider enrollment. Enrollment as an Idaho Medicaid provider and entering into a provider agreement must be completed prior to providing services for Idaho Medicaid participants.

All provider handbook and applicable state and federal regulations must be followed to maintain eligibility for reimbursement. See the [General Information and Requirements for Providers](#), Idaho Medicaid Provider Handbook for more information on enrolling as an Idaho Medicaid provider.

#### 2.1.1. References: Indian Health Services Clinics

##### (a) Federal Regulations

Definitions, 42 CFR 447.51 (2019). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec447-51.pdf>.

"Indian Health Service Facilities." Social Security Act, Sec. 1911 (1935). Social Security Administration, [https://www.ssa.gov/OP\\_Home/ssact/title19/1911.htm](https://www.ssa.gov/OP_Home/ssact/title19/1911.htm).

Participation by Indian Health Service Facilities, 42 CFR 431.110 (2013). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec431-110.pdf>.

##### (b) State Regulations

"Conditions for Payment." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 025. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Individual Providers – Requirements." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 020. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Provider." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 007.10. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Provider Agreements." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 022. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Provider Application Process." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 021. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

## 2.2. Tribal Federally Qualified Health Center

A tribal federally qualified health center (FQHC) is a facility operated by an Indian tribal organization under the [Indian Self-determination Act](#). Indian Health Services (IHS)/Tribal Health Clinics may enroll as FQHCs but it is not mandatory. Some clinics that provide ambulatory services may qualify even though they are not receiving grants under *Section 329, 330, or 340* of the [Public Health Service Act](#). An FQHC may enter into the respective provider agreement observing all conditions applicable to all providers of the service after the Department of Health and Human Services and the Health Resources and Service Administration (HRSA) determine that the center meets the requirements to qualify for FQHC status.

FQHC in any state are eligible to participate in the Idaho Medicaid Program. Services must be within the scope of practice, licensure, and training of the provider rendering them. FQHCs must have certification and National Provider Identification (NPI). A group roster with signatures is required for provider enrollment. Enrollment as an Idaho Medicaid provider and entering into a provider agreement must be completed prior to providing services for Idaho Medicaid participants.

All provider handbook and applicable state and federal regulations must be followed to maintain eligibility for reimbursement. See the [General Information and Requirements for Providers](#), Idaho Medicaid Provider Handbook for more information on enrolling as an Idaho Medicaid provider.

### 2.2.1. References: Tribal Federally Qualified Health Center

#### (a) Federal Regulations

Coverage of Rural Health Clinic and Federally Qualified Health Center (FQHC) Services, 42 CFR 440.365 (2013). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec440-365.pdf>.

"Definitions." Social Security Act, Sec. 1905(a)(2)(C) (1935). Social Security Administration, [https://www.ssa.gov/OP\\_Home/ssact/title19/1905.htm](https://www.ssa.gov/OP_Home/ssact/title19/1905.htm).

"Definitions." Social Security Act, Sec. 1905(l)(2) (1935). Social Security Administration, [https://www.ssa.gov/OP\\_Home/ssact/title19/1905.htm](https://www.ssa.gov/OP_Home/ssact/title19/1905.htm).

Public Health Service Act. P.L. 116-260 (2020). Government Printing Office, <https://www.govinfo.gov/content/pkg/COMPS-8773/pdf/COMPS-8773.pdf>.

"State Flexibility in Benefit Packages." Social Security Act, Sec. 1937(b)(4) (1935). Social Security Administration, [https://www.ssa.gov/OP\\_Home/ssact/title19/1937.htm](https://www.ssa.gov/OP_Home/ssact/title19/1937.htm).

#### (b) Idaho State Plan

"Federally Qualified Health Center (FQHC)." Enhanced Alternative Benefit Plan, Attachment 4.19-B. Division of Medicaid, Department of Health and Welfare, State of Idaho.

**(c) State Regulations**

"Conditions for Payment." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 025. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Federally Qualified Health Center (FQHC)." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 300.03. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Individual Providers – Requirements." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 020. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255 (2018). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255/>.

"Provider." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 007.10. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Provider Agreements." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 022. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Provider Application Process." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 021. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

### 3. Participant Eligibility

Idaho is home to five federally recognized Tribes:

- The Coeur d'Alene Tribe, also known as the Schitsu'umsh people
- The Kootenai Tribe
- The Nez Perce Tribe, also known as the Nimiipuu
- The Shoshone-Bannock Tribe, also known as the Newne and Banhnuckwa people
- The Shoshone-Paiute Tribe

Participants with Medicaid Basic and Enhanced Plans are eligible to receive services in an Indian Health Services (IHS) Clinic or federally qualified health center (FQHC). In order for the clinic to be reimbursed with the all-inclusive rate, the patient must be a member of a Federally Recognized Tribe. Tribal status can be self-attested. Idaho Medicaid does not require proof of membership such as a reservation address, or a certificate of Indian blood (CIB). IHS and Tribal clinics may accept or deny patients at their own discretion. Applicants who complete Appendix B of the Marketplace/Medicaid application and respond affirmatively to the two questions shown below are considered to meet the definition of an American Indian/Alaskan Native. "Are you a member of a federally recognized tribe?" "Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs?"

If a Tribal member is enrolled in Medicaid but is not receiving the all-inclusive rate when their claims are submitted, contact the Idaho Medicaid Tribal Liaison to verify that their Tribal status is registered.

The use of the identifier "Indian" is used in this document as the federally recognized term for any individual defined at 25 U.S.C. 1603(13), 1603(28), or 1679(a) by the following criteria:

- A member of a federally recognized Indian Tribe
- Residing in an urban center and meets one or more of the four criteria:
  - Is a member of a Tribe, band, or other organized group of Indians, including those Tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the state in which they reside, or who is a descendant, in the first or second degree of any such member;
  - Is an Eskimo, Aleut or other Alaska Native;
  - Is considered by the Secretary of the Interior to be an Indian for any purpose; or
  - Is determined to be an Indian under regulations issued by the Secretary;
- Is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian healthcare services, including California Indian, Eskimo, Aleut, or other Alaska Native.

Medical services will be made available to persons of Indian descent belonging to the Indian community served by the local facilities and program. An individual is regarded as in the scope of IHS services if they are regarded by their community as an Indian either through tribal membership, residence and ownership of land, or participation in Tribal affairs. Services will also be made available to non-Indian women pregnant with an eligible Indian's child but only during the period of her pregnancy through postpartum. Paternity must be acknowledged by the qualifying Indian parent through marriage, written attestation, or order of a State or Tribal court.

IHS and FQHC clinic services are not available for incarcerated individuals or otherwise ineligible non-citizens. Before delivery of services, providers must check eligibility to validate

coverage. Eligibility can be checked by calling Idaho Medicaid Automated Customer Service (MACS) at 1 (866) 686-4272; or through the Trading Partner Account on Gainwell Technologies [Idaho Medicaid](#) website. See the [General Information and Requirements for Providers](#), Idaho Medicaid Provider Handbook, for more detail on eligibility checks.

### **3.1. References: Participant Eligibility**

#### **3.1.1. Federal Regulations**

Persons to Whom Services will be Provided, 42 CFR 136.12 (2002). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2024-title42-vol1/pdf/CFR-2024-title42-vol1-sec136-12.pdf>.

## **3.2. Copayments**

Tribal members receiving services through the Indian Health Service, an Indian Tribe, Tribal Organization or Urban Indian Organization or their contractors are exempt under federal law from copayments. Providers should not charge participants copayments for these services.

### **3.2.1. References: Copayments**

#### **(a) CMS Guidance**

State Medicaid Director Letter# 10-001. Center for Medicaid and State Operations, Department of Health and Human Services, <https://www.medicaid.gov/federal-policy-guidance/downloads/SMD10001.pdf>.

#### **(b) Federal Regulations**

Limitations on Premiums and Cost Sharing, 42 CFR 447.56 (2013). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2023-title42-vol4/pdf/CFR-2023-title42-vol4-sec447-56.pdf>.

"Use of Enrollment Fees, Premiums, Deductions, Cost Sharing, and Similar Charges." Social Security Act, Sec. 1916(j) (1935). Social Security Administration, [https://www.ssa.gov/OP\\_Home/ssact/title19/1916.htm](https://www.ssa.gov/OP_Home/ssact/title19/1916.htm).

## 4. Covered Services and Limitations

Covered services are indicated on the Idaho Medicaid [Numerical Fee Schedule](#). Amounts of \$0.00 are covered and require manual pricing per the [General Billing Instructions](#), Idaho Medicaid Provider Handbook. Services must meet the criteria for the procedure found in the [Medical Services](#) and [Hospital Services](#), Idaho Medicaid Provider Handbooks. Certain procedures must be prior authorized to be covered. See the Prior Authorization section of the [General Billing Instructions](#), Idaho Medicaid Provider Handbook, for more information. Services that qualify as described in the [Encounters](#) section shall be billed at the encounter rate.

## 4.1. Encounters

Encounters fall into one of three (3) categories depending on the encounter-eligible provider. Indian Health Service (IHS) Clinics and Federally Qualified Health Centers (FQHC) provide either dental, medical, or mental health encounters. An encounter is defined as a face-to-face contact for the provision of one (1) of these types of services between a participant and one (1) of the following:

- A dentist;
- A dental hygienist;
- A physician;
- A physician assistant;
- A nurse practitioner;
- Any other specialized nurse practitioner;
- A clinical nurse specialist;
- A [visiting nurse](#);
- A clinical pharmacist;
- A podiatrist;
- A chiropractor;
- A licensed professional counselor;
- A licensed clinical professional counselor;
- A licensed marriage and family therapist;
- A licensed social worker;
- A licensed clinical social worker;
- A licensed master's social worker;
- A clinical psychologist; or
- Any other behavioral health or substance use disorder license type recognized by the [Idaho Division of Occupational and Professional Licensing](#);

An encounter includes all services that day from providers in the same category of service (dental, medical or mental health). This includes if the participant leaves the clinic and returns. Services in the same category from more than one (1) health professional or multiple contacts with the same professional, group education or activities, and all incidental services in the same day constitutes a single encounter. For example, if a participant is seen the same day by a physician for a broken leg, has an x-ray, then sees a nurse practitioner for the flu and has a rapid flu test, these would be a single encounter.

If multiple categories of service are provided by the same provider, for example a physician provides a medical encounter for a broken foot and a behavioral health encounter for psychotherapy, these are billed as a single encounter under either the medical or behavioral health benefit depending on the primary diagnosis of the claim. Providers cannot bill both medical and behavioral health encounters in this situation.

Missed appointments, visits to pick up medication, or incidental services on the day of the encounter are not considered a separate encounter. Encounters are limited to two (2) per day for RHCs, and three (3) per day for IHS and FQHCs.

An exception to all services on the same day being a single encounter is if after the first encounter, the participant suffers a new illness or injury that requires additional diagnosis and treatment and is supported by documentation. For example, the participant came in earlier for the flu and then breaks their leg after leaving the clinic. It would not be a separate encounter if the participant originally came in for a broken leg and the flu. Qualifying additional encounters should be billed with Modifier 59.

On a day in which an encounter occurs all of these services are bundled into the encounter rate as incidental services:

- In-house radiology;
- Physical therapy;
- Occupational therapy;
- Speech therapy;
- Audiology;
- In-house laboratory services;
- In-house nutritional education or counseling and monitoring by a registered dietitian; and
- Medical equipment and supplies.

If the services usually bundled into an encounter are provided on a day when a qualifying encounter does not occur, the clinic may bill these services separately and be reimbursed the lesser of their customary charge or the amount listed on the [Numerical Fee Schedule](#). The provider must have a separate provider number to bill for those services. The provider may also bill any other ambulatory services that are not part of the encounter under a separate provider number from their IHS NPI.

Encounters are billed with HCPCS T1015 with the appropriate rate charge. All services bundled into the encounter are listed on the claim below the T1015 claim line using the appropriate CPT®/HCPCS for the services provided and billed at \$0. Encounter claims will be denied when there are no payable services listed with CPT®/HCPCS under T1015. This may occur if no codes are listed, codes listed include non-covered services, or a service is denied for another reason.

The IHS/Tribal facility must maintain responsibility for the provision of services and must bill the state Medicaid program or appropriate managed care organization for the service within the timely filing window.

Places of Service for Encounters	
Place of Service	Description
4	Homeless Shelter
5	Indian Health Services
6	Indian Health Service; Provider-based Facility
7	Tribal 638; Free-standing Facility
8	Tribal 638; Provider-based Facility
12	Home
14	Group Home
15	Mobile Unit
16	Temporary Lodging
50	Federally Qualified Health Center
72	Rural Health Clinic
99	Other Place of Service

Depending on the service, encounters and non-encounter services are billed to the following:

- Mental health services are billed to either Gainwell Technologies or [Magellan Healthcare, Inc.](#)
- Dental services are billed to MCNA.
- Medical services are billed to Gainwell Technologies.

### **4.1.1. References: Encounters**

#### **(a) Federal Regulations**

Incident to Services and Direct Supervision, 42 CFR 405.2415 (2017). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol2/pdf/CFR-2019-title42-vol2-sec405-2415.pdf>.

Nurse Practitioner, Physician Assistant, and Certified Nurse Midwife Services, 42 CFR 405.2414 (2014). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol2/pdf/CFR-2019-title42-vol2-sec405-2414.pdf>.

Outpatient Hospital Services and Rural health Clinic Services, 42 CFR 440.20(b) (2009). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec440-20.pdf>.

Services and Supplies Incident to a Physician's Services, 42 CFR 405.2413 (2017). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol2/pdf/CFR-2019-title42-vol2-sec405-2413.pdf>.

Federal Funding for Services "Received Through" an IHS/Tribal Facility and Furnished to Medicaid-Eligible American Indians and Alaska Natives, <https://www.medicaid.gov/federal-policy-guidance/downloads/sho022616.pdf>

#### **(b) Idaho Medicaid Publications**

"Attention Federally Qualified Health Centers (FQHC), Indian Health Clinic (IHC), and Rural Health Clinic (RHC) Providers." *MedicAide Newsletter*, November 2012, <https://www.idmedicaid.com/MedicAide%20Newsletters/November%202012%20MedicAide.pdf>.

"Encounter Billing for Group Visits." *MedicAide Newsletter*, June 2015, <https://www.idmedicaid.com/MedicAide%20Newsletters/June%202015%20MedicAide.pdf>.

"Federally Qualified Health Clinic/Rural Health Clinic Billing." *MedicAide Newsletter*, October 2006.

Indian Health Clinics, *Information Release MA03-08* (2003). Division of Medicaid, Department of Health and Welfare, State of Idaho.

Indian Health Clinics, *Information Release MA03-66* (2003). Division of Medicaid, Department of Health and Welfare, State of Idaho.

Place-of-Service Codes for Professional Claims, *Information Release MA03-85* (11/01/2003). Division of Medicaid, Department of Health and Welfare, State of Idaho.

Reimbursement for Long-Acting Reversible Contraception (LARC) and Non-Surgical Transcervical Permanent Female Contraceptive Devices, *Information Release MA16-12* (08/12/2016). Division of Medicaid, Department of Health and Welfare, State of Idaho, <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=13362&dbid=0&repo=PUBLIC-DOCUMENTS>.

Rural Health Clinics, Federally Qualified Health Centers (FQHCs), and Indian Health Providers, *Information Release MA03-50* (2003). Division of Medicaid, Department of Health and Welfare, State of Idaho.

**(c) Idaho State Plan**

"Federally Qualified Health Center (FQHC)." Enhanced Alternative Benefit Plan, Attachment 4.19-B. Division of Medicaid, Department of Health and Welfare, State of Idaho.

**(d) State Regulations**

"Encounter." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 300.02. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"FQHC and RHC Encounter." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 306.02. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"FQHC and RHC Services: Coverage and Limitations." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 303. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>

"Indian Health Service (IHS) Clinic Services: Coverage and Limitations." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 312. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(5)(a)(iv) (2018). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255>.

"Medical Necessity (Medically Necessary)." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 006.15. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

## **4.2. Services Outside the Four Walls**

Covered services provided outside of the four walls of any Indian Health Services (IHS)/Tribal Health clinic are reimbursable as long as the provider is licensed and qualified with Medicaid. Such services must be billed by the Indian Health Services (IHS)/Tribal Health clinic using modifier Q5.

### **4.3. Virtual Care Services**

Virtual care services provided as an encounter by a facility are reimbursable if the services are delivered in accordance with the Virtual Care Services section of the [General Information and Requirements for Providers](#), Idaho Medicaid Provider Handbook.

#### **4.4. Advance Directives**

Medicaid has directed home health care, including Indian Health Services (IHS) providers, to give all adult Medicaid participants information on advance directives in an understandable format. See the [General Information and Requirements for Providers](#), Idaho Medicaid Provider Handbook section on Advance Directives for more information on requirements for this service.

## **4.5. Audiology Services**

If audiology services are provided on the same day as an encounter, the service is considered part of the encounter. Audiology services provided on a day an encounter did not take place, require the clinic to have a separate audiologist provider number and use audiology procedure codes. The reimbursement will be fee-for-service rather than an encounter rate. See the [Audiology Services](#), Idaho Medicaid Provider Handbook for more information about audiology services.

## **4.6. Dental Encounter**

A dental encounter is a face-to-face contact for the provision of dental services between a participant and a dentist or dental hygienist. Managed Care of North America (MCNA) Dental is the administrator for Idaho Smiles. For eligibility, benefits, and claims processing information, contact MCNA Customer Service at 1 (855) 235-6262, or at the [MCNA website](#).

A participant's identification number for both Idaho Smiles and Medicaid are the same. If a participant does not have an Idaho Smiles insurance card, they may use their Medicaid identification (MID) number.

## 4.7. Family Planning

All claims for services or supplies provided as part of family planning must be billed with encounter code **T1015** and the **FP** (Family Planning) modifier. An exception to billing the encounter code are the charges for long-acting reversible contraception (LARC) and non-surgical Transcervical permanent female contraceptive devices, which may be reimbursed outside the encounter rate under standard fee-for-service reimbursement. The provider must have a separate National Provider Identifier (NPI) to bill for these services outside an encounter. Payment is made through either 340B drug pricing, or the lower of the provider's customary charge for the service or the rate listed on the [Numerical Fee Schedule](#).

Long-acting reversible contraception (LARC) and non-surgical Transcervical permanent female contraceptive devices, reimbursement is made through either 340B drug pricing, or the lower of the provider's customary charge for the service or the rate listed on the [Numerical Fee Schedule](#).

Refer to the [Medical Services](#), Idaho Medicaid Provider Handbook for more information about Family Planning services.

### 4.7.1. References: Family Planning

#### (a) Idaho Medicaid Publications

Federally Qualified Health Centers (FQHC), Rural Health Clinics, *Information Release MA03-64* (2003). Division of Medicaid, Department of Health and Welfare, State of Idaho.

Indian Health Clinics, *Information Release MA03-66* (2003). Division of Medicaid, Department of Health and Welfare, State of Idaho.

#### (b) Idaho State Plan

"Federally Qualified Health Center (FQHC)." Enhanced Alternative Benefit Plan, Attachment 4.19-B. Division of Medicaid, Department of Health and Welfare, State of Idaho.

#### (c) State Regulations

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(5)(a)(iv) (2018). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255>.

"Medical Necessity (Medically Necessary)." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 006.15. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

## **4.8. Laboratory Services**

Laboratory services performed in the facility are included in the encounter rate and cannot be billed as a separate service to Medicaid. The exception is when an individual receives laboratory services on a day when there is no encounter. Laboratory services may not be billed as an encounter. The clinic must have a separate national provider identifier (NPI) or a separate group physician number to bill for lab services. The reimbursement will be fee-for-service rather than an encounter rate. If an outside laboratory instead of the clinic performs a pathology/laboratory service, the outside laboratory must bill Idaho Medicaid directly.

## 4.9. Mental Health Services

Idaho Medicaid's mental health and substance use services are covered under the [Idaho Behavioral Health Plan \(IBHP\)](#) with benefits administered under contract by [Magellan Healthcare, Inc.](#) Claims considered to be under the mental health and substance use services benefit have a primary behavioral health or substance use disorder diagnosis code listed in the [Behavioral Health and Social Services](#), Idaho Medicaid Provider Handbook. Indian Health Services are encouraged to enroll with Magellan to bill these services. They are not required to do so and may continue to bill Gainwell Technologies. Services may not be billed to both Gainwell Technologies and Magellan.

An Indian Health or Tribal 638 Clinic may bill a mental health encounter for services provided to a Medicaid participant with a substance use diagnosis when provided by:

- A physician;
- A physician assistant;
- A nurse practitioner;
- Any other specialized nurse practitioner;
- A clinical nurse specialist;
- A [visiting nurse](#);
- A clinical pharmacist;
- A licensed professional counselor;
- A licensed clinical professional counselor;
- A licensed marriage and family therapist;
- A licensed social worker;
- A licensed clinical social worker;
- A licensed master's social worker;
- A clinical psychologist;
- A certified Alcohol/Drug Counselor with an Idaho Board of Alcohol/Drug Counselor Certification (IBADCC). Substance Use Counselor Certifications from other states will be allowed when the certification requirements are equal to the requirements of the IBADCC; or
- Any other behavioral health or substance use disorder license type recognized by the Idaho Division of Professional Licensing.

## **4.10. Visiting Nursing Services**

Visiting nursing services are a covered benefit under Idaho Medicaid. Services include personal care services, and those provided by a registered professional nurse or licensed practical nurse as long as the participant's safety and the medical efficacy of the service can be assured. Personal care services include assistance with bathing, ambulation, and medications. It does not include custodial care services such as housekeeping. Services are considered an encounter. Federally Qualified Health Centers (FQHC) can provide visiting nursing services if the participant is located in an area determined to have a shortage of home health agencies by the Secretary of Health and Human Services.

Participants must be homebound to receive visiting nursing services. Homebound means a participant who is permanently or temporarily confined to their residence, other than a hospital or skilled nursing facility, because of a medical condition. A participant may still be considered homebound if they leave their residence infrequently.

The services must be provided by a registered professional nurse or licensed practical nurse that is employed or contracted by the FQHC. Visiting nursing services must be furnished under a written plan of care established, signed and recertified every sixty (60) days by a provider within the scope of their license such as a physician, physician assistant, nurse practitioner or pharmacist. Plans not established by a physician must be certified by a physician every sixty (60) days.

### **4.10.1. References: Visiting Nursing Services**

#### **(a) Federal Regulations**

"Definitions." Social Security Act, Sec. 1905(l)(1) (1935). Social Security Administration, [https://www.ssa.gov/OP\\_Home/ssact/title19/1905.htm](https://www.ssa.gov/OP_Home/ssact/title19/1905.htm).

"Definitions of Services, Institutions, Etc." Social Security Act, Sec. 1861(aa) (1935). Social Security Administration, [https://www.ssa.gov/OP\\_Home/ssact/title18/1861.htm](https://www.ssa.gov/OP_Home/ssact/title18/1861.htm).

Outpatient Hospital Services and Rural health Clinic Services, 42 CFR 440.20(b) (2009). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2023-title42-vol4/pdf/CFR-2023-title42-vol4-sec440-20.pdf>.

Visiting Nurse Services: Determination of Shortage of Agencies, 42 CFR 405.2417 (2014). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2023-title42-vol2/pdf/CFR-2023-title42-vol2-sec405-2417.pdf>.

#### **(b) Idaho State Plan**

"Federally Qualified Health Center (FQHC)." Enhanced Alternative Benefit Plan, Attachment 4.19-B. Division of Medicaid, Department of Health and Welfare, State of Idaho.

#### **(c) State Regulations**

"FQHC and RHC Services: Coverage and Limitations." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 303. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(5)(a)(iv) (2018).  
Idaho State Legislature,  
<https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255>.

“Medical Necessity (Medically Necessary).” IDAPA 16.03.26, “Medicaid Plan Benefits,” Sec.  
006.15. Department of Administration, State of Idaho,  
<https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

“Visiting Nursing Services.” IDAPA 16.03.26, “Medicaid Plan Benefits,” Sec. 303.04.  
Department of Administration, State of Idaho,  
<https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

#### **4.11. Obstetric Care**

Obstetrical care is considered part of the prospective payment system for encounters. Indian Health Service (IHS) Clinics must follow the [Medical Services](#), Idaho Medicaid Provider Handbook for obstetric care. Providers in an IHS Clinic bill the global charge or, when appropriate, bundled visit code for obstetrical care under a single encounter.

## **4.12. Pharmacy**

The clinic may not bill pharmaceutical services as an encounter. Pharmaceutical services for take home prescription medications are covered under the Medicaid Pharmacy Program. Claims must be submitted to Medicaid on the Idaho Pharmacy claim form under the pharmacy's provider number. Over-the-counter (OTC) pharmaceuticals are not covered except those identified as payable in the [Idaho Medicaid Pharmacy Claims Submission Manual](#). Please, see the 340B Pharmacy Billing section of the [General Billing Instructions](#), Idaho Medicaid Provider Handbook for information about 340B requirements.

For outpatient covered drugs, the medications are processed like all other participants and claims paid to the pharmacy as fee for service. Indian Health Service or Tribal clinics, or Urban Indian pharmacies are reimbursed the same as all other pharmacies on the actual acquisition cost and assigned professional dispensing fee. If it is a medication that they receive in-patient or part of their office visit, it is included in the encounter rate for the facility

### **4.12.1. References: Pharmacy**

#### **(a) State Regulations**

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(5)(a)(iv) (2018). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255>.

"Medical Necessity (Medically Necessary)." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 006.15. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Prescription Drugs: Provider Reimbursement." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 215. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

### **4.13. Radiology**

If radiology services are provided on the same day as an encounter, the service is considered part of the encounter. The exception is when an individual receives radiology services on a day when there is no encounter billed. These radiology services cannot be billed as an encounter. To bill for the radiology services, the clinic must have a separate provider number and bill using the correct CPT® codes. See the [Medical Services](#), Idaho Medicaid Provider Handbook for more information.

## **4.14. Immunization and Vaccines**

If a participant sees an encounter eligible healthcare professional, vaccine administration is included as part of the encounter rate, even if no other service is provided. The vaccine and administration CPT® code must be listed under the encounter code T1015 for billing. If the participant does not see an encounter eligible health professional, the vaccine administration rate should be billed as fee-for-service, using the vaccine and administration codes. Fee-for-service reimbursement is paid at the provider's usual and customary fee up to the Medicaid maximum allowance listed in the [Numerical Fee Schedule](#). When the vaccine is free to the provider, the SL modifier must be included.

See the [Medical Services](#), Idaho Medicaid Provider Handbook for more information about vaccines and immunizations including age and other requirements.

### **4.14.1. References: Vaccinations**

#### **(a) Idaho Medicaid Publications**

"COVID-19 Vaccinations." *MedicAide Newsletter*, May 2023,  
<https://www.idmedicaid.com/MedicAide%20Newsletters/May%202023%20MedicAide.pdf>.

### **4.15. Vision Services**

Services provided by an ophthalmologist are billable as an encounter. However, vision exams provided by other providers such as optometrists must be billed under a separate provider number. See the [Eye and Vision Services](#), Idaho Medicaid Provider Handbook for more information about criteria, and billing for vision services.

## **5. Prior Authorization**

See the [General Billing Instructions](#), Idaho Medicaid Provider Handbook for more information on prior authorizations.

## 6. Documentation

All providers are required to generate records at the time the service is delivered and to maintain documentation to support reimbursement for services. Individual services may have additional documentation requirements. General requirements for documentation and signatures can be found in [General Information and Requirements for Providers](#), Idaho Medicaid Provider Handbook, including standard retention requirements. Records limited to checklists with attendance/appointments, procedure codes, and units of time are insufficient to meet this requirement. Documentation must be signed and dated by the person delivering the service with their name clearly printed. In addition, Federally Qualified Health Centers must submit a copy of their Medicare cost report to the Department on an annual basis using the same deadline as Medicare.

Healthcare providers are required to use the most recent evaluation and management (E&M) documentation guidelines to document E&M office and outpatient visits.

Documentation must be made available immediately upon request by Department personnel acting in their official capacity. Services delivered without adequate documentation are not eligible for reimbursement. Providers should only submit records for utilization management when requested by the Department. Documentation sent unsolicited, or not for a service requiring prior authorization, may not be reviewed by the Department. Unreviewed documentation does not constitute approval or authorization of a service.

### 6.1. References: Documentation

#### 6.1.1. State Regulations

Administrative Remedies, Idaho Code §56-209h(3) (2018). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/title56/t56ch2/sect56-209h>.

"Annual Filing Requirements." *IDAPA 16.03.26, "Medicaid Plan Benefits,"* Sec. 307.04. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Documentation of Services and Access to Records." *IDAPA 16.05.07, "The Investigation and Enforcement of Fraud, Abuse, and Misconduct,"* Sec. 101. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160507.pdf>.

"Records." *IDAPA 16.03.26, "Medicaid Plan Benefits,"* Sec. 035. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

## 7. Reimbursement

Providers must be enrolled to receive reimbursement from Idaho Medicaid. Medicaid reimburses Indian Health Service (IHS) clinics through an all-inclusive rate for each participant encounter. The all-inclusive rate for IHS is established by the Federal Office of Management and Budget as published annually in the Federal Register. IHS should always bill with the most current encounter rate. This practice will allow mass adjustment if the claims processing system does not have the most current rate on file as of January 1<sup>st</sup> of the current year. Prescription drugs will be reimbursed separately. A dispensing fee will be reimbursed at the midpoint of the range of fees in effect on the date of service unless the pharmacy cost of operations report justifies a higher fee. Services are billed on a CMS-1500 claim form.

Idaho Medicaid is the primary payor for the following third-party insurers as they are exempt from third-party liability:

- 6243 SHASTA ADMIN SERVICES-INDIAN HEALTH
- 6233 HEALTHCARE MGT ADMIN - AN/AI
- 4173 AUXIANT

The Medicaid Management Information System (MMIS) will default at all times to show that Medicaid is the payor of last resort. When the claim is processed, if the Tribal Carrier Code is in place, Medicaid will pay as primary. If a claim denies due to other insurance coverage, please contact Gainwell Technologies, Inc. to verify that the carrier code is in place.

See the [General Billing Instructions](#), Idaho Medicaid Provider Handbook regarding policy on billing, prior authorization, and requirements for billing all other non-exempt third-party resources before submitting claims to Medicaid. For all-inclusive rate encounters bill using the **T1015** code on the first line. The specific services rendered are added as line items underneath the encounter code. Services billed without the T1015 code will automatically deny for encounter rate providers. Claims for only non-covered codes under T1015 will deny.

If the member is enrolled in a Dual Medicare and Medicaid Plan; Medicare is the Primary Payor. Claims for these individuals will need to be billed to their Medicare Provider first, and then separately to Idaho Medicaid using the T1015 code. Duals claims do not automatically cross over from Medicare to Medicaid; they must be billed separately to receive the full reimbursement rate. Idaho Medicaid can be billed up to the current AIR as published in the Federal Register.

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

### 7.1. References: Reimbursement

#### 7.1.1.State Regulations

"Burden of Proof." IDAPA 16.05.03, "Contested Case Proceedings and Declaratory Rulings," Sec. 133. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/2023%20Archive/16/160503.pdf>.

"General Payment Procedures." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec.030. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Indian Health Service (IHS) Clinic Services: Coverage and Limitations." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 312. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>

"Indian Health Service (IHS) Clinic Services: Provider Reimbursement." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 315. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>

"Mandatory Application." IDAPA 62.01.01, "Office of Administrative Hearings," Sec. 800.01. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/62/620101.pdf>.

Provider Payment, Idaho Code 56-265 (2020). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-265>.

## Appendix A. IHS Services Provider Handbook Modifications

This table lists the last three (3) years of changes to this handbook as of the publication date. Changes to references or of a non-substantive technical nature are not captured.

<b>IHS, FQHC and RHC Services, Provider Handbook Modifications</b>				
<b>Version</b>	<b>Section/ Column</b>	<b>Modification Description</b>	<b>Publish Date</b>	<b>SME</b>
1.0	All	Published version	01/21/2026	TQD
1.0	All	Created due to CR; formerly a part of IHS, FQHC and RHC Services	01/21/2026	W Deseron T Kinne