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1. Suppliers

This section covers all Medicaid services provided by the following Supplier provider types and specialties and any Medicaid provider distributing durable medical equipment (DME) and durable medical supplies (DMS).

- Assistive Technology Supplier;
- Contractor-Home Modifications;
- Durable Medical Equipment & Medical Supplies;
- Durable Medical Equipment & Medical Supplies – Dialysis Equipment & Supplies;
- Durable Medical Equipment & Medical Supplies – Oxygen Equipment & Supplies;
- Durable Medical Equipment & Medical Supplies – Parenteral & Enteral Nutrition;
- Emergency Response System Companies;
- Non-Pharmacy Dispensing Site;
- Optometric Supplies;
- Pharmacy DME – All pharmacy DME providers must be registered with the Board of Pharmacy \( (IDAPA \text{ 27.01.01}) \);
- Pharmacy – Clinic;
- Pharmacy – Community / Retail;
- Pharmacy – Home Infusion Therapy;
- Pharmacy – Institutional;
- Pharmacy – Specialty;
- Pharmacy – Mail Order; and
- Prosthetic/Orthotic Supplier.

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

- General Billing Instructions;
- General Provider and Participant Information; and
- Glossary.

1.1 Provider Qualifications

Suppliers in any state are eligible to participate in the Idaho Medicaid Program. They must be licensed in the state where the services are performed and enrolled as a medical equipment vendor with Medicare and Idaho Medicaid prior to submitting claims for services. Providers must follow the provider handbook and all applicable state, and federal, rules and regulations.

See General Provider and Participant Information, Idaho Medicaid Provider Handbook for more information on enrolling as an Idaho Medicaid provider.

1.2 Eligible Participants

Participants with Medicaid Basic and Enhanced Plans are eligible to receive DMEPOS. When billing for participants enrolled in other benefit plans, refer to General Provider and Participant Information, Idaho Medicaid Provider Handbook for coverage. Providers must check eligibility prior to delivery to validate coverage as some participants may be on restrictive programs that include their DME and DMS. Eligibility may be checked by calling Idaho Medicaid Automated Customer Service (MACS) at 1 (866) 686-4272; or through the Trading Partner Account on the DXC Technology’s Idaho Medicaid website.

1.2.1 Deceased Participants

Deceased participants are not eligible for services or items. Services or items provided after the participant’s date of death are not eligible for reimbursement.
1.2.2 Facility Residents
While residing in a facility durable medical equipment (DME) and durable medical supplies (DMS) may be considered content of care and the responsibility of the facility. Items that are customized for a specific participant, such as prosthetics and orthotics, may be billed separately to Medicaid unless the participant is a resident of a skilled nursing facility.

1.2.2.1 Hospital and Skilled Nursing Facility Residents
While a participant is a resident of a hospital or skilled nursing facility, DMEPOS providers may not bill for DME or DMS. However, some items may be available through Special Rates as detailed in the Long-Term Care Facility, Idaho Medicaid Provider Handbook.

1.2.2.2 Intermediate Care Facility for Individuals with Intellectual Disabilities
While a participant is a resident of an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), supplies are included in the per diem payment to the facility including, but not limited to, all common medicine chest supplies, dressings, non-sterile gloves, incontinence supplies, linens, nutritional products, and all other medical supplies including those used to save labor or linen are billed directly to the facility.

Exceptions to this include:
- Items that are customized to meet a specific participant’s need and cannot be altered to be useful to another resident cost effectively;
- Prosthetics and orthotics;
- Specialized wheelchair and seating systems that cannot be altered to be useful to another resident cost effectively; and
- Authorized repairs related to a chair or seating system that is specialized to meet a specific participant’s needs.

To determine if a participant is residing in an ICF/IID, providers may consult a list of Idaho ICF/IID facilities found at: http://healthandwelfare.idaho.gov/Portals/0/Medical/LicensingCertification/AlphaICF.pdf.

1.2.2.3 Assisted Living Facility
While a participant is a resident of an Assisted Living Facility, basic supplies such as non-sterile gloves are included in the per diem payment and are billed directly to the facility. A list of Residential Care Assisted Living Facilities can be found at: http://healthandwelfare.idaho.gov/Medical/LicensingCertification/StateOnlyPrograms/AssistedLiving/tabid/273/Default.aspx.

1.2.2.4 References: Facility Residents


1.2.3  EPSDT Services for Participants Under 21
Services identified as a result of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) and which correct or ameliorate a defect will not be subject to the existing amount, scope, and duration limitations, but require prior authorization. The medical necessity for the additional service must be documented. It must be proven safe, effective and accepted as a medical practice or treatment for the condition being addressed. Additional information for EPSDT may be found in the General Provider and Participant Information, Idaho Medicaid Provider Handbook.

1.2.4  Home Health Participants
If a participant is receiving home health services, the home health agency is responsible for any DME and supplies that are necessary. Information on home health can be found in the Agency Institutional, Idaho Medicaid Provider Handbook.

1.2.5  Hospice Participants
If a participant is receiving hospice services, the hospice agency is responsible for any DME and supplies that are necessary for the palliation and management of the participant’s terminal illness. Hospice agencies often provide incontinent and other DME supplies for participants residing in an assisted living facility. DME providers should review the hospice supply list available from either the facility or the hospice agency. Hospice agencies often also cover some DME items for those residing in skilled nursing facilities and ICF/IIDs. Information on hospice can be found in the Agency Institutional, Idaho Medicaid Provider Handbook.

1.2.6  Referrals
Effective 2/1/16, a referral from the Healthy Connections primary care physician is not required for DME. Information on the Healthy Connections program can be found in the General Provider and Participant, Idaho Medicaid Provider Handbook.

1.2.7  School-Based Services
Durable medical equipment and supplies for Medicaid participants to use in a school setting may be covered in addition to normal limitations. The school should submit the physician’s order and documentation of medical necessity to the supplier. Reimbursement rates, coding, policies and documentation requirements are the same as if the request was for use in the community. Providers should include the school’s information in addition to their own on all prior authorization requests. See the Agency Professional, Idaho Medicaid Provider Handbook for more information about school-based services.

1.2.8  Waiver Services for Enhanced Plan Participants
Participants enrolled in the Medicaid Enhanced Plan and either the Aged and Disabled (A&D) or the Adult Developmental Disabilities (DD) Waiver programs are eligible for services beyond the scope of the Idaho Medicaid State Plan. See the Covered Services and Limitations: Waiver Services section of this handbook for more information.

Adult participants on a developmental disability traditional service plan or self-directed plan do not need to include DMEPOS state plan services in their budget. However as applicable, it
should be included in the Personal Summary and the Supports and Services sections of the participant’s service plan, or the My Voice My Choice workbook.

1.2.8.1 References: Waiver Services for Enhanced Plan Participants


1.3 Covered Services and Limitations: General Requirements

Idaho Medicaid will purchase or rent durable medical equipment (DME) and disposable medical supplies (DMS) for eligible participants residing in any setting in which normal life activities take place provided they are reasonable and medically necessary for the treatment of a disability, illness or injury. The supplier is responsible for ensuring all items and services meet medical necessity per the General Provider and Participant Information, Idaho Medicaid Provider Handbook including being the least costly means of meeting the participant’s medical need. The supplier is also responsible for any additional requirements listed in the handbook, such as item specific criteria.

Products must have approval from the Food and Drug Administration (FDA) and be dispensed for treatments consistent with the approved use. Items may be considered on a case-by-case basis that are approved by the FDA under the Safe Medical Device Act of 1990 for a Humanitarian Device Exemption (HDE). These are devices that are intended to treat or diagnose a disease or condition that affects fewer than 8,000 individuals in the United States per year.

The Idaho Medicaid Numerical Fee Schedule identifies medical supplies, equipment, and appliances covered under Idaho Medicaid’s state plan. If a participant requires an item that is not listed on the Numerical Fee Schedule, a prior authorization request should be submitted to the Department to assess items for coverage. This request must include justification of the medical necessity, amount of, and duration for the item or service, and all supporting documentation. Limitations apply, such as limits based on medical necessity, the participant’s place of residence, standard medical practice and quantities.

Medical equipment and supply items used by or provided to an individual other than the participant for which the items were ordered is prohibited. The following are not covered under Idaho Medicaid:

• Services, procedures, treatment, devices, drugs, or application of associated services that are considered investigational or experimental;
• More costly services or equipment when an effective, less costly service or equipment is available;
• Any service specifically excluded by statute or administrative code;
• Non-medical equipment and supplies and related services; and
• Items for comfort, convenience, or cosmetic purposes (i.e. wipes, peri-wash, exercise or recreational equipment).

1.3.1 Durable Medical Equipment (DME)

Durable Medical Equipment (DME) is equipment and appliances that can withstand repeated use; is primarily and customarily used to serve a medical purpose and is generally not useful to an individual in the absence of a disability, illness or injury. DME must be new when
dispensed unless specifically requested and authorized by the Department as used on a case by case basis. This includes equipment that is issued or authorized as “rent-to-purchase.” It does not apply to short-term rental equipment.

1.3.1.1 **Rental of Durable Medical Equipment**

The Department may determine to rent or purchase DME. Rental payments (continuous or intermittent) will be applied toward the purchase price of the equipment. The equipment will be considered purchased after the tenth (10th) monthly rental payment. This includes equipment that is issued or authorized as “rent-to-purchase.” Claims should be submitted on the same day of the month as the initial date received by the participant. For equipment initially provided on the 29th-31st of the month, during shorter months the equipment may be billed on the last day of the month.

The Department may choose to continue to rent certain equipment without purchasing it such as oxygen and ventilators. The total monthly rental cost shall not exceed one-tenth of the total purchase price of the item.

Monthly rental payments include supplies, when so designated in the CMS/Medicare DME Coverage Manual, and a full-service warranty. Supplies, routine maintenance, repair, and replacement are the responsibility of the DME provider during the warranty period and for continuous rental equipment.

**(a) References: Rental of Durable Medical Equipment**


1.3.1.2 **Warranty Requirements**

Payment will not be made for the cost of materials covered under the manufacturer’s warranty. If the warranty period has expired, the provider must have documented on file the date of purchase and warranty period. Warranty information from the Manufacturer must also be available to the Department upon request. Medicaid requires the following warranty periods at a minimum:

- The power drive of a wheelchair will have a one-year warranty.
- An ultra-light or high strength lightweight wheelchair will have a lifetime warranty on the frame and cross-braces.
- All other wheelchairs will have a one-year warranty.
- All electrical components and new or replacement parts will have a six-month warranty.
- Any other DME not defined will have a one-year warranty period.
If the manufacturer denies the warranty due to user misuse/abuse, this information must be supplied when requesting approval for repair or replacement.

(a) **References: Warranty Requirements**


1.3.2 **Disposable Medical Supplies (DMS)**

DMS refers to healthcare related items that are consumable, disposable and cannot withstand repeated use by more than one individual. No more than a one-month supply of necessary medical supplies can be dispensed per rolling month unless authorized by the Department. Utilized units for supplies are not available to be dispensed again until the same day of the next month regardless of the number of days in the month. For supplies provided on the 29th-31st of the month, during shorter months they may be billed on the last day of the month.

For all items that are provided on a recurring basis and shipped or delivered to the participant, providers are required to have contact with the participant or caregiver/designee prior to dispensing a new supply of items. The provider must contact the participant within 14 calendar days prior to the delivery, and the participant must request a refill of supplies before they are dispensed. DMS cannot be automatically filled or shipped even with authorization of the participant. Documentation of the contact and participant order must be completed at the time of the encounter and kept on file. Retrospective statements will not be permitted as documentation of contact. Contact is required to ensure items remain necessary, existing supplies are approaching exhaustion, and to confirm any changes or modifications to the order such as a change of address.

1.3.2.1 **References: Disposable Medical Supplies**


1.3.3 Pre-existing Service and New Eligibility

The Department does not automatically assume responsibility for equipment or supplies received before the participant was eligible for Medicaid. The items must meet Medicaid’s coverage criteria. Reimbursement for pre-existing equipment with an account balance is limited to the Department’s capped rental for the item, or payments equaling the balance, whichever calculation is least costly to the Department.

1.3.3.1 References: Pre-existing Service and New Eligibility


1.3.4 Repairs and Replacement

Equipment that has exceeded its warranty, is still medically necessary, and is no longer functional, may be eligible for reimbursement by Medicaid to replace or repair the item. Equipment should only be replaced when it is more cost effective than repairs, or if the repaired equipment would no longer meet the medical needs of the participant. Prior authorization requests must include documentation to support replacement over repair. Equipment that has reached its reasonable useful lifetime (RUL) does not constitute sufficient reason for replacement.

Replacement of equipment or supplies that have been lost as a result of theft require a police report on file with the supplier, which should be submitted with any resulting prior authorization request. If items are damaged by fire or a natural disaster, etc., then the participant’s home or renter’s insurance would be the primary payer. If the participant does not have insurance, it should be documented and provided in any related prior authorization request.

Idaho Medicaid has no obligation to repair or replace any piece of durable medical equipment or supply that has been damaged, defaced, lost, or destroyed as a result of neglect, abuse, or misuse of the item. Replacement for these circumstances is the responsibility of the participant. An exception may be made for participants under the age of twenty-one (21) through Early and Periodic Screening, Diagnosis, and Treatment. See the General Provider and Participant Information, Idaho Medicaid Provider Handbook for information on when billing a participant is allowable.

A new physician’s order is not necessary for repairs on equipment purchased by Idaho Medicaid. A current physician’s order is required for replacement items to reaffirm medical
necessity. Modifiers should be included on claims for equipment to distinguish between repair and replacement. Modifier RA should be used for replacement items and modifier RB should be used to denote parts for a repair.

1.3.4.1 References: Repairs and Replacement


1.3.5 Upgrades

Providers cannot bill Idaho Medicaid for an item or service different than what is provided to the participant. Doing so would be incorrect coding. Providers also cannot bill Medicaid for an item and allow the participant to pay the difference for an item of different quality. Per the Provider Agreement, IDAPA 16.03.09.210.03, “Medicaid Basic Plan Benefits,” and CFR providers must accept Idaho Medicaid’s payment as payment in full. However, if the participant desires to purchase a separate non-covered item, this would not be considered an upgrade. For example, if a tray for a wheelchair is denied for not being medically necessary the participant could decide to purchase that item separately. See the General Provider and Participant, Idaho Medicaid Provider Handbook for more information about charging participants.

1.3.5.1 References: Upgrades


1.3.6 References: Covered Services and Limitations: General Requirements


1.4 Covered Services and Limitations: Criteria

Idaho Medicaid requires providers to follow the criteria set in the Idaho Medicaid Provider Handbook and the Idaho Medicaid DMEPOS PA Policy and Medical Criteria. Covered items and services not detailed default to criteria established by Medicare in the DMAC CMS/Medicare DME Coverage Manual or local or national coverage determinations (LCD or NCD) when available. Medicare coverage criteria can be found at https://med.noridianmedicare.com/web/jddme/policies Adherence to these documents is a condition of payment. Unless otherwise stated all items and services under this section must also comply with Covered Services and Limitations: General Requirements.

### DMEPOS Criteria Priority

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<tr>
<th>Priority</th>
<th>Description</th>
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<tr>
<td>Noridian DME Jurisdiction D LCD</td>
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<td>Medicare NCD</td>
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<tr>
<td>Idaho Medicaid Provider Handbook</td>
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1.4.1 Apnea Monitor

Apnea monitors (E0619) are covered when medically necessary by Idaho Medicaid under a prior authorization as a capped rental. Prior authorization requests must include the duration of time the equipment is necessary. Requests for periods exceeding three months require a physician or non-physician practitioner’s narrative report of client progress. Apnea monitors are considered medically necessary with one or more of these apparent life-threatening events:

- An apnea episode characterized by color change, choking or gagging;
- Apnea caused by severe respiratory complications in an infant or child;
- Bronchopulmonary dysplasia;
- Hyperventilation;
- An infant with a tracheostomy;
- Recent ventilator dependency;
- Symptomatic pre-term infants; or
- Vigorous stimulation.

1.4.2 Automobiles

Automobiles, accessories and modifications are not within the definition of durable medical equipment as they are a vehicle or component that is not medical in nature. Non-covered items include, but are not limited to:

<table>
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<tr>
<th>Non-covered: Automobile Accessories and Modifications</th>
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<tbody>
<tr>
<td>Car Seats</td>
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<tr>
<td>Conversion Kits</td>
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<tr>
<td>Restraints</td>
</tr>
</tbody>
</table>
Modifications may be available for participants through a Waiver program. See Covered Services and Limitations: Waiver Services for more information.

1.4.3 Breast Pumps

Electronic and manual breast pumps (E0602 and E0603) are covered for women who choose to breast feed. Coverage is limited to one every three years. Pumps should be billed as purchase only and to the mother’s Medicaid ID number. Idaho Medicaid will not authorize an additional breast pump purchase within the three-year limitation.

Hospital grade breast pumps (E0604) are available for rental only, for up to three months maximum, and must be prior authorized by the Department. Rental is not subject to the three-year limitation and may be billed to the baby’s Medicaid ID number, if the mother is no longer eligible. Criteria for hospital grade breast pumps is available in the Idaho Medicaid DMEPOS PA Policy and Medical Criteria.

1.4.3.1 References: Breast Pumps


1.4.4 Home Modifications

Home modifications are not covered under the Idaho Medicaid State Plan including, but not limited to:

- Ceiling and wall mounted equipment including track systems/devices;
- Chair lifts;
- Fencing, internal or external;
- Grab bars;
- Rails;
- Wheelchair ramps; and
- Widening of doorways.

Home modifications may be available for participants who are eligible under a Waiver program. See Covered Services and Limitations: Waiver Services for more information.

1.4.5 Hospital Beds

Fixed height hospital beds are covered for participants with a medical condition requiring positioning of the body that is not feasible in a standard bed. Participants must meet one of the following criteria:

- Positioning is required to alleviate pain;
- The participant requires head elevation greater than thirty (30) degrees due to congestive heart failure, chronic pulmonary disease, or problems with aspiration; or
- The participant requires traction equipment that needs a hospital bed for attachment.

Other types of hospital bed may be covered if the participant meets the additional criteria in the subsections below. Side rails are covered for hospital beds if required by the participant’s
condition. Bed boards and over the bed tables are non-covered due to lack of medical necessity.

1.4.5.1 Variable Height Hospital Beds
A variable height hospital bed is covered for participants that meet the criteria for a hospital bed, but also require a different height to permit transfers to a chair, wheelchair or standing position.

1.4.5.2 Heavy-Duty Hospital Beds
Heavy-duty hospital beds are considered medically necessary for participants that meet the criteria for a hospital bed, and weigh between 350 and 600 pounds.

1.4.5.3 Hospital Grade ICU Beds
Hospital grade intensive care beds are non-covered in a home setting.

1.4.5.4 Semi-Electric Hospital Beds
Semi-electric beds are considered medically necessary if the participant meets the criteria for a hospital bed, and requires frequent changes in body position or the need for an immediate position change. The participant must have the capability to operate the controls. A prior authorization is required. Prior authorization requests must clearly document medical necessity and why a non-electric hospital bed is insufficient to meet the participant’s living situation. Electric features are not covered for convenience.

1.4.5.5 Total Electric Hospital Beds
Hospital beds that are total electric are non-covered. Height adjustment features are not considered to be medically necessary.

1.4.6 Incontinence Supplies
Incontinence supplies including diapers, liners, pull-ups, and under-pads, are covered for participants who have a medical need for the items based on their diagnosis. These items are not covered for participants under 4 years of age or participants in long-term care (nursing facility) settings.

The Department will only reimburse for pull-ups if the participant is able to perform toileting activities on their own some of the time, and when briefs would prevent independence and cause a risk to the participant. Pull-ups are not covered for the convenience of the caregiver. Documentation must be kept on file with a statement of necessity from the ordering physician or non-physician practitioner that the participant meets the requirements for coverage. Toilet training plans are encouraged for participants transitioning out of diapers and briefs.

Any combination of disposable diapers, liners, or pull-ups is limited to a total of 240 units per rolling month. Under-pads are limited to 150 units per rolling month. Additional supplies may be prior authorized if the request includes medical justification of why the maximum limitation will not meet the participants needs. Authorizations that exceed limitations are only for acute, short term medical circumstances. See the Idaho Medicaid DMEPOS PA Policy and Medical Criteria for additional information.

1.4.6.1 References: Incontinence Supplies


1.4.7 Nutrition Infusion Pumps and Accessories
See the *Nutritional Products* subsection for information on enteral and parenteral foods.

1.4.7.1 Gastrostomy Feeding Tubes
The SC modifier is only billable with B4088 for the MIC-KEY Button. Other feeding tubes billed with B4088 cannot include the SC modifier. A prior authorization is required for more than one MIC-KEY Button every two months. See the *General Billing Instructions*, Idaho Medicaid Provider Handbook regarding requirements and acceptable documentation for manually priced goods and services.

1.4.7.2 References: Nutrition Infusion Pumps and Accessories

1.4.8 Nutritional Products
Nutritional products include enteral, and parenteral nutritional products including tube and oral administration, infant formula, foods for inborn errors of metabolism and oral supplements. Medicaid is a medical benefit, not a food benefit. Breast milk, animal milk or plant-based milk (e.g. almond and soy milk) is therefore not a covered benefit. Nutritional products for participants residing in a skilled nursing facility or intermediate care facility for individuals with intellectual disabilities are included in the facility’s per diem and are not separately reimbursable. See the *Nutrition Infusion Pumps and Accessories* subsection for information about delivery systems for nutritional products.

1.4.8.1 Enteral Nutrition
Enteral nutrition is any method of caloric delivery that uses the gastrointestinal tract such as feeding tube or oral administration. Enteral nutrition is covered for tube feeding when medically necessary according to the criteria described in the CMS/Medicare DME Coverage Manual. Claims must be billed with a BA modifier.

Nutrition received orally, including supplements such as thickener, are covered when necessary to meet the caloric needs of a participant who is unable to maintain growth, weight, and strength through traditional foods alone. Claims must be billed with a BO modifier.
Additional information specific to the coverage of Infant Formula is presented in the section below.

### 1.4.8.2 Infant Formula

Infant formula is covered under Enteral Nutrition and must follow all requirements in the section above. Idaho Medicaid will cover medical grade infant formula for infants (under one year of age) requiring dietary management for a diagnosed medical condition that restricts the use of conventional sources of nutrition. Formulas that may be eligible are those that have been declared exempt by the U.S. Food and Drug Administration and require a physician’s order to obtain. The American Academy of Pediatrics describes gastroesophageal reflux (GER) “as a normal developmental phenomenon that will usually resolve with maturation.” GER does not typically restrict the use of conventional sources of nutrition and, therefore, would not be a valid diagnosis for infant formula through the Medicaid program.

Traditional (non-medical grade) infant formulas are only covered for participants that are tube fed. Participants should be directed to the Women, Infants, and Children (WIC) program for traditional formula that would be administered orally.

### 1.4.8.3 Parenteral Nutrition

Parenteral nutrition is the delivery of calories directly into the veins. Parenteral nutritional products are covered when medically necessary according to the criteria described in the CMS/Medicare DME Coverage Manual.

### 1.4.8.4 S9435 Medical Foods for Inborn Errors of Metabolism

Medical foods for inborn errors of metabolism are only covered for a diagnosis of phenylketonuria. A prior authorization is required. Requests should include the items listed in subsection Documentation: Nutritional Products as well as an invoice demonstrating three-months of food ordered by the participant. The products requested must reflect a balanced nutritional approach. Claims should be billed with one (1) unit per month of food.

### 1.4.8.5 Documentation: Nutritional Products

In addition to any other document requirements, the vendor must obtain and keep the following documentation on file for five years after the date of service:

- Physician’s order with daily calorie count to be supplied, length of need, diagnosis, and documentation of medical necessity.
- A Nutrition Plan of Care (POC) approved by the physician that includes appropriate nutritional history, the participant’s current height, weight, age, goals for weight gain or weight maintenance, medical diagnosis, steps to decrease the participant’s dependence on nutritional supplements or detail why that is not possible, and current enteral or oral nutritional product.
- For participants under age 21, a growth chart including weight or height percentile must be included.

The provider must obtain a nutritional history for each new participant which should define the patient’s need for the oral or enteral nutritional products. This may include:

- The medical diagnosis that makes the nutritional product necessary
- Appetite and/or oral nutritional intake
- GI history supporting need for therapy, such as nausea, vomiting, and/or diarrhea
- Oral feeding skills and ability: Is the participant physically able to eat orally?
- Outlined history of failure to thrive
- Behaviors or lifestyle barriers that interfere with nutritional intake
- Detailed failed trial of modified traditional diet supporting need for current treatment

The schedule for reviewing and updating the nutritional plan will be determined by individual needs and progress but must be done at least annually.

### 1.4.8.6 Reimbursement: Nutritional Products

One unit of a nutritional formula is defined in the HCPCS manual as 100 calories rather than the number of cans. For billing purposes, providers must convert the number of cans dispensed to the number of 100-calorie units dispensed.

A large number of nutritional products are assigned to each HCPCS code, and the Department recognizes that one product may be costlier. Enhanced reimbursement is available for medically necessary products for which there are no substitutes, and where the maximum allowable fee does not adequately cover the provider’s wholesale costs. For those products, providers may use a SC modifier and follow the same procedure that is required for the manually priced codes.

If a procedure code shows a zero on the Idaho Medicaid Numerical Fee Schedule, the code is manually priced, and an invoice is required to be attached to the claim. For payment consideration, the following information must be included:

- Number of calories per day ordered by the physician;
- Number of calories per can;
- Number of cans per case; and
- Recent copy of the invoice including shipping costs or MSRP.

### 1.4.8.7 References: Nutritional Products

#### (a) Idaho Medicaid Publications


1.4.9 Oxygen Services

Medicaid covers medically necessary oxygen services for participants that meet the DME MAC coverage criteria in local coverage determination (LCD) L33797: Oxygen and Oxygen Equipment. Coverage criteria means the medical, laboratory and Certificate of Medical Necessity CMS-484_Oxygen (CMN) requirements. A separate physician’s order from the CMN is not necessary. The CMN and laboratory evidence will remain in effect for one year from the date the test was taken, unless a lifetime need is indicated. Medicaid does not accept “PRN,” or “As-needed” prescriptions for oxygen. Clinical trials are also not covered. Refer to the following subsections for exceptions to DME MAC requirements. If a participant under the age of 21 does not meet the criteria, a prior authorization may be requested under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program.

1.4.9.1 Exceptions to Lab Studies required by DME MAC

Participants under the age of 7-months do not require lab studies or a prior authorization (PA). If a participant under the age of 21 does not meet the criteria for lab study results, a PA may be requested under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program.

1.4.9.2 Cluster Headaches

A prior authorization (PA) is required for oxygen used to treat a diagnosis of cluster headaches. Approved authorizations are issued for a six-month period. Lab studies are not required. Requests must include documentation of:

- The participant experiencing the medically necessary criteria above;
- Failure of other treatments such as dihydroergotamine and sumatriptan (Imitrex); and
- A successful trial of oxygen therapy in a controlled environment such as the physician’s office or emergency department.

If the participant experiences two (2) contiguous months without a cluster headache incident, the service is no longer considered medically necessary or reimbursable and must be discontinued.

When billing for oxygen that is necessary to treat cluster headaches, the CMN attached to the claim must indicate that the oxygen is for cluster headaches.

1.4.9.3 Ventilator Dependent Participants

Idaho Medicaid will authorize payment of oxygen services when the participant is ventilator dependent. The participant does not have to meet the PO2 level of 55 mm Hg or arterial oxygen saturation at or below 88 percent to qualify for oxygen supplies. The supplier must
use the appropriate diagnosis code to indicate that the participant is ventilator dependent. Participants on a ventilator that provides multi-function respiratory features (E0467) are not eligible for payment of oxygen equipment (E0424-E0439), contents (E0441-E0444; E0447) or concentrators (E1390-E1392), humidifier (E1405-E1406), or the repair of those items (K0739). Billing for these items and services separately qualifies as unbundling.

### 1.4.9.4 Reimbursement: Oxygen Services

Idaho Medicaid pays for medically necessary liquid or gas oxygen equipment and contents, or an oxygen concentrator with an all-inclusive monthly rate found on the Idaho Medicaid Numerical Fee Schedule. This rate includes the rental of the delivery system, its contents, maintenance, repair, and any necessary supplies. Payments for equipment also include replacement if repair is not an option; except when there is irreparable damage from an accident, natural disaster or theft that meets the Repairs and Replacement subsection criteria. Separate payments may be made for both stationary and portable systems when medically necessary. All claims must be billed monthly with the oxygen information, an attached CMN, and specify actual, inclusive dates of rental.

If a participant is on both stationary and portable oxygen, the RUL for equipment will be calculated separately. Suppliers must bill equipment for the first 36 months of the RUL, and then for liquid and gas system contents afterwards.

Supplies are only separately payable for oxygen concentrators, and only if the participant owns the equipment.

For participants who are dually eligible for both Medicare and Medicaid, all Medicare policies must be followed. After 36 months of Medicare payment, the provider may not shift payment for the equipment to Medicaid.

Providers should bill the following modifiers on claims for oxygen supplied through stationary equipment when the prescribed liters per minute are less than one (1) or more than four (4):

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
<th>Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>QE</td>
<td>Prescribed amount of oxygen is less than 1 liter per minute (LPM).</td>
<td>Paid at 50%.</td>
</tr>
<tr>
<td>QF</td>
<td>Prescribed amount of oxygen is greater than 4 liters per minute (LPM) and portable oxygen is prescribed.</td>
<td>Paid at 150%.</td>
</tr>
<tr>
<td>QG</td>
<td>Prescribed amount of oxygen is greater than 4 liters per minute (LPM).</td>
<td>Paid at 150%.</td>
</tr>
</tbody>
</table>

### 1.4.9.5 References: Oxygen Services


1.4.10 Prosthetic and Orthotics

Medicaid covers medically necessary prosthetic and orthotic devices and related services that artificially replace a missing portion of the body, or support a weak or deformed portion of the body. Idaho Medicaid does not include dentures or eyeglasses under its definition of prosthetic or orthotic items. Cosmetic items or those for convenience are not covered except for artificial eyes and prefabricated breast prosthetics. Electronically powered or enhanced prosthetic devices of any kind are not covered. Prior authorization requests must be received by the Department within ninety (90) days of the attending physician’s order.

A new permanent limb prosthesis is only covered when the residual limb size is considered stable. Prosthetic limbs must be guaranteed to fit properly for three (3) months from the date of service. A temporary lower limb prosthesis may be covered when the attending physician documents it is in the best interest of the participant’s rehabilitation prior to a permanent limb prosthesis becoming available.

1.4.10.1 Customization and Fitting

All prosthetic and orthotic devices that require customization and/or fitting must be provided by an individual who is certified or registered by the American Board for Certification in Orthotics and Prosthetics. Any adjustments within three (3) months of purchase are the responsibility of the provider at no additional cost to Medicaid or the participant. Refitting is limited to once per year, unless ordered by the attending physician with documentation of a major physical change. Prior authorization is required for all refitting and alterations.

1.4.10.2 Repair and Modification

Repairs and modifications will be covered when they are less costly than a replacement. Repairs and modification to existing prosthetic or orthotic equipment will be covered by the Department when it no longer meets the medical needs of the participant, whether the Department originally purchased the item or not. Any modifications necessary within three (3) months of an item’s purchase by the Department are the responsibility of the provider at no additional cost to Medicaid or the participant. Repairs and modification are limited to once per year unless ordered by the attending physician with documentation of a major physical change. Prior authorization is required for all repairs and modifications.

1.4.10.3 Replacement

A replacement prosthesis or orthotic device is covered when it is less costly than repairing or modifying the current prosthesis or orthotic device. Any replacements needed within three (3) months of an item’s purchase are the responsibility of the provider at no additional cost to Medicaid or the participant. Replacement for prosthetic devices is not covered within sixty (60) months of the date of purchase, except in cases where there is clear documentation that there has been major physical change to the residual limb, and a replacement is ordered by the attending physician.
1.4.10.4 **Braces**

Corsets and canvas braces with plastic or metal bones are not covered. However, special braces enabling a participant to ambulate will be covered when the attending physician documents that the only other method of treatment for this condition would be application of a cast.

1.4.10.5 **Shoes and Accessories**

Corrective shoes, or modifications to an existing shoe owned by the participant, are covered only when they are attached to an orthosis or prosthesis or when specially constructed to provide for a totally or partially missing foot. Shoes and accessories such as mismatched shoes, comfort shoes following surgery, shoes to support an overweight individual, or shoes used as a bandage following foot surgery, arch supports, footpads, metatarsal head appliances or foot supports are not covered under the program.

1.4.10.6 **References: Prosthetic and Orthotics**


1.4.11 **Ventilators**

Ventilators require a prior authorization. They are covered as a continuous rental. Participants on a ventilator that provides multi-function respiratory features (E0467) are not eligible for payment of oxygen equipment (E0424-E0439), contents (E0441-E0444; E0447) or concentrators (E1390-E1392), humidifier (E1405-E1406), or the repair of those items (K0739). Billing for these items and services separately qualifies as unbundling.

1.4.12 **Wheelchair Seating Systems and Accessories**

Specially designed seating systems and accessories for wheelchairs may be replaced no more than once every five years. Seating systems and accessories for participants in growth stages must provide for system enlargement without complete system replacement.

1.4.13 **References: Covered Services and Limitations: Criteria**


1.5 **Covered Services and Limitations: Waiver Services**

Certain items may be covered as specialized medical equipment and supplies for Medicaid Enhanced Plan participants who are also on the Aged and Disabled (A&D) Waiver or the Adult Developmental Disabilities (DD) Waiver. These are items and services beyond the scope of the Idaho Medicaid State Plan. Unless otherwise stated all items and services under this section must also comply with **Covered Services and Limitations: General Requirements**. The following may be covered under certain conditions for Waiver participants.

- Diverter valves for bathtub.
- Eating/feeding utensils, such as rocker knives and special plates with rims.
- Personal Emergency Response System (PERS) services.
- Environmental Accessibility Adaptations such as:
  - Timers.
  - Wheelchair lifts or ramps.
  - Electrical wiring.
  - Structural modification to the house.
- Lift devices.
- Wheelchair lifts for vans.

All other items must be submitted to the Medical Care Unit (MCU) for review. If the item cannot be covered under the State Plan’s DME program, it may be considered under a Waiver benefit. Items must be the least costly means of meeting the needs of the participant.

1.5.1 Environmental Accessibility Adaptations

Environmental Accessibility Adaptations include minor housing modifications that are necessary to enable the participant to function with greater independence in the home, or without which, the participant would require institutionalization or have a risk to health, welfare, or safety. Environmental Accessibility Adaptations must be prior authorized.

Such adaptations may include, but are not limited to:
- Installation of ramps and lifts.
- Widening of doorways.
- Modification of bathroom and kitchen facilities.
- Installation of electric and plumbing systems which are necessary to accommodate the medical equipment and supplies necessary for the welfare of the participant.

<table>
<thead>
<tr>
<th>HCPCS</th>
<th>Description</th>
<th>Diagnosis</th>
<th>Place of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>S5165</td>
<td>Environmental Accessibility Adaptations</td>
<td>ICD-10-CM code for participant’s disability as the primary diagnosis and Z74.2 as the secondary diagnosis.</td>
<td>12 Home</td>
</tr>
</tbody>
</table>

1.5.1.1 Limitations

Permanent modifications are limited to modifications to a home owned by the participant or the participant’s family when the home is the participant’s principal residence. Portable or non-stationary modifications may be made when such modifications can follow the participant to the next place of residence.

Participants on the Adult Developmental Disability (DD) Waiver must be twenty-one (21) years of age to use this service. There is no age restriction for participants on the Aged and Disabled (A&D) Waiver.

Improvements to the home that are not of direct medical or remedial benefit to the participant are excluded, such as:
- Air conditioning
- Carpeting
- Repairs (roof, plumbing, or electrical, etc.)
1.5.1.2 Provider Qualifications

Modification services must be completed with a permit or other applicable requirements of the city, county, or state in which the modifications are made. The provider must demonstrate that all modifications, improvements, or repairs are made in accordance with local and state housing, building, plumbing and electrical codes and/or requirements for certification.

1.5.2 Personal Emergency Response System (PERS)

Personal Emergency Response Systems (PERS) are provided to monitor the participant’s safety and/or provide access to emergency crisis intervention for emotional, medical, or environmental emergencies through the provision of communication connection systems. The system does not include monthly telephone service. Installation is limited to once per residence and includes the first month of service.

PERS must be prior authorized by the Bureau of Long Term Care (BLTC). Services are limited to participants who:
- Rent or own their home;
- Are alone for significant parts of the day;
- Have no regular caretaker for extended periods of time; and
- Would otherwise require extensive routine supervision.

Participants on the DD Waiver must be twenty-one (21) years of age to use this service. There is no age restriction for participants on the Aged and Disabled (A&D) Waiver.

<table>
<thead>
<tr>
<th>HCPCS</th>
<th>Description</th>
<th>Diagnosis</th>
<th>Place of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>S5160</td>
<td>Initial Installation</td>
<td>Appropriate Primary ICD-10-CM code and Z74.2 as a secondary diagnosis.</td>
<td>12 Home</td>
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<tr>
<td>S5161</td>
<td>Monthly service, 1 Unit = 1 month</td>
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<td></td>
</tr>
</tbody>
</table>

1.5.2.1 Provider Qualifications

Providers of PERS must demonstrate that the devices installed in participant’s home meet Federal Communications Commission (FCC) standards, Underwriter’s Laboratory (UL) standards, or equivalent standards. Providers must be able to provide, install, and maintain the necessary equipment and operate a response center capable of responding on a 24-hours a day, seven days per week basis.

1.5.4 Specialized Medical Equipment and Supplies

Specialized medical equipment and supplies for the Aged and Disabled (A&D) Waiver and the Developmental Disabilities (DD) Waiver include devices, controls, or appliances. These equipment and supplies must enhance the participant’s daily living and enable the participant to control and communicate within their environment. This also includes items necessary for life support, ancillary supplies, and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State Plan. Items and equipment that are of no direct medical, adaptive, or remedial benefit to the participant are excluded.

Participants on the DD Waiver must have the Specialized Equipment and Supplies in their Individual Service Plan (ISP).
### Specialized Medical Equipment and Supplies Billing

<table>
<thead>
<tr>
<th>HCPCS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1399</td>
<td>Specialized Medical Equipment/Supplies and Service</td>
</tr>
</tbody>
</table>

#### 1.5.4.1 Provider Qualifications

Providers must demonstrate that the Specialized Equipment and Supplies purchased under this service meet applicable standards of manufacturer, design and installation, including Underwriter’s Laboratory (UL), Food and Drug Administration (FDA), and Federal Communication Commission (FCC) standards.

Specialized Medical Equipment must be obtained or provided by authorized dealers of the specific product when applicable (medical supply businesses or organizations that specialize in the design of the equipment).

#### 1.6 Prior Authorization for Non-Waiver Items and Services

Some items and services always require a prior authorization (PA), but others may only require a PA under these circumstances:

- The participant has exhausted their benefit;
- The participant does not meet the established criteria, but can demonstrate a medical need; or
- The participant has an alternative benefit such as EPSDT or waiver that can only be accessed through a prior authorization.

For information regarding if a prior authorization is required, providers can:

- Check participant eligibility and PA requirements through your Trading Partner Account at www.idmedicaid.com;
- Contact DXC Technology Medicaid Solutions at 1 (866) 686-4272 or 1 (208) 373-1424 in the Boise calling area; and
- Check the Idaho Medicaid Numerical Fee Schedule available online for items that always require a PA.

Participants with Medicare as their primary insurance do not require a PA from Idaho Medicaid for Medicare approved items and services. If the services are not covered by Medicare, or the participant has another primary payor, payment will be denied for any medical item or service that requires a prior authorization from Idaho Medicaid, but was provided prior to obtaining authorization. An exception may be allowed on a case-by-case basis in which, despite efforts on the part of the provider to submit a timely request or due to events beyond the control of the provider, prior authorization was not obtained; e.g., a hospital discharge, outside of business hours, etc. An explanation of the delay in submission must accompany the PA request and be submitted to the Department with any supporting documentation and a request for an exception. In addition, the provider may not bill the Medicaid participant for equipment and supplies not reimbursed by Medicaid because the prior authorization was not obtained in a timely manner or because the provider failed to verify that a PA was required.

If an individual was not eligible for Medicaid at the time items were provided but was subsequently found eligible pursuant to **IDAPA 16.03.05.051.03**, a request must be submitted with all required documentation within 30 days of the date the provider became aware of the individual’s Medicaid eligibility. The medical item or service will be reviewed by the Department retroactively using the same medical necessity guidelines that apply to other
prior authorization requests. If approved, the provider should refund to the participant any amount previously collected for the item or service.

The Department’s review of prior authorizations includes general criteria requirements in addition to any item specific criteria. All requests must:

- Meet medical necessity as established in section 11 or 880 of IDAPA 16.03.09, "Medicaid Basic Plan Benefits";
- Be appropriate and effective treatment for the participant’s current medical condition;
- Be furnished by providers with the appropriate credentials;
- Be the most cost-effective method of meeting the participant’s medical needs; and
- Meet all federal and state regulations.

Prior authorizations are not a guarantee of payment and all other Department requirements must be fulfilled.

1.6.1  Prior Authorization Request Procedure

Prior authorization requests must only be submitted when required. A copy of the Idaho Medicaid DME/Supplies Request form is available at www.idmedicaid.com or call Provider Services at 1 (866) 686-4272 to request a paper copy. Prior authorization requests must be submitted legibly with the completed form, the items listed in the Documentation Requirements subsection, and any additional items within the item specific criteria. Providers must confirm and request items using correct coding verified through the Pricing, Data Analysis and Coding (PDAC) website. Requests for codes that do not have a price on file on the Idaho Medicaid Numerical Fee Schedule must include pricing documentation with their request. See the General Billing Instructions, Idaho Medicaid Provider Handbook regarding acceptable documentation for manually priced goods and services.

The Medical Care Unit does not accept requests via phone or e-mail. Submit complete requests by postal mail or fax to:

Idaho Department of Health and Welfare  
Attn: Medical Care Unit, Division of Medicaid  
PO Box 83720  
Boise, ID 83720-0009  
Fax: 1 (877) 314-8782

An urgent request may be submitted by writing urgent on the request form. An urgent request should only be used when the participant needs equipment or supplies to discharge from a facility, or to prevent a participant from needing immediate admission to one. If the urgent request is for discharge, include the expected date on the request form.

The nurse reviewer may request additional documentation to establish medical necessity for the item. The requested documentation must be received by the Medical Care Unit within two working days or the request may be denied.

Authorizations are usually completed within three to five business days, but complex requests may require additional time. Incomplete requests will be denied.

1.6.2  Modifying a Prior Authorization

Modifications may be requested by faxing the Idaho Medicaid DME/Supplies Request form with the prior authorization number, requested change and justification to 1 (877) 314-8782.
Include any additional documentation if the change is not supported by the original submission.

1.6.3 Status of a Prior Authorization

The status of a prior authorization request may be checked online at the DXC Technology portal under “Authorization Status”, using your NPI, or by contacting DXC Technology at (866) 686-4272. If you have questions on a Denial, click on the Notes, which will explain the reason for the Denial, or ask the DXC Technology Customer Service Representative to read you the Notes in the Denial. A notice of decision will be mailed to the participant once the review is complete.

Providers do not have appeal rights for prior authorizations, however, they may submit additional documentation for reconsideration of their request. Providers must include the prior authorization number on their fax for it to be considered with the previous documentation. If the prior authorization number is not provided, a denial may be issued for an incomplete request.

Participants will receive a mailed notice of decision with information on their appeal rights and how to request a hearing.

1.6.4 Transferring a Prior Authorization

Participants have the right to choose a DMEPOS supplier and change that supplier at any time. The initial prior authorization does not automatically transfer if the participant chooses a new provider. The participant, parent or guardian is required to contact the Medical Care Unit verbally or in writing of their intent to change providers. The newly selected provider is required to submit a completed Idaho Medicaid DME Prior Authorization Form indicating the request is for a transfer. Supporting documentation is not necessary to transfer an existing PA.

1.7 Documentation Requirements

The vendor is required to obtain all medical necessity documentation prior to billing for DME and supplies. If the supplier is also the ordering physician, a separate order is not required, but all documentation requirements must be met by the medical record. If a participant transfers service, suppliers may utilize orders and documents received from another supplier provided they meet all requirements. Documentation must be kept on file for five years after the date of service.

Documentation must include all of the following:
- The participant’s medical diagnosis and description of the current medical condition that makes the equipment or supplies medically necessary;
- Estimation of the date range the medical equipment or supply item will be needed, and the frequency of use. As needed (PRN) orders will not be accepted without instructions on how/when the medical equipment or supplies will be used;
- For medical supplies, the description and quantity of the supply needed per month;
- A full description of the medical equipment requested. All modifications or additions to basic equipment must be documented in the attending physician’s prescription;
- The physician’s detailed written order detailed in the subsection below;
- Verification that the participant has met face-to-face with the physician within six months of the order for equipment or supplies;
- Invoice or quote from the manufacturer that includes the manufacturer’s suggested retail pricing (MSRP) for items that do not have an established rate on file;
• Proof of delivery as detailed in the subsection below; and
• Medical necessity documentation as required by IDAPA 16.03.09, "Medicaid Basic Plan Benefits."

1.7.1  Physician Detailed Written Orders
Detailed written orders are required for all DME, prosthetic, orthotic, and medical supplies prior to submitting a claim. Orders may be a photocopy, facsimile image, electronic, or handwritten documents. All orders must clearly specify the start date and the participant’s name. If the written order is for supplies that will be provided on a periodic basis, the written order should include appropriate information on the quantity used, frequency, and duration of need. The written order must be sufficiently detailed, including all options or additional features that will be separately billed or that will require an upgraded code. If the supply is a drug, the order must specify the name of the drug, concentration, dosage, frequency, and duration of use. Someone other than the physician may write the order, but the physician must review, and personally sign and date the completed order. Signatures must meet the requirements under the Documentation subsection of the General Provider and Participant Information, Idaho Medicaid Provider Handbook. The date of the order cannot precede the required face-to-face encounter that evaluates the need for item. The order does not have to be written by the physician that conducted the encounter, but they must have reviewed the encounter’s documentation.

If the provider does not have an order that has been both signed and dated by the physician before billing Medicaid, the claim is not valid. Orders are valid for one year from the date of signature.

Note: A physician order for equipment repairs is not required if the equipment was originally purchased by Medicaid. If the equipment is not an item covered by Medicaid, Idaho Medicaid is not responsible for repairs.

1.7.2  Physician Verbal/Preliminary Order
Providers may dispense DME, prosthetic, orthotic, and medical supplies based on a verbal or preliminary written order from the treating physician. A detailed written order meeting the requirements of the Physician Detailed Written Orders subsection must be obtained prior to billing Idaho Medicaid.

At a minimum, the verbal or preliminary order must include the following information:
• Description of the item
• Participant’s name
• Physician’s name
• Start date of the order

Providers must maintain copies of the preliminary written order or written documentation of the verbal order along with the detailed written order. If the provider does not have at least the verbal or written preliminary order from the treating physician before dispensing an item, that item is not payable. The term “order” or “written order” in all other Medicaid documentation means “detailed written order” unless otherwise specified.

Items excluded from being dispensed on a preliminary/verbal order:
• Items requiring prior authorization;
• Pressure reducing pads;
• Mattress overlays;
• Mattresses;
• Hospital beds;
• Seat lift chairs;
• TENS units;
• Power operated vehicles; and
• Power wheelchairs.

If a provider bills for any item without a detailed written order, or if there was no appropriate verbal/preliminary order prior to dispensing the item, Medicaid can deny or recoup any reimbursement for the item.

1.7.3 Proof of Delivery
Providers must document delivery of DMEPOS to the participant by maintaining proof of the participant or their designee’s signature and date of receipt. If the signature is ineligible, the provider must note the name on the delivery slip.

1.7.4 References: Documentation Requirements

1.7.4.1 CMS Guidance


1.7.4.2 Idaho Medicaid Publications

“Attention Durable Medical Equipment (DME) and Supplies: Requirements for Verbal and Preliminary Written Orders.” *Medicaide Newsletter, October 2009,*
http://healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/MedicAide%20October%202009.pdf.


1.7.4.3 Regulations


1.8 Reimbursement

When billing for medical equipment and supplies, the provider must bill with a DME provider number except physicians and podiatrists. Providers must confirm and bill with correct coding verified through the Pricing, Data Analysis and Coding (PDAC) website. The date of service is the date of delivery, and not a date span for when the items were used. Medicaid reimburses durable medical equipment (DME) and disposable medical supplies (DMS) services on a fee-for-service basis. Initial set-up, freight, postage, delivery, installation, instruction, fitting (except as detailed in Prosthetics and Orthotics), adjustments, measurement, demurrage, facility visits or transportation are considered to be inclusive in a provider’s reimbursement for the item or service. Usual and customary fees are paid up to the Medicaid allowance for purchase. Rental payments are based on 1/10 of the Medicaid allowance. Except where noted durable medical equipment is considered purchased after ten months of rental payments.

For medical equipment, Waiver items, and supplies that do not have a price on the Idaho Medicaid Numerical Fee Schedule, reimbursement will be seventy-five percent (75%) of the manufacturer’s suggested retail price (MSRP), or the manufacturer/wholesaler’s invoice to the supplier plus ten percent (10%) and shipping, if shipping is listed on the invoice. Medicaid will reimburse for the least costly means of meeting the participant’s need.

Rates for Waiver services will be determined by Medicaid on a case-by-case basis. Services that require a provider to have a license or certification will be negotiated. For Environmental Accessibility Adaptations rates will be the cost of the service up to $500 or the lowest of three bids if the cost exceeds $500 for the Aged and Disabled (A&D) Waiver or $1500 for participants on the Developmental Disabilities (DD) Waiver. DD Targeted Service Coordinators (TSC) should reference the costing and prior authorization guidelines for Durable Medical Equipment and Supplies available through the ACCESS units.

See the General Billing Instructions, Idaho Medicaid Provider Handbook regarding billing, documentation for manually priced goods and services, co-pays, prior authorization, and requirements for billing all other third-party resources before submitting claims to Medicaid.

See the General Provider and Participant Information, Idaho Medicaid Provider Handbook for information on when billing a participant is allowable.
1.8.1 References: Reimbursement

“Attention DMEPOS Suppliers.” *MedicAide Newsletter, March 2018,*
https://www.idmedicaid.com/MedicAide%20Newsletters/March%202018%20MedicAide.pdf.

“DMEPOS Suppliers and Medical/Surgical Providers Who Order, Certify or Prescribe Items/Services for Medicaid Participants.” *MedicAide Newsletter, January 2019,*

“Durable Medical Equipment and Supplies: Procedural Reimbursement.” *IDAPA 16.03.09,*
“Medicaid Basic Plan Benefits,” Sec. 755. Department of Administration, State of Idaho,

“Durable Medical Equipment and Supplies: Procedural Requirements.” *IDAPA 16.03.09,*
“Medicaid Basic Plan Benefits,” Sec. 753. Department of Administration, State of Idaho,

“General Payment Procedures.” *IDAPA 16.03.09,* “Medicaid Basic Plan Benefits,” Sec. 230.
Department of Administration, State of Idaho,

1.9 References: General

1.9.1 CMS Guidance

Active Local Coverage Determinations. DME Jurisdiction D.

“Chapter 2 – State Organization.” *The State Medicaid Manual,* Centers for Medicare & Medicaid Services,

“Chapter 15 – Covered Medical and Other Health Services.” *Medicare Benefit Policy Manual,*

“Chapter 20 – Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS).”
*Medicare Claims Processing Manual,* Centers for Medicare & Medicaid Services,

*Medicare National Coverage Determinations (NCD) Manual.* Centers for Medicare & Medicaid Services,

1.9.2 Idaho Medicaid Publications

“Attention DME Providers.” *MedicAide Newsletter, May 2018,*
https://www.idmedicaid.com/MedicAide%20Newsletters/May%202018%20MedicAide.pdf.

“Attention DMEPOS Suppliers Dispensing Refill Orders, Documentation Must Show the Participant Has Nearly Exhausted Their Supplies and be Kept in the Participant Record.”


1.9.3 Regulations


## Appendix A. Suppliers, Provider Handbook Modifications

<table>
<thead>
<tr>
<th>Version</th>
<th>Section/Column</th>
<th>Modification Description</th>
<th>Date</th>
<th>SME</th>
</tr>
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<tbody>
<tr>
<td>38.0</td>
<td>All</td>
<td>Published version</td>
<td>01/01/2020</td>
<td>TQD</td>
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<tr>
<td>37.36</td>
<td>1.8 Reimbursement</td>
<td>Updated section with notes about capped rental and relocated information about what reimbursement includes from general section.</td>
<td>11/26/2019</td>
<td>W Deseron  E Garibovic</td>
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<tr>
<td>37.35</td>
<td>1.7.3 Proof of Delivery</td>
<td>New section. Adds requirement for proof of delivery aligned with Medicare.</td>
<td>11/26/2019</td>
<td>W Deseron  E Garibovic</td>
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<tr>
<td>37.34</td>
<td>1.7 Documentation Requirements</td>
<td>Allow use of documentation from other suppliers.</td>
<td>11/26/2019</td>
<td>W Deseron  E Garibovic</td>
</tr>
<tr>
<td>37.33</td>
<td>1.6.4 Transferring a Prior Authorization</td>
<td>New section. Clarifies requirements.</td>
<td>11/26/2019</td>
<td>W Deseron  E Garibovic</td>
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<tr>
<td>37.32</td>
<td>1.6.3 Status of a Prior Authorization</td>
<td>New section. Clarifies process to check status.</td>
<td>11/26/2019</td>
<td>W Deseron  E Garibovic</td>
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<tr>
<td>37.31</td>
<td>1.6.2 Modifying a Prior Authorization</td>
<td>New section. Clarifies process.</td>
<td>11/26/2019</td>
<td>W Deseron  E Garibovic</td>
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<tr>
<td>37.30</td>
<td>1.6.1 Prior Authorization Request Procedure</td>
<td>New section. Added from DMEPOS PA Policy and Medical Criteria document.</td>
<td>11/26/2019</td>
<td>W Deseron  E Garibovic</td>
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<tr>
<td>37.28</td>
<td>1.5 Covered Services and Limitations: Waiver Services</td>
<td>Clarified specialized medical equipment and Environmental Accessibility Adaptations.</td>
<td>11/26/2019</td>
<td>W Deseron  E Garibovic</td>
</tr>
<tr>
<td>37.27</td>
<td>1.4.11 Ventilators</td>
<td>New section</td>
<td>11/26/2019</td>
<td>W Deseron  E Garibovic</td>
</tr>
<tr>
<td>37.26</td>
<td>1.4.10 Prosthetic and Orthotics</td>
<td>Clarified that dentures and eyeglasses are not considered prosthetics or orthotics.</td>
<td>11/26/2019</td>
<td>W Deseron  E Garibovic</td>
</tr>
<tr>
<td>37.25</td>
<td>1.4.7 Vehicular Modifications</td>
<td>Section deleted, replaced by new Automobiles section.</td>
<td>11/26/2019</td>
<td>W Deseron  E Garibovic</td>
</tr>
<tr>
<td>37.23</td>
<td>1.4.9.3 Ventilator Dependent Participants</td>
<td>Clarified coverage of multi-function ventilators.</td>
<td>11/26/2019</td>
<td>W Deseron  E Garibovic</td>
</tr>
<tr>
<td>37.22</td>
<td>1.4.9.2 Cluster Headaches</td>
<td>Added from DMEPOS PA Policy and Medical Criteria document.</td>
<td>11/26/2019</td>
<td>W Deseron  E Garibovic</td>
</tr>
<tr>
<td>37.21</td>
<td>1.4.9 Oxygen Services</td>
<td>Included LCD reference.</td>
<td>11/26/2019</td>
<td>W Deseron  E Garibovic</td>
</tr>
<tr>
<td>37.20</td>
<td>1.4.8.6 Reimbursement: Nutritional Products</td>
<td>Changed modifier GD to SC.</td>
<td>11/26/2019</td>
<td>W Deseron  E Garibovic</td>
</tr>
<tr>
<td>37.19</td>
<td>1.4.8.4 S9435 Medical Foods for Inborn Errors of Metabolism</td>
<td>Included prior authorization requirement and request process.</td>
<td>11/26/2019</td>
<td>W Deseron  E Garibovic</td>
</tr>
<tr>
<td>37.18</td>
<td>1.4.8.1 Enteral Nutrition</td>
<td>Removed NDC requirement for oral enteral nutrition.</td>
<td>11/26/2019</td>
<td>W Deseron  E Garibovic</td>
</tr>
<tr>
<td>37.17</td>
<td>1.4.8 Nutritional Products</td>
<td>Clarified that Medicaid is not a food benefit. SNF and ICF/II include in content of care.</td>
<td>11/26/2019</td>
<td>W Deseron  E Garibovic</td>
</tr>
<tr>
<td>37.16</td>
<td>1.4.7 Nutrition Infusion Pumps and Accessories</td>
<td>New section</td>
<td>11/26/2019</td>
<td>W Deseron  E Garibovic</td>
</tr>
<tr>
<td>37.15</td>
<td>1.4.5 Hospital Beds</td>
<td>New section. Added from DMEPOS PA Policy and Medical Criteria document.</td>
<td>11/26/2019</td>
<td>W Deseron  E Garibovic</td>
</tr>
<tr>
<td>Version</td>
<td>Section/Column</td>
<td>Modification Description</td>
<td>Date</td>
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<tr>
<td>37.14</td>
<td>1.4.4 Home Modifications</td>
<td>Clarified with information from DMEPOS PA Policy and Medical Criteria document.</td>
<td>11/26/2019</td>
<td>W Deseron, E Garibovic</td>
</tr>
<tr>
<td>37.13</td>
<td>1.4.3 Breast Pumps</td>
<td>Removed prohibition of providing before birth.</td>
<td>11/26/2019</td>
<td>W Deseron, E Garibovic</td>
</tr>
<tr>
<td>37.12</td>
<td>1.4.2 Automobiles</td>
<td>New section. Added from DMEPOS PA Policy and Medical Criteria document.</td>
<td>11/26/2019</td>
<td>W Deseron, E Garibovic</td>
</tr>
<tr>
<td>37.11</td>
<td>1.4.1 Apnea Monitor</td>
<td>New section. Added from DMEPOS PA Policy and Medical Criteria document.</td>
<td>11/26/2019</td>
<td>W Deseron, E Garibovic</td>
</tr>
<tr>
<td>37.10</td>
<td>1.3.4 Repairs and Replacement</td>
<td>New section. Added prior authorization requirements.</td>
<td>11/26/2019</td>
<td>W Deseron, E Garibovic</td>
</tr>
<tr>
<td>37.9</td>
<td>1.3.3 Pre-existing Service and New Eligibility</td>
<td>New section.</td>
<td>11/26/2019</td>
<td>W Deseron, E Garibovic</td>
</tr>
<tr>
<td>37.8</td>
<td>1.3.2 Disposable Medical Supplies (DMS)</td>
<td>Clarified when items should be billed on last day of the month. Removed diagram.</td>
<td>11/26/2019</td>
<td>W Deseron, E Garibovic</td>
</tr>
<tr>
<td>37.7</td>
<td>1.3.1.1 Rental of Durable Medical Equipment</td>
<td>Clarified when items should be billed on last day of the month.</td>
<td>11/26/2019</td>
<td>W Deseron, E Garibovic</td>
</tr>
<tr>
<td>37.6</td>
<td>1.3 Covered Services and Limitations: General Requirements</td>
<td>Added FDA requirements and Humanitarian Device Exemption. Clarified that items on fee schedule are in state plan and unlisted items can be requested with a PA</td>
<td>11/26/2019</td>
<td>W Deseron, E Garibovic</td>
</tr>
<tr>
<td>37.5</td>
<td>1.2.8 Waiver Services for Enhanced Plan Participants</td>
<td>Clarified that DMEPOS does not come out of individual's DD budgets.</td>
<td>11/26/2019</td>
<td>W Deseron, E Garibovic</td>
</tr>
<tr>
<td>37.4</td>
<td>1.2.7 School-Based Services</td>
<td>Revised to allow Suppliers to bill Medicaid directly.</td>
<td>11/26/2019</td>
<td>W Deseron, E Garibovic</td>
</tr>
<tr>
<td>37.3</td>
<td>1.2.2.2 Intermediate Care Facility for Individuals with Intellectual Disabilities</td>
<td>Clarified content of care included in per diem.</td>
<td>11/26/2019</td>
<td>W Deseron, E Garibovic</td>
</tr>
<tr>
<td>37.2</td>
<td>1.2.2.1 Hospital, Skilled Nursing Facility</td>
<td>Renamed Hospital and Skilled Nursing Facility Residents.</td>
<td>11/26/2019</td>
<td>W Deseron, E Garibovic</td>
</tr>
<tr>
<td>37.1</td>
<td>1.2.2 DME and DMS for Participants Residing in Facilities</td>
<td>Renamed Facility Residents. Clarified DME and DMS are in content of care.</td>
<td>11/26/2019</td>
<td>W Deseron, E Garibovic</td>
</tr>
<tr>
<td>37.0</td>
<td>All</td>
<td>Published version</td>
<td>7/1/2019</td>
<td>W Deseron, K Duke</td>
</tr>
<tr>
<td>36.28</td>
<td>1.8 Reimbursement</td>
<td>Added PDAC requirement for verifying coding. Clarified rental rates and manual pricing.</td>
<td>6/26/2019</td>
<td>W Deseron, K Duke</td>
</tr>
<tr>
<td>36.27</td>
<td>1.7.2 Physician Verbal/Preliminary Order</td>
<td>Incorporated list of items from newsletter that are not eligible for a verbal order.</td>
<td>6/26/2019</td>
<td>W Deseron, K Duke</td>
</tr>
<tr>
<td>36.26</td>
<td>1.7.1 Physician Detailed Written Orders</td>
<td>Updated with signature requirements and CMS guidance on orders.</td>
<td>6/26/2019</td>
<td>W Deseron, K Duke</td>
</tr>
<tr>
<td>36.25</td>
<td>1.7 Documentation Requirements</td>
<td>Added manual pricing documentation to list.</td>
<td>6/26/2019</td>
<td>W Deseron, K Duke</td>
</tr>
<tr>
<td>36.24</td>
<td>1.6 Prior Authorization (PA) Procedure for Non-Waiver Items and Services.</td>
<td>New section. Includes information for requesting PA from Medical Care Unit.</td>
<td>6/26/2019</td>
<td>W Deseron, K Duke</td>
</tr>
<tr>
<td>36.23</td>
<td>1.4.6.1 Customization and Fitting 1.4.6.2 Repair and Modification 1.4.6.3 Replacement</td>
<td>New section. Information relocated here from previous section. Incorporated IDAPA 16.03.09.</td>
<td>6/26/2019</td>
<td>W Deseron, K Duke</td>
</tr>
<tr>
<td>36.22</td>
<td>1.4.6 Prosthetic and Orthotics</td>
<td>Incorporated IDAPA 16.03.09 requirements, coverage and limitations.</td>
<td>6/26/2019</td>
<td>W Deseron, K Duke</td>
</tr>
<tr>
<td>36.21</td>
<td>1.4.5 Oxygen Services</td>
<td>Clarified additional coverage for participants under 21 through EPSDT.</td>
<td>6/26/2019</td>
<td>W Deseron, K Duke</td>
</tr>
<tr>
<td>Version</td>
<td>Section/Column</td>
<td>Modification Description</td>
<td>Date</td>
<td>SME</td>
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<tr>
<td>36.20</td>
<td>1.5.1 Environmental Accessibility Adaptations</td>
<td>Section renamed from Environmental/Home Modifications. Updated definition of services.</td>
<td>6/26/2019</td>
<td>W Deseron K Duke</td>
</tr>
<tr>
<td>36.19</td>
<td>2.4.1 Assistive Technology for Waiver Services</td>
<td>Section deleted as services have moved into Environmental Accessibility Adaptations.</td>
<td>6/26/2019</td>
<td>W Deseron K Duke</td>
</tr>
<tr>
<td>36.18</td>
<td>1.5 Covered Services and Limitations: Waiver Services</td>
<td>Removed items no longer covered such as generators and humidifiers.</td>
<td>6/26/2019</td>
<td>W Deseron K Duke</td>
</tr>
<tr>
<td>36.17</td>
<td>1.4.6.5 Shoes and Accessories</td>
<td>New section. Information relocated from previous section.</td>
<td>6/26/2019</td>
<td>W Deseron K Duke</td>
</tr>
<tr>
<td>36.16</td>
<td>1.4.6.4 Braces</td>
<td>New section. Information relocated from previous section.</td>
<td>6/26/2019</td>
<td>W Deseron K Duke</td>
</tr>
<tr>
<td>36.15</td>
<td>1.3.2 Disposable Medical Supplies (DMS)</td>
<td>New section. Information relocated from previous location. Added information about rolling months and diagram. Clarified requirement to contact participant before shipping supplies.</td>
<td>6/26/2019</td>
<td>W Deseron K Duke</td>
</tr>
<tr>
<td>36.14</td>
<td>1.3.1 Durable Medical Equipment</td>
<td>Renamed from Covered Equipment and Disposable Medical Supplies. Relocated DMS.</td>
<td>6/26/2019</td>
<td>W Deseron K Duke</td>
</tr>
<tr>
<td>36.13</td>
<td>1.3 Covered Services and Limitations: General Requirements</td>
<td>Renamed from Covered Services and Limitations: General. Clarified what is bundled into payment. Incorporated IDAPA 16.03.09 coverage limitations and definitions.</td>
<td>6/26/2019</td>
<td>W Deseron K Duke</td>
</tr>
<tr>
<td>36.12</td>
<td>1.4.4.6 Reimbursement: Nutritional Products</td>
<td>New section. Relocated information from previous section. Added instructions for enhanced billing.</td>
<td>6/26/2019</td>
<td>W Deseron K Duke</td>
</tr>
<tr>
<td>36.11</td>
<td>1.4.4.5 Documentation: Nutritional Products</td>
<td>New section. Relocated information from previous section.</td>
<td>6/26/2019</td>
<td>W Deseron K Duke</td>
</tr>
<tr>
<td>36.10</td>
<td>1.4.4.3 Parenteral Nutrition</td>
<td>New section. Defines parenteral nutrition and coverage requirement.</td>
<td>6/26/2019</td>
<td>W Deseron K Duke</td>
</tr>
<tr>
<td>36.9</td>
<td>1.4.4.2 Infant Formula</td>
<td>Renamed section from Infant Formula, Medical Grade. Clarified it falls under Enteral Nutrition requirements and that it is not covered for GER.</td>
<td>6/26/2019</td>
<td>W Deseron K Duke</td>
</tr>
<tr>
<td>36.8</td>
<td>1.4.4.1 Enteral Nutrition</td>
<td>New section. Incorporated article on BA and BO with NDC requirements.</td>
<td>6/26/2019</td>
<td>W Deseron K Duke</td>
</tr>
<tr>
<td>36.7</td>
<td>1.4 Covered Services and Limitations: Criteria</td>
<td>New Section. Discussed criteria followed and order of precedence.</td>
<td>6/26/2019</td>
<td>W Deseron K Duke</td>
</tr>
<tr>
<td>36.6</td>
<td>1.3.3 Upgrades</td>
<td>Provided examples of situations that would constitute an upgrade.</td>
<td>6/26/2019</td>
<td>W Deseron K Duke</td>
</tr>
<tr>
<td>36.5</td>
<td>1.2.6 Referrals</td>
<td>Renamed from Primary Care Case Management.</td>
<td>6/26/2019</td>
<td>W Deseron K Duke</td>
</tr>
<tr>
<td>36.4</td>
<td>1.2.3 EPSDT Services for Participants Under 21</td>
<td>Relocated section as category of eligibility.</td>
<td>6/26/2019</td>
<td>W Deseron K Duke</td>
</tr>
<tr>
<td>36.3</td>
<td>1.2.2.1 Hospital, Skilled Nursing Facility</td>
<td>Clarified specialized equipment can be requested through Long Term Care.</td>
<td>6/26/2019</td>
<td>W Deseron K Duke</td>
</tr>
<tr>
<td>36.2</td>
<td>1.2.1 Deceased Participants</td>
<td>New section. Stating eligibility ends after participant's death.</td>
<td>6/26/2019</td>
<td>W Deseron K Duke</td>
</tr>
<tr>
<td>36.1</td>
<td>1. Suppliers</td>
<td>Clarified it applies to any provider distributing dmemos. Added the glossary to documents.</td>
<td>6/26/2019</td>
<td>W Deseron K Duke</td>
</tr>
<tr>
<td>36.0</td>
<td>All</td>
<td>Published version</td>
<td>11/1/2018</td>
<td>TQD</td>
</tr>
<tr>
<td>35.1</td>
<td>All</td>
<td>Removed Molina references</td>
<td>11/1/2018</td>
<td>D Baker E Garibovic</td>
</tr>
<tr>
<td>35.0</td>
<td>All</td>
<td>Published version</td>
<td>10/24/2018</td>
<td>TQD</td>
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<td>Version</td>
<td>Section / Column</td>
<td>Modification Description</td>
<td>Date</td>
<td>SME</td>
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<tr>
<td>34.1</td>
<td>2.4.2 Environmental/Home Modifications</td>
<td>Replace RMS with BLTC.</td>
<td>10/24/2018</td>
<td>E Garibovic W Deseron</td>
</tr>
<tr>
<td>34.0</td>
<td>All</td>
<td>Published version</td>
<td>8/27/2018</td>
<td>E Garibovic W Deseron</td>
</tr>
<tr>
<td>33.1</td>
<td>All</td>
<td>Format update, language clarification and breast pump requirements</td>
<td>8/27/2018</td>
<td>E Garibovic W Deseron</td>
</tr>
<tr>
<td>33.0</td>
<td>All</td>
<td>Published version</td>
<td>7/2/2018</td>
<td>TQD</td>
</tr>
<tr>
<td>33.2</td>
<td>2.4.8-2.4.8.4 Oxygen Services</td>
<td>Clarifications of coverage and billing</td>
<td>7/2/2018</td>
<td>E Garibovic W Deseron</td>
</tr>
<tr>
<td>33.1</td>
<td>2.4.6.1.(a) S943S Medical Foods for Inborn Errors of Metabolism</td>
<td>New section</td>
<td>7/2/2018</td>
<td>E Garibovic W Deseron</td>
</tr>
<tr>
<td>33.0</td>
<td>All</td>
<td>Published version</td>
<td>5/31/2018</td>
<td>TQD</td>
</tr>
<tr>
<td>32.1</td>
<td>2.4.9.1 Program Requirements</td>
<td>Minor update for clarity</td>
<td>5/31/2018</td>
<td>K Eidemiller D Baker E Garibovic</td>
</tr>
<tr>
<td>32.0</td>
<td>All</td>
<td>Published version</td>
<td>3/8/2018</td>
<td>TQD</td>
</tr>
<tr>
<td>31.1</td>
<td>2.4.6.2 Incontinence Supplies</td>
<td>Updated information for Pull-ups</td>
<td>3/8/2018</td>
<td>W Deseron D Baker E Garibovic</td>
</tr>
<tr>
<td>31.0</td>
<td>All</td>
<td>Published version</td>
<td>2/9/2018</td>
<td>TQD</td>
</tr>
<tr>
<td>30.12</td>
<td>2.4.10 Prior Authorization (PA) Procedure</td>
<td>Removed paragraph about most commonly requested DME items</td>
<td>2/9/2018</td>
<td>W Deseron D Baker E Garibovic</td>
</tr>
<tr>
<td>30.11</td>
<td>2.4.8.5 Certificate of Medical Necessity</td>
<td>Removed section</td>
<td>2/9/2018</td>
<td>W Deseron D Baker E Garibovic</td>
</tr>
<tr>
<td>30.10</td>
<td>2.4.8.4 Payment Methodology</td>
<td>Updates throughout</td>
<td>2/9/2018</td>
<td>W Deseron D Baker E Garibovic</td>
</tr>
<tr>
<td>30.9</td>
<td>2.4.8.3 Ventilator Dependent Participants</td>
<td>Minor update for clarity</td>
<td>2/9/2018</td>
<td>W Deseron D Baker E Garibovic</td>
</tr>
<tr>
<td>30.8</td>
<td>2.4.8.2 Cluster Headaches</td>
<td>Updates regarding criteria</td>
<td>2/9/2018</td>
<td>W Deseron D Baker E Garibovic</td>
</tr>
<tr>
<td>30.7</td>
<td>2.4.8 Oxygen Services</td>
<td>Updates throughout</td>
<td>2/9/2018</td>
<td>W Deseron D Baker E Garibovic</td>
</tr>
<tr>
<td>30.6</td>
<td>2.4.6.2 Incontinence Supplies</td>
<td>Minor updates regarding auth requests for Pull-ups</td>
<td>2/9/2018</td>
<td>W Deseron D Baker E Garibovic</td>
</tr>
<tr>
<td>30.5</td>
<td>2.4.6 Covered Equipment and Disposable Medical Supplies</td>
<td>Changed “calendar month” to “rolling month”</td>
<td>2/9/2018</td>
<td>W Deseron D Baker E Garibovic</td>
</tr>
<tr>
<td>30.4</td>
<td>2.4.5 Repairs and Replacement</td>
<td>Moved section up</td>
<td>2/9/2018</td>
<td>W Deseron D Baker E Garibovic</td>
</tr>
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<td>30.3</td>
<td>2.4.4.1 DME Rent/Purchase Decision</td>
<td>Minor reword for clarity</td>
<td>2/9/2018</td>
<td>W Deseron D Baker E Garibovic</td>
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<tr>
<td>30.2</td>
<td>2.4.2.3 Medicare and Medicaid</td>
<td>Removed section</td>
<td>2/9/2018</td>
<td>W Deseron D Baker E Garibovic</td>
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<td>Version</td>
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<td>Modification Description</td>
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<tr>
<td>30.1</td>
<td>2.2 Reimbursement</td>
<td>New section</td>
<td>2/9/2018</td>
<td>W Deseron D Baker E Garibovic</td>
</tr>
<tr>
<td>30.0</td>
<td>All</td>
<td>Published version</td>
<td>2/1/2018</td>
<td>TQD</td>
</tr>
<tr>
<td>29.9</td>
<td>2.3.9 Prior Authorization (PA) Procedure</td>
<td>Minor update for clarity; added references to DMEPOS PA Policy and Medical Criteria</td>
<td>2/1/2018</td>
<td>K Eidemiller D Baker E Garibovic</td>
</tr>
<tr>
<td>29.8</td>
<td>2.3.8.2 Program Limitations</td>
<td>Updates to electronically powered or enhanced prosthetic devices, and breast pumps</td>
<td>2/1/2018</td>
<td>K Eidemiller D Baker E Garibovic</td>
</tr>
<tr>
<td>29.7</td>
<td>2.3.7.4 Ventilator Dependent Participants</td>
<td>Minor update for clarity</td>
<td>2/1/2018</td>
<td>K Eidemiller D Baker E Garibovic</td>
</tr>
<tr>
<td>29.6</td>
<td>2.3.7 Additional Equipment and Supplies for Children under EPSDT</td>
<td>Removed section</td>
<td>2/1/2018</td>
<td>K Eidemiller D Baker E Garibovic</td>
</tr>
<tr>
<td>29.5</td>
<td>2.3.6 Idaho Medicaid DMEPOS PA Policy and Medical Criteria</td>
<td>New section</td>
<td>2/1/2018</td>
<td>K Eidemiller D Baker E Garibovic</td>
</tr>
<tr>
<td>29.4</td>
<td>2.3.5.2 Incontinence Supplies</td>
<td>Changed “members” to “participants”</td>
<td>2/1/2018</td>
<td>K Eidemiller D Baker E Garibovic</td>
</tr>
<tr>
<td>29.3</td>
<td>2.3.5.1 Oral, Enteral, or Parenteral Nutritional Products, Equipment, and Supplies</td>
<td>Changed “client” to “participant”</td>
<td>2/1/2018</td>
<td>K Eidemiller D Baker E Garibovic</td>
</tr>
<tr>
<td>29.2</td>
<td>2.3.5 Covered Equipment and Disposable Medical Supplies</td>
<td>Added information for clarity</td>
<td>2/1/2018</td>
<td>K Eidemiller D Baker E Garibovic</td>
</tr>
<tr>
<td>29.1</td>
<td>2.3.4.2 Warranty Requirements</td>
<td>Added information for clarity</td>
<td>2/1/2018</td>
<td>K Eidemiller D Baker E Garibovic</td>
</tr>
<tr>
<td>29.0</td>
<td>All</td>
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<td>2.5.2.1 Repairs and Replacement 2.5.3 Participant Responsibility</td>
<td>New sections</td>
<td>12/5/2017</td>
<td>W Deseron K Eidemiller C Lord C Loveless</td>
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<td>28.22</td>
<td>2.5.2 Billing Procedures</td>
<td>Updated name of CMS/Medicare DME Coverage Manual; added reference to General Billing Instructions</td>
<td>12/5/2017</td>
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<td>28.21</td>
<td>2.4.5.5 Place of Service (POS) 2.5.3 Place of Service (POS)</td>
<td>Removed sections</td>
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<td>2.4.3.3 Limitations</td>
<td>Minor updates for clarity</td>
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<td>Added “but are not limited to”</td>
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<td>2.4.2.5 Diagnosis Codes 2.4.3.7 Diagnosis Code 2.4.4.5 Diagnosis Code</td>
<td>Removed ICD-9 information</td>
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<td>Minor clarification of last sentence</td>
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| 28.16   | 2.4.2 Assistive Technology for Waiver Services | Modified section title | 12/5/2017 | W Deseron
|         |                |                          |            | K Eidemiller
|         |                |                          |            | C Lord
|         |                |                          |            | C Loveless |
| 28.15   | 2.3.10.1 Wheelchair Repairs | Added "and accessories"; removed authorization limits for repairs or replacement | 12/5/2017 | W Deseron
|         |                |                          |            | K Eidemiller
|         |                |                          |            | C Lord
|         |                |                          |            | C Loveless |
| 28.14   | 2.3.10 Prior Authorization (PA) Procedures | Significant revisions | 12/5/2017 | W Deseron
|         |                |                          |            | K Eidemiller
|         |                |                          |            | C Lord
|         |                |                          |            | C Loveless |
| 28.13   | 2.9.9.2 Program Limitations | Updated bulleted limitations list | 12/5/2017 | W Deseron
|         |                |                          |            | K Eidemiller
|         |                |                          |            | C Lord
|         |                |                          |            | C Loveless |
| 28.12   | 2.3.9.1 Program Requirements | Updated bulleted requirements list | 12/5/2017 | W Deseron
|         |                |                          |            | K Eidemiller
|         |                |                          |            | C Lord
|         |                |                          |            | C Loveless |
| 28.11   | 2.3.8.2 Exceptions to Lab Studies | Modified section title | 12/5/2017 | W Deseron
|         |                |                          |            | K Eidemiller
|         |                |                          |            | C Lord
|         |                |                          |            | C Loveless |
| 28.10   | 2.3.7 Additional Equipment and Supplies for Children under EPSDT | Modified section title; updated medical necessity information for clarity | 12/5/2017 | W Deseron
|         |                |                          |            | K Eidemiller
|         |                |                          |            | C Lord
|         |                |                          |            | C Loveless |
| 28.9    | 2.3.6 Non-covered Equipment and Supplies | Updated non-covered list | 12/5/2017 | W Deseron
|         |                |                          |            | K Eidemiller
|         |                |                          |            | C Lord
|         |                |                          |            | C Loveless |
| 28.8    | 2.3.5.2 Incontinence Supplies | Updated information on toilet training program | 12/5/2017 | W Deseron
|         |                |                          |            | K Eidemiller
|         |                |                          |            | C Lord
|         |                |                          |            | C Loveless |
| 28.7    | 2.3.6 Covered Equipment and Disposable Medical Supplies | Added information on equipment for purchase and on Medicare criteria | 12/5/2017 | W Deseron
|         |                |                          |            | K Eidemiller
|         |                |                          |            | C Lord
|         |                |                          |            | C Loveless |
| 28.6    | 2.3.4.1 DME Rent/Purchase Decision 2.3.5.1 Oral, Enteral, or Parenteral Nutritional Products, Equipment, and Supplies | Updated name of CMS/Medicare DME Coverage Manual | 12/5/2017 | W Deseron
|         |                |                          |            | K Eidemiller
|         |                |                          |            | C Lord
|         |                |                          |            | C Loveless |
| 28.5    | 2.3.3.1 Physician Orders | Changed “midlevel” to “non-physician”; removed verbal/preliminary order exclusions | 12/5/2017 | W Deseron
|         |                |                          |            | K Eidemiller
|         |                |                          |            | C Lord
|         |                |                          |            | C Loveless |
| 28.4    | 2.3.3 Documentation Requirements | Added bullet for face-to-face meeting | 12/5/2017 | W Deseron
|         |                |                          |            | K Eidemiller
|         |                |                          |            | C Lord
|         |                |                          |            | C Loveless |
| 28.3    | 2.3.2.4 Waiver Services for Enhanced Plan Participants | Modified section title; minor updates for clarity | 12/5/2017 | W Deseron
|         |                |                          |            | K Eidemiller
|         |                |                          |            | C Lord
|         |                |                          |            | C Loveless |
| 28.2    | 2.2 DME and DMS for Participants Residing in Facilities 2.3.2.1 Hospice Participants | Updated ICF/ID to ICF/IID | 12/5/2017 | W Deseron
|         |                |                          |            | K Eidemiller
|         |                |                          |            | C Lord
<p>|         |                |                          |            | C Loveless |</p>
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<td>27.1</td>
<td>2.3.6.2 Incontinence Supplies</td>
<td>Clarified unit limitation is per rolling month</td>
<td>10/20/2017</td>
<td>D Baker, E Garibovic</td>
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