

ATTACHMENT 4.19-B

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- ii. Hospital Outpatient Surgery. Those items furnished by a hospital to an outpatient in connection with Ambulatory Surgical Center must be surgical procedures covered by Idaho Medicaid. The aggregate amount of payments for related facility services, furnished in a hospital on an outpatient basis, is equal to the lesser of:
 - a. The hospital's reasonable costs as reduced by federal mandates to certain operating costs, capital costs, customary charges; or
 - b. The blended payment amount which is based on hospital specific cost and charge data and Medicaid rates paid to freestanding Ambulatory Surgical Centers.
 - c. The blended rate for dates of service on or after July 1, 1995, is equal to the sum of forty-two percent (42%) of the hospital specific amount and fifty-eight percent (58%) of the ASC amount.
- iii. Hospital Outpatient Radiology Services. Radiology services include diagnostic and therapeutic radiology, nuclear medicine, CAT scan procedures, magnetic resonance imaging, ultrasound and other imaging services.
 - a. The aggregate payment for hospital outpatient radiology services furnished on or after July 1, 1995, will be equal to the lesser of:
 - b. the hospital's reasonable costs; or
 - c. the hospital's customary charges; or
 - d. the blended payment amount for hospital outpatient radiology equal to the sum of forty-two percent (42%) of the hospital specific amount and fifty-eight percent (58%) of the Department's fee schedule amount.
 - e. The hospital specific amount will have operating costs and capital amounts reduced by any percentages mandated by the federal government for the Medicare program.
- iv. Reduction to Outpatient Hospital Costs. Outpatient costs not paid according to the Department's established fee schedule, including the hospital specific component used in the blended rates, will be reduced by five and eight-tenths percent (5.8%) of operating costs and ten percent (10%) of each hospital's capital component. This reduction will only apply to the following provider classes:
 - a. In-state hospitals specified in Section 56-1408 (version as of July 1, 2011), Idaho Code, that are not a Medicare-designated sole community hospital or rural primary care hospital.
 - b. Out-of-state hospitals that are not a Medicare-designated sole community hospital or rural primary care hospital.
- v. Payments for Hospitals Without Cost Settlement. Those out-of-state hospitals not cost settling with the state will have annually adjusted rates of payment no greater than eighty percent (80%) of outpatient covered charges or the Department's established fee schedule for certain outpatient services. This rate represents an average outpatient reimbursement paid to Idaho hospitals.
- vi. The agency's rates are set from 07/01/11 on and are effective for services on or after that date. All rates are published on the numerical fee schedule at the agency's web site:

<http://www.healthandwelfare.idaho.gov>

"Outpatient Hospital Services" are described in Idaho's Basic Benchmark Benefit Plan in Section 3.B.2., and in Idaho's Enhanced Benchmark Benefit Plan in Section 3.B.2.

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5. a. vii. Pursuant to Idaho Code, Chapter 2, Title 56, Section 265 (version effective as of July 1, 2011) Where there is an equivalent the payment to a Medicaid provider will not exceed 100% of the 01/1/2011 Medicare rate for primary care procedure codes as defined by the centers for Medicare and Medicaid service; and will be ninety percent (90%) of the 01/1/2011 Medicare rate for all other procedure codes. Where there is no Medicare equivalent, the payment rate to Medicaid providers will be prescribed by rule.

The fee schedule for these services and any annual/periodic adjustments to the fee schedule are published at the following web site:

<http://www.healthandwelfare.idaho.gov>

The fee schedule will be effective for services on or after 7/1/2011.

- viii. The Medicaid payment for primary care case management under Idaho's Primary Care Case Management program is paid in addition to FFS to physicians and mid-level providers who are enrolled as providers in the PCCM program. The case management fee is \$3.50 per member per month for all individuals enrolled with the PCCM provider.
- ix. In addition to FFS, Idaho Medicaid will pay a Pay-for-Performance incentive fee for disease management to PCCM physicians and mid-level practitioners including nurse practitioners and physician assistants. Primary Care Providers who choose to participate in the Pay-for-Performance program will sign an agreement with Idaho Medicaid and provide disease management services to individuals with a chronic disease as identified in Attachment 3.1-F, item B.3. They will then be eligible to receive the enhanced payment after collecting the required data and submitting that data to Idaho in the specified format. The enhanced fee will be paid in the following instances:
- (1) A one-time fifty dollar (\$50.00) payment will be made when a participant is newly identified by the provider as having a chronic disease defined in Attachment 3.1-F, item B.3; and registered with the Department.
 - (2) Annual payment of ten dollars (\$10.00) for each time one of the selected indicators defined in Attachment 3.1-F, item B.3 is met.

- e. Audiologists – The Department will pay the lesser of the submitted charges or the fee assigned to CPT procedure codes 92551-92597 as the upper limit of payment for audiology services provided by audiologists enrolled in the Idaho Medicaid program.

The fee schedule for these services and any annual/periodic adjustments to the fee schedule are published at the following web site:

<http://www.healthandwelfare.idaho.gov>

The fee schedule will be effective for services on or after 7/1/2011.

the beneficiary is eligible under both programs and Medicaid is responsible only for the deductible and coinsurance payment. Durable Medical Equipment (DME) Rental - the monthly rental amount shall not exceed one tenth (1/10th) of the Total purchase price of the item unless this amount is less than \$15.00. A minimum rental rate of fifteen (\$ 15.00) per month is allowed on all DME items.

- iii. Medical Gases - Payments are equal to the rates established by the Department's Medical Assistance Unit.

The agency's rates are set from 07/01/2011 on and are effective for services on or after that date. All rates are published on the DME fee schedule at the agency's web site:

<http://www.dme.idaho.gov>

- iv. Assistive and Augmentative Communication Devices are covered as a Durable Medical Equipment item, and would not be billable under speech therapy or as a prosthetic.

"Equipment and Supplies" are described in Idaho's Basic Benchmark Benefit Package in Sections 3.O., 3.O.1., 3.O.2, and 3.O.3., and in Idaho's Enhanced Benchmark Benefit Plan in Sections 3.O., 3.O.1., 3.O.2, and 3.O.3.

- d. Home Health Agency - Payment for Physical therapy and Occupational therapy provided by an agency, payment is equal to the lesser of reasonable cost as determined by Medicare or the Title XIX percentile cap, which is established at the 75 percentile of the ranked costs per visit, as determined by the Department's Medical Assistance Unit using the data from the most recent finalized Medicare cost reports. The percentile cap will be revised annually. Effective at the beginning of each state fiscal year, revisions will be made using the data from the most recent finalized Medicare cost reports on hand, thirty (30) days prior to effective date.

"Home Health Agency" is described in Idaho's Basic Benchmark Benefit Package in Sections 3.L, and in Idaho's Enhanced Benchmark Benefit Plan in Sections 3.L and 3.L.1.

- ii. Ambulatory Surgical Centers — The Department's Medical Assistance Unit reimburses for the use of facilities and supplies at the rural payment level established by the Medicare Part B Carrier for the State of Idaho. Any surgical procedure identified by the Department's Medical Assistance Unit for which a payment level will be reimbursed at a rate established by the Department's Medical Assistance Unit.

The agency's rates are set from 07/01/1999 on, and are effective for services on or after that date. All rates are published on the Ambulatory Surgical Centers fee schedule at the agency's web site:

<http://www.healthandwelfare.idaho.gov>

- iii. Diagnostic Screening Clinics — Clinic services are available only through those medical facilities which have a specific contract or agreement with the Department's Medical Assistance Unit. A specific fee schedule is required and prior authorization for certain services may be delineated in the contract as well as other limitations set by the state agency and subject to the provisions of 42 CFR 447.321.

The agency's rates are set from 07/01/2011 on, and are effective for services on or after that date. All rates are published on the numerical fee schedule at the agency's web site:

<http://www.healthandwelfare.idaho.gov>

"Diagnostic Screening Clinics" are described in Idaho's Basic Benchmark Benefit Package in Sections 3.G.4., and in Idaho's Enhanced Benchmark Benefit Plan in Section 3.G.4.

- iv. Indian Health Clinics — Payment for Indian Health Service (IHS)/tribal 638 outpatient services is made at the most current outpatient per visit rate published by IHS in the Federal Register.

“Indian Health Clinics” are described in Idaho’s Basic Benchmark Benefit Package in Sections 3.R.2., and in Idaho’s Enhanced Benchmark Benefit Plan in Section 3.R.3.

- v. Diabetes Education and Training Clinics — Diabetic education and training services are reimbursed at the lower of the provider’s actual customary charge, or the allowable charge as established by the Department’s fee schedule. Diabetes Education and Training Clinic reimbursement is subject to the provisions of 42 CFR 447.321.

The agency’s rates are set from 07/01/2011 on and are effective for services on or after that date. All rates are published on the numerical fee schedule at the agency’s web site:

<http://www.healthandwelfare.idaho.gov>

“Diabetic Education and Training Clinics” are described in Idaho’s Basic Benchmark Benefit Package in Section 3.M., and in Idaho’s Enhanced Benchmark Benefit Plan in Section 3.M.

- 10. Dental Services - Payments for Enhanced Plan participants age 65 or older who are eligible for, but have not enrolled in, the Medicare Medicaid Coordinated Plan (MMCP) are made to participating dentists on the basis of the Department’s Medical Assistance Unit statewide dental fee schedule which is available online at:

<http://www.healthandwelfare.idaho.gov/Providers/MedicaidProviders/MedicaidFeeSchedule/tabid/268/Default.aspx>.

- 11. Therapy Services by Independent Providers - Payments for physical therapy, occupational therapy, and speech-language pathology services provided by independent therapists are on the basis of the Department’s Medical Assistance Unit statewide fee schedule.

The agency’s rates are set from 07/01/2011 on and are effective for services on or after that date. All rates are published on the independent therapy provider’s fee schedule at the agency’s web site:

<http://www.healthandwelfare.idaho.gov>

“Therapy Services by Independent Providers” are described in Idaho’s Basic Benchmark Benefit Package in Section 3.M., and in Idaho’s Enhanced Benchmark Benefit Plan in Section 3.M.

12. b. Dentures

- i. Dentures provided by a participating Dentist on the basis of the lower of: actual charges; or the Department's Medical Assistance Unit statewide fee schedule. The agency's rates are set from 07/01/2011 on and are effective for services on or after that date. All rates are published on the dental fee schedule at the agency's web site:

<http://www.healthandwelfare.idaho.gov>

- ii. Payment for dentures provided by an Idaho Licensed Denturist will be based on the lower of: actual charges; or the Department's Medical Assistance Unit statewide fee schedule.

The agency's rates are set from 07/01/2011 on and are effective for services on or after that date. All rates are published on the dental fee schedule at the agency's web site:

<http://www.healthandwelfare.idaho.gov>

"dentures" are described in Idaho's Basic and Enhanced Benchmark Plans in Section 3.Q.1.

c. Prosthetic Devices

- i. Prosthetic and Orthotic — Services are reimbursed using the lower of the provider's actual charge for the service; or the maximum allowable charge for that device as established by the Department's Medical Assistance Unit pricing file.

The agency's rates are set from 07/01/2011 on and are effective for services on or after that date. All rates are published on the DME fee schedule at the agency's web site:

<http://www.dme.idaho.gov>

"Prosthetic Devices" are described in Idaho's Basic Benchmark Benefit Package in Section 3.O.3, and in Idaho's Enhanced Benchmark Benefit Plan in Section 3.O.3.

- ii. Hearing Aids - Payment is made to hearing aid vendors and audiologists at the lower of the usual and customary rates or the maximum allowable charge as established by the Department's Medical Assistance Unit pricing file.

The agency's rates are set from 07/01/2011 on and are effective for services on or after that date. All rates are published on the DME fee schedule at the agency's web site:

<http://www.dme.idaho.gov>

"Hearing Aids" are described in Idaho's Basic Benchmark Benefit Package in Section 3.N, and in Idaho's Enhanced Benchmark Benefit Plan in Section 3.N

- d. Eye Glasses — Payments to providers for eye glasses are made at the lower of: the usual and customary charges; or the Department's medical assistance unit established fee schedule.

The agency's rates are set from 07/01/2011 on and are effective for services on or after that date. All rates are published on the DME fee schedule at the agency's web site:

<http://www.dme.idaho.gov>

"Eye Glasses" are described in Idaho's Basic Benchmark Benefit Package in Section 3.P., and in Idaho's Enhanced Benchmark Benefit Plan in Section 3.P.

13. d. Rehabilitation Services - The rate of reimbursement for each component of ambulatory services included in the State's Medicaid Plan will be established by the Department's medical assistance unit. This reimbursement rate will not exceed the usual and customary charges for comparable services under comparable circumstances in public and private agencies in the State of Idaho.

Rate(s):

For physician services where mid-levels are authorized to administer mental health services, the Department reimburses based on the Department's medical assistance fee schedule. The following CPT codes represent the service codes paid to rehabilitative physician mental health service providers:

The agency's rates are set from 07/01/2011 on and are effective for services on or after that date. All rates are published on the rehab mental health codes fee schedule at the agency's web site:

<http://www.healthandwelfare.idaho.gov>

For other health professionals authorized to administer rehabilitative mental health services, the statewide target reimbursement rate for rehabilitative mental health services was derived by using Bureau of Labor Statistics mean wage for the direct care staff providing the service, adjusted for employment related expenditures and indirect general and administrative costs, which includes program related costs and are based on surveyed data.

Reimbursement rates for these services are set at a percentage of the statewide target reimbursement rate described above. The following CPT codes represent the service codes paid to rehabilitative mental health service providers who are considered other health professionals authorized to administer rehabilitative mental health services:

Code	Description	Rate of Reimbursement
H2014	Group Skill Training (per 15 min.)	\$2.77
H2017	Individual Skill Training (per 15 min.)	\$11.35
H0036	Community Reintegration (per 15 min.)	\$11.35

The agency's rates are set from 7-1-2011 on and are effective for services on or after that date.

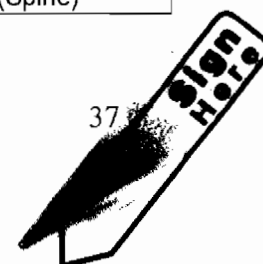
"Rehabilitation Services" are described in Idaho's Basic Benchmark Benefit Package in Section 3.K and 3.M, and in Idaho's Enhanced Benchmark Benefit Plan in Section 3.K and 3.M.

14. Services for individuals age 65 or older in institutions for mental diseases.
 b. & c. Skilled Nursing Facility Services — Refer to Attachment 4.19-D.
 a. & b. Intermediate Care Facilities for the Mentally Retarded - Refer to Attachment 4.19-D

"Services for Individuals Age 65 or Older in Institutions for Mental Diseases" are described in Idaho's Basic Benchmark Benefit Package in Section 3.K.1., and in Idaho's Enhanced Benchmark Benefit Plan in Section 3.K.1.

25. Physical therapy and occupational therapy - Payments for physical therapy and occupational therapy services provided by independent therapists are on the basis of the Department's Medical Assistance Unit statewide fee schedule. The following CPT codes represent the physical therapy and occupational therapy codes:

Code	Description
97001	Physical Therapy Evaluation
97002	Physical Therapy Re-Evaluation
97003	Occupational Therapy Evaluation
97004	Occupational Therapy Re-Evaluation
97010	Application Of A Modality To One Or More Areas; Hot Or Cold Packs
97012	Application Of A Modality To One Or More Areas; Traction, Mechanical
97014	Application Of A Modality To One Or More Areas; Electrical Stimulation (Unattended)
97016	Application Of A Modality To One Or More Areas; Vasopneumatic Devices
97018	Application Of A Modality To One Or More Areas; Paraffin Bath
97022	Application Of A Modality To One Or More Areas; Whirlpool
97024	Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave)
97026	Application Of A Modality To One Or More Areas; Infrared
97028	Application Of A Modality To One Or More Areas; Ultraviolet
97032	Application Of A Modality To One Or More Areas; Electrical Stimulation (Manual), Each 15 Min.
97033	Application Of A Modality To One Or More Areas; Iontophoresis, Each 15 Minutes
97034	Application Of A Modality To One Or More Areas; Contrast Baths, Each 15 Minutes
97035	Application Of A Modality To One Or More Areas; Ultrasound, Each 15 Minutes
97036	Application Of A Modality To One Or More Areas; Hubbard Tank, Each 15 Minutes
97039	Unlisted Modality (Specify Type And Time If Constant Attendance)
97110	Physical Medicine Treatment Therapeutic Exercises
97112	Physical Medicine Treatment Neuromuscular Re-Education
97113	Therapeutic Aquatic Therapy W/Exer; 1 To 1; 15 Min
97116	Physical Medicine Treatment Gait Training
97139	Physical Medicine Treatment Unlisted Procedure
97140	Manual Therapy Techniques; One Or More Regions; Each 15 Minutes
97530	Therapeutic Activities Direct One On One Pt Contact By Provider Each 15 Min
97535	Self Care/Home Mgmt Training,One-On-One,Ea 15 Min
97537	Community/Work Reintegration,One-On-One,Ea 15 Min
97542	Wheelchair Mgmt/Propulsion Training, Each 15 Min
97597	Removal Of Devitalized Tissue From Wound(S) Selective Debridement W/O Anesth
97598	Removal Of Devitalized Tissue From Wounds, Elective Debrid,W/O Anes;Per Session
97605	Negative Pressure Wound Therapy, Incl Topical App, Asses & Instruct, Per Session
97606	Negative Pressure Wound Therapy; Surface Area > Than 50 Sq Centimeters
97750	Physical Test/Measure,W/Written Report, Each 15 Min
97760	Orthotic(S) Management And Train, Upper, Lower Extrem And/Or Trunk 15 Min Each
97761	Prosthetic Training, Upper And/Or Lower Extremity(S) 15 Min Each
97762	Checkout For Orthotic/Prosthetic Use, Estab Pt 15 Min Each
95831	Muscle Testing, Manual With Report; Extremity (Excluding Hand) Or Trunk
95832	Muscle Testing, Manual With Report; Hand, With Or W/O Comparison With Normal Side
95833	Muscle Testing, Manual With Report; Total Evaluation Of Body, Excluding Hands
95834	Muscle Testing, Manual With Report; Total Evaluation Of Body, Including Hands
95851	Range Of Motion Measurements And Report; Each Extremity Or Each Trunk Section (Spine)



Code	Description
95852	Range Of Motion Measurements And Report; Hand, With Or W/O Comparison With Normal Side
95857	Tensilon Test For Myasthenia Gravis
95860	Needle Electromyography; One Extremity With Or Without Related Paraspinal Areas
95861	Needle Electromyography; Two Extremities With Or Without Related Paraspinal Areas
95863	Needle Electromyography; Three Extremities With Or Without Related Paraspinal Areas
95864	Needle Electromyography; Four Extremities With Or Without Related Paraspinal Areas
95867	Needle Electromyography; Cranial Nerve Supplied Muscle(S), Unilateral
95868	Needle Electromyography; Cranial Nerve Supplied Muscles, Bilateral
95869	Needle Electromyography; Thoracic Paraspinal Muscles (Excluding T1 Or T12)
95870	Needle Electromyography; Ltd Study Of Muscles In One Extremity Or Non-Limb (Axial) Muscles
95872	Needle Electromyography Using Single Fiber Electrode, With Quantitative Measurement
95873	Electrical Stimulation For Guidance In Conjunction With Chemodenervation
95874	Needle Electromyography For Guidance In Conjunction With Chemodenervation
95875	Ischemic Limb Exercise Test With Serial Specimen(S) Acquisition For Muscle(S) Metabolite(S)
95900	Nerve Conduction, Amplitude And Latency/Velocity Study, Each Nerve; Motor, W/O F-Wave Study
95903	Nerve Conduction, Amplitude And Latency/Velocity Study, Each Nerve; Motor, With F-Wave Study
95904	Nerve Conduction, Amplitude And Latency/Velocity Study, Each Nerve; Sensory

The fee schedule for the above listed codes and any annual/periodic adjustments to the fee schedule for the above listed codes are published at the following web site:

<http://www.healthandwelfare.idaho.gov>

The fee schedule was last updated on 07/01/11 to be effective for services on or after 07/01/11.

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26. Speech Therapy - Payments for speech therapy services provided by independent speech therapists are on the basis of the Department's Medical Assistance Unit statewide fee schedule. The following CPT codes represent the speech-language pathology codes:

Code	Description
92506	Medical Evaluation Speech Language And/Or Hear Processing
92507	Language Therapy
92597	Evaluation For Use Prosthetic/Augmentative Device, Speech
92607	Evaluation For Prescription For Speech-Generating Augmentative & Alternative Device
92608	Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure
92609	Therapeutic Services For The Use Of Speech Generating Device
92610	Evaluation of Oral and Pharyngeal Swallowing Function
92626	Evaluation of Auditory Rehabilitation Status, First Hour
92627	Evaluation of Auditory Rehab Status, Ea Add 15 Min, Add-on
92630	Auditory Rehabilitation, Pre-lingual Hearing Loss
92633	Auditory Rehabilitation, Post-lingual Hearing Loss

The fee schedule for the above listed codes and any annual/periodic adjustments to the fee schedule for the above listed codes are published at the following web site:

<http://www.healthandwelfare.idaho.gov>

The fee schedule was last updated on 07/01/09 to be effective for services on or after 07/01/2011.

27. Substance Abuse Treatment under the Basic Benchmark Benefit Plan and Enhanced Benchmark Benefit Plan - Payments for substance use disorder treatment services provided by the Department are limited to the rates established by the Department's Medical Assistance Unit. The following CPT and HCPCS codes represent the substance use disorder treatment codes:

Code	Description
H0001	Individual Assessment
H0003	Drug/Alcohol Testing
H0004	Individual Counseling
H0005	Group Counseling
H0006	Case Management
90847	Family Psychotherapy

The fee schedule for the above listed codes and any annual/periodic adjustments to the fee schedule for the above listed codes are published at the following web site:

<http://www.healthandwelfare.idaho.gov>

The fee schedule was last updated on 07/01/2011 to be effective for services on or after 07/01/2011.

30. Pharmacological Management – Payments made to participating physicians and other practitioners of the healing arts are established on the Department's Medical Assistance Unit statewide fee schedule.

The fee schedule was last updated on 7/1/11. All rates are published on the physician fee schedule at the agency's web site:

<http://www.healthandwelfare.idaho.gov>