

**IDAHO MEDICAID
STANDARD STATE PLAN**

Attachment 3.1-A Program Description

(6.d continued)

Licensed Midwife (LM)

Licensed Midwife services include maternal and newborn care provided by LM providers within the scope of their practice. Medicaid will reimburse LM providers for antepartem, intrapartum, up to six (6) weeks of postpartum maternity care, and up to six weeks of newborn care.

**BASIC PLAN
(For Low-Income Children and Working-Age Adults)
BENCHMARK BENEFIT PACKAGE**

under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

Certified Pediatric or Family Nurse Practitioners' Services. Certified pediatric or family nurse practitioners' services are those services provided by certified pediatric or family nurse practitioners as defined by state and federal law. This coverage has the same exclusions as Physician Services. This coverage specifically includes services by certified pediatric and family nurse practitioners as required by Section 1905(a) (21) of the Act. Services provided by nurse practitioners are limited to Section 54-1402(d) of Idaho Code.

Physician Assistant Services. Physician assistant services include those services provided by a physician assistant as defined by state and federal law. This coverage has the same exclusions as Physician Services.

Services provided by physician assistants are limited to Section 54-1803(11) of the Idaho Code.

Chiropractor Services. Chiropractic services are limited for payment to a total of six (6) office visits during any calendar year. The remedial treatment must involve the manipulation of the spine to correct a subluxation condition.

Podiatrist Services. Podiatrist Services are limited to treatment based on chronic care criteria and treatment of acute foot conditions that, if left untreated could cause an adverse outcome to the participant's health.

Optometrist Services. Optometrist services are limited to providing eye examination and eyeglasses covered under this State Plan unless the optometrist has been issued and maintains certification under the provisions of Idaho Code to diagnose and treat injury or diseases of the eye. In these circumstances, payment will be made for diagnosis and treatment services. Limitations for vision services are defined in section 3.P VISION SERVICES

Licensed Midwife (LM). LM services include maternal and newborn care provided by LM providers within the scope of their practice. Medicaid will reimburse LM providers for antepartem, intrapartum, up to six (6) weeks of postpartum maternity care, and up to six weeks of newborn care.

Nurse-Midwife Services. Nurse-midwife services listed in section 1905(a)(17) of the Act, are provided to the extent that nurse-midwives are authorized to practice under State law or regulation and without regard to whether the services are furnished in the area of management of the care of mothers and babies throughout the maternity cycle. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.

Certified Registered Nurse Anesthetist (CRNA) Services. CRNA services include anesthesia services provided by a licensed CRNA to the extent that CRNAs are authorized to practice in accordance with IDAPA 23.01.01, *Rules of the Idaho Board of Nursing*. Individuals under twenty-one (21) years of age, pursuant to EPSDT, may receive additional services if determined to be medically necessary and prior authorized by the Department.

ENHANCED PLAN
(For Individuals with Disabilities, Including Elders, or Special Health Needs)
BENCHMARK BENEFIT PACKAGE

Physician Assistant Services. Physician assistant services include those services provided by a physician assistant as defined by state and federal law. This coverage has the same exclusions as Physician Services. Services provided by physician assistants are limited to Section 54-1803(11) of the Idaho Code.

Chiropractor Services. Chiropractic services are limited for payment to a total of six (6) office visits during any calendar year. The remedial treatment must involve the manipulation of the spine to correct a subluxation condition.

Podiatrist Services. Podiatrist Services are limited to treatment based on chronic care criteria and for treatment of acute foot conditions that, if left untreated could cause an adverse outcome to the participant's health.

Optometrist Services. Optometrist services are limited to providing eye examination and eyeglasses covered under this State plan unless the optometrist has been issued and maintains certification under the provisions of Idaho Code to diagnose and treat injury or diseases of the eye. In these circumstances, payment will be made for diagnosis and treatment services. Limitations for vision services are defined in section 3.P VISION SERVICES

Licensed Midwife (LM). LM services include maternal and newborn care provided by LM providers within the scope of their practice as. Medicaid will reimburse LM providers for antepartum, intrapartum, up to six (6) weeks of postpartum maternity care, and up to six weeks of newborn care.

Nurse-Midwife Services. Nurse-midwife services listed in section 1905(a)(17) of the Act, are provided to the extent that nurse-midwives are authorized to practice under State law or regulation and without regard to whether the services are furnished in the area of management of the care of mothers and babies throughout the maternity cycle. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.

Certified nurse-midwife services are those services provided by certified nurse midwives as defined by state and federal law. This coverage has the same exclusions as Physician Services.

Certified Registered Nurse Anesthetist (CRNA) Services. CRNA services include anesthesia services provided by a licensed CRNA to the extent that CRNAs are authorized to practice in accordance with IDAPA 23.01.01, *Rules of the Idaho Board of Nursing*.

For all services with limitations under section 3.E OTHER PRACTITIONER SERVICES: individuals under twenty-one (21) years of age pursuant to EPSDT, may receive additional services if determined to be medically necessary and prior authorized by the Department.

3.F PRIMARY CARE CASE MANAGEMENT

The Enhanced Benchmark Benefit Package includes **Primary Care Case Management Services** permitted under in sections 1905(a)(25) and 2110(a)(21) of the Social Security Act. These services are provided by a primary care case manager consistent with a program authorized under section 1937 of the Social Security Act. All individuals opting into the Enhanced Benefit Package are required to enroll with a PCCM.

5. b. Medical and surgical services furnished by a dentist – Payment will be determined in the same manner as physicians in Attachment 4.19-B.5.a.
6. Payment for the providers listed below in items a through d will be determined in the same manner as physicians in Attachment 4.19-B.5.a.
 - a. Podiatrists - Care and treatment by podiatrists.
 - b. Optometrists – Care and treatment by optometrists for vision services, and to treat and diagnose disease and injuries of the eye.
 - c. Chiropractors – Treatment by chiropractors.Other Practitioner Services -
 - d.
 - i. Certified Registered Nurse Anesthetists (CRNA) – Services provided by CRNAs.
 - ii. Nurse Midwives – Obstetric services provided by Advance Practice Professional Nurses who are Certified Nurse Midwives.
 - iii. Nurse Practitioners – Obstetric services provided by licensed Nurse Practitioners who are qualified to practice in accordance with standards established by the Association of Women’s Health Obstetrics and Neonatal Nurses.
7. Payment for the providers listed below in items a through c will be 85% of for the physician fee schedule as detailed in Attachment 4.19-B.5.a.
 - a. Physician Assistants – Treatment by Physician Assistants.
 - b. Advance Practice Professional Nurses who are Licensed Nurse Practitioners – Non-obstetrical treatment by Nurse Practitioners.
 - c. Advance Practice Professional Nurses who are Licensed Clinical Nurse Specialists – Treatment by Clinical Nurse Specialists.

- f. Licensed Midwives (LM) – Payments for LM providers are limited to the lesser of the submitted charge or 85% of Idaho Medicaid's physician fee schedule for services provided within the scope of their practice. Medicaid covered services for LM providers are listed in the table below.

Code	Description
36415	Venipuncture
36416	Heel/Finger Stick <3 years of age
59400	Global Maternity Care
59409	Delivery Only
59410	Delivery & Immediate Postpartum Care
59425	Global Prenatal Care 4-6 visits
59426	Global Prenatal Care 7+ visits
59430	Postpartum Care Only
59610	VBAC Global Maternity Care
59612	VBAC Delivery Only
59614	VBAC Delivery & Immediate Postpartum Care
59899	Labor Management in the Event of Transfer Intrapartum
90471	Injection of Vaccination/Rhogam Injection
96360	IV Therapy w/o medication 1st hour
96361	IV Therapy w/o medication each additional 30 min
96365	IV Therapy w/ Medication 1st hour
96366	IV Therapy w/ Medication each additional 30 min
99001	Lab Handling other than Physicians' Office
99201	New Patient Office Visit
99202	New Patient Office Visit
99203	New Patient Office Visit
99211	Established Patient Office Visit
99212	Established Patient Office Visit
99213	Established Patient Office Visit
99341	New Home Visit
99342	New Home Visit
99347	Established Home Visit
99348	Established Home Visit
99460	Initial Newborn Evaluation per day, Birthing Center
99461	Initial Newborn Evaluation per day, Home
99463	Initial Newborn Evaluation admitted & discharged the same date
99465	Newborn Resuscitation

The supplies/services listed below are limited to the lesser of the submitted charge or 100% or the Idaho Medicaid's physician fee schedule for the supplies listed below.

Code	Description
A4216	Sterile Water
J0171	Epinephrine
J0290	Ampicillin
J0561	Penicillin
J0690	Cefazolin Sodium
J2001	Local Anesthetic/Lidocain
J2590	Oxytocin/Pitocin
J2790	Rhogam
J3430	Vitamin K
J3490	Erythromycin Ointment
J7040	Saline up to 500 ml
J7050	Saline Solution up to 250CC
J7120	Lactated Ringers
S0077	Clindamycin
S3620	Newborn Metabolic Screening
S5011	D5LR
T1013	Interpretation

The Agency's rates are set from 7/1/2011 on and are effective for services on or after 1/11/12. All rates are published on the Department's fee schedule at the agency's web site:

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

"Licensed Midwives are described in Idaho's Standard Plan Program Descriptions and in the Basic and Enhanced Benchmark Benefit Packages in section 3.E Other Practitioner Services.

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