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Therapy Services

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

- Home Health Agencies;
- Hospitals;
- Non-physician Practitioners;
- Nursing Facilities;
- Occupational therapists;
- Occupational therapy assistants;
- Physical therapists;
- Physical therapy assistants;
- Physicians;
- Rehabilitation facilities;
- School-based Services;
- Speech-language pathologists;
- Therapy Aides and Supportive Personnel; and
- Therapy Students.

Services must be within the scope of practice, licensure and training of the provider rendering them. This chapter of the handbook refers to occupational therapists, physical therapists, and speech language pathologists collectively as therapist(s). It uses the term therapy professional(s) to refer to therapists, occupational and physical therapy assistants. The term non-physician practitioner excludes pharmacists in this handbook. Services or situations that only apply to a specific provider type will be specified where applicable.

Should the handbook ever appear to contradict relevant provisions of Idaho or federal rules and regulations, the rules and regulations prevail. Any paper or digital copy of these documents is considered out of date except the version appearing on Gainwell Technologies' Idaho Medicaid website. Sections of the Idaho Medicaid Provider Handbook applicable in specific situations are listed throughout the handbook for provider convenience. Handbook chapters which always apply to this provider type include the following:

- General Billing Instructions;
- General Information and Requirements for Providers; and
- Glossary.

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

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

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

- Case Law: Includes references to court cases that established interpretations of law that states and providers would be required to follow.
- CMS Guidance: These references reflect various Centers for Medicare and Medicaid Services (CMS) publications that Idaho Medicaid reviewed in the formulation of their

policy. The publications themselves are not required to be followed for Idaho Medicaid services.

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

Some citations may not be available on the internet. Copies of the documents may be requested with a public records request.

1. Important Contacts

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

1.1. Gainwell Technologies

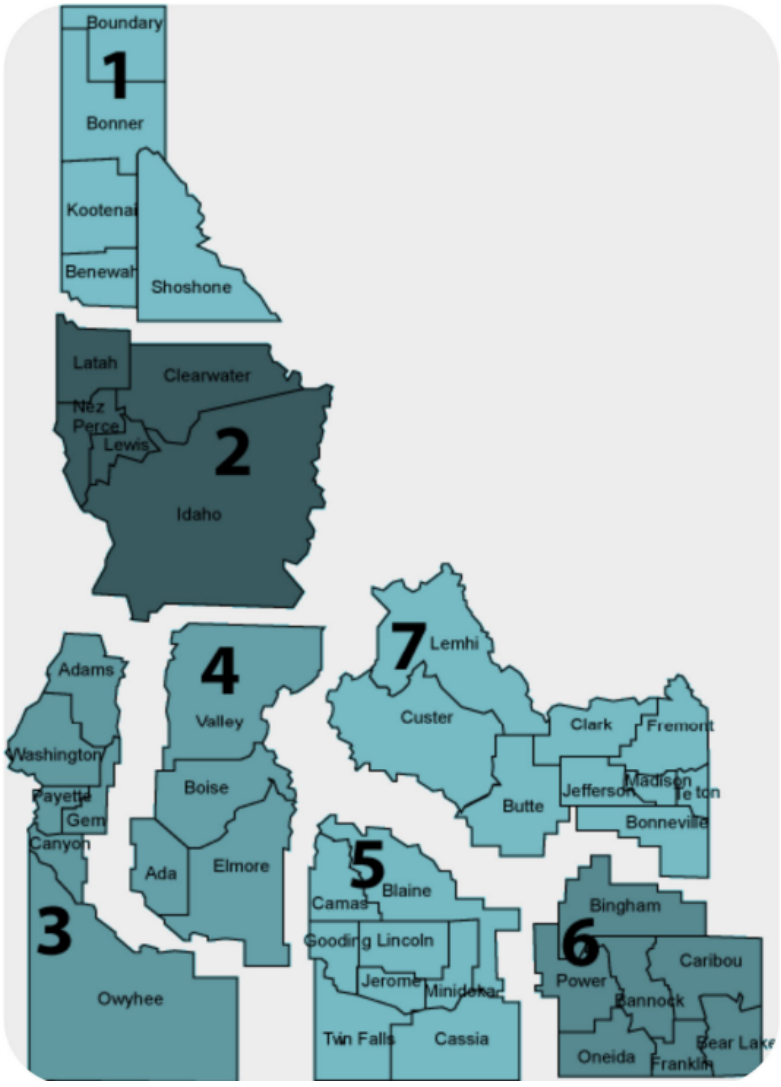
Gainwell Technologies is Idaho Medicaid's fiscal agent that handles all claims processing and customer service issues.

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

1.2. Provider Relations Consultants

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

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



Region 1 and the state of Washington
1 (208) 202-5735
Region.1@gainwelltechnologies.com

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

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

Region 4
1 (208) 202-5843
Region.4@gainwelltechnologies.com

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

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

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

Region 9 all other states (not bordering Idaho)
1 (208) 609-5115
Region.9@gainwelltechnologies.com

1.3. Medicaid

The Medical Care Unit is Idaho Medicaid's team that reviews prior authorizations and retrospective reviews for therapy services.

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

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

1.4. Telligen, Inc.

Telligen, Inc. is Idaho Medicaid's quality improvement organization (QIO) that reviews prior authorization requests for non-waiver durable medical equipment and supplies as listed on the Numerical Fee Schedule or when a prior authorization would otherwise be indicated.

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

All prior authorization requests and medical record updates for post payment medical necessity and DRG validation reviews must use the provider portal.

The status of a prior authorization request submitted to Telligen may be checked online via the Telligen Qualitrac portal or the Gainwell Technologies portal under "Authorization Status", using your NPI. If you have questions on a Denial in the Gainwell Technologies portal, click on the Notes, which will explain the reason for the Denial.

2. Provider Qualifications

2.1. Home Health Agencies

Home health agencies may employ or contract with physicians, non-physician practitioners (except pharmacists), occupational therapists, occupational therapy assistants, physical therapists, physical therapy assistants and speech-language pathologists to provide all occupational or physical therapy services, or speech-language pathology services per this handbook. Refer to the Home Health and Hospice Services, Idaho Medicaid Provider Handbook for information on qualifications for home health agencies.

2.2. Hospitals

Hospitals may employ or contract with physicians, non-physician practitioners (except pharmacists), occupational therapists, occupational therapy assistants, physical therapists, physical therapy assistants and speech-language pathologists to provide all occupational or physical therapy services, or speech-language pathology services per this handbook. Refer to the Hospital, Idaho Medicaid Provider Handbook for information on qualifications for hospitals.

2.3. Nursing Facilities

Nursing facilities may employ or contract with physicians, non-physician practitioners (except pharmacists), occupational therapists, occupational therapy assistants, physical therapists, physical therapy assistants and speech-language pathologists to provide all occupational or physical therapy services, or speech-language pathology services per this handbook. Refer to the Nursing and Custodial Care Facilities, Idaho Medicaid Provider Handbook for information on qualifications for nursing facilities.

2.4. Occupational Therapists

Occupational therapists in any state are eligible to participate in the Idaho Medicaid Program. They must be licensed by the Idaho Division of Occupational and Professional Licenses and the state where the services are performed. Occupational therapists must have a National Provider Identification (NPI). An occupational therapist must have one of the following qualifications:

- Successfully graduated and completed an occupational therapist education program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA), or successor organizations of ACOTE. The therapist must be either eligible to take, or have successfully completed, the entry-level certification examination for occupational therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).
- Successfully completed an education program outside the United States accredited as substantially equivalent to occupational therapist entry level education in the United States by one of the following:
    - The Accreditation Council for Occupational Therapy Education (ACOTE) or its successor;
    - The World Federation of Occupational Therapists;
    - A credentialing body approved by the American Occupational Therapy Association; or
    - Successfully completed the entry level certification examination for occupational therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

A Medicare certificate is required for enrollment and the name on the certification must match the provider. However, this requirement can be waived for providers only serving pediatric populations without Medicare coverage, or if the therapist is part of a Medicare certified facility. Occupational therapists enrolling as pediatric only providers are not eligible for Medicaid reimbursement for services provided to older participants or participants with Medicare and the provider may not bill those participants for their services.

Occupational therapists are eligible to be ordering, prescribing, referring and rendering providers as allowed in this handbook.

Occupational therapists must enroll as an Idaho Medicaid provider prior to submitting claims for services. See *General Information and Requirements for Providers*, Idaho Medicaid Provider Handbook for more information on enrolling as an Idaho Medicaid provider.

2.4.1. References: Occupational Therapists

(a) Federal Regulations

Acceptance of State Payment as Payment in Full, 42 CFR 447.15 (2013). Government Printing Office, https://www.govinfo.gov/content/pkg/CFR-2018-title42-vol4/pdf/CFR-2018-title42-vol4-sec447-15.pdf.

"Occupational Therapy." 42 C.F.R. Sec. 440.110(b)(2) (2017). Government Printing Office, https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec440-110.pdf.

"Standard: Occupational Therapist." 42 C.F.R. Sec. 484.115(f) (2017). Government Printing Office, https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol5/pdf/CFR-2019-title42-vol5-sec484-115.pdf.

(b) Idaho Medicaid Publications

Change in Administrative Rules for Therapy Services (*IDAPA 16.03.09.730*), Information Release MA08-09 (05/01/2008). Division of Medicaid, Department of Health and Welfare, State of Idaho.

"Independent Therapy Providers." *MedicAide Newsletter,* June 2008.

(c) State Regulations

"Acceptance of State Payment." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 210.03. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

IDAPA 24.06.01, "Rules for the Licensure of Occupational Therapists and Occupational Therapy Assistants." Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/24/240601.pdf.

"Occupational Therapist, Licensed." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 734.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Payment in Full." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 210.04. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Services Normally Billed Directly to the Patient." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 230.03. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Therapist." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.08. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Therapy Professional." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.09. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

2.5. Occupational Therapy Assistants

Occupational therapist assistants in any state are eligible to participate in the Idaho Medicaid Program. They must be licensed by the Idaho Division of Occupational and Professional Licenses and the state where the services are performed. An occupational therapy assistant must have one of the following qualifications:

- Successfully graduated and completed an occupational therapy assistant education program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA), or successor organizations of ACOTE. The therapy assistant must be either eligible to take, or have successfully completed, the entry-level certification examination for occupational therapy assistants developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).
- Successfully completed an education program outside the United States accredited as substantially equivalent to occupational therapy assistant entry level education in the United States by one of the following:
    - The Accreditation Council for Occupational Therapy Education (ACOTE) or its successor;
    - The World Federation of Occupational Therapists;
    - A credentialing body approved by the American Occupational Therapy Association; or
    - Successfully completed the entry level certification examination for occupational therapy assistants developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

Therapy assistants cannot bill Medicaid directly or be enrolled. The services of a therapy assistant are overseen by a supervising therapist and billed under their NPI.

2.5.1. References: Occupational Therapy Assistants

(a) Idaho Medicaid Publications

"Therapy Assistant Services." *MedicAide Newsletter,* August 2020, https://www.idmedicaid.com/MedicAide%20Newsletters/August%202020%20MedicAide.pdf

(b) State Regulations

IDAPA 24.06.01, "Rules for the Licensure of Occupational Therapists and Occupational Therapy Assistants." Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/24/240601.pdf.

"Level of Supervision." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 733.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Payment Procedures." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 735.02.b. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Service Description: Occupational Therapy and Physical Therapy." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Supervision." *IDAPA 24.06.01, "Rules for the Licensure of Occupational Therapists and Occupational Therapy Assistants,"* Sec. 011. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/24/240601.pdf.

"Occupational Therapy Assistants." *IDAPA 24.06.01, "Rules for the Licensure of Occupational Therapists and Occupational Therapy Assistants,"* Sec. 011.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/24/240601.pdf.

"Therapy Professional." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.09. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

2.6. Physical Therapists

Physical therapists in any state are eligible to participate in the Idaho Medicaid Program. They must be licensed by the Idaho Division of Occupational and Professional Licenses and the state where the services are performed. Physical therapists must have a National Provider Identification (NPI). A physical therapist must have one of the following qualifications:

- Successfully completed a physical therapist education program approved by the Commission on Accreditation in Physical Therapy Education (CAPTE) or its successor.
- Successfully completed an education program outside the United States determined to be substantially equivalent to physical therapist entry level education in the United States by a credentials evaluation organization approved by the American Physical Therapy Association or an organization identified in 8 CFR 212.15(e) as it relates to physical therapists.

A Medicare certificate is required for enrollment and the name on the certification must match the provider. However, this requirement can be waived for providers only serving pediatric populations without Medicare coverage, or if the therapist is part of a Medicare certified facility. Physical therapists enrolling as pediatric only providers are not eligible for Medicaid reimbursement for services provided to older participants or participants with Medicare and the provider may not bill those participants for their services.

Physical therapists are eligible to be ordering, prescribing, referring and rendering providers as allowed in this handbook.

Physical therapists must enroll as an Idaho Medicaid provider prior to submitting claims for services. See *General Information and Requirements for Providers*, Idaho Medicaid Provider Handbook for more information on enrolling as an Idaho Medicaid provider.

2.6.1. References: Physical Therapists

(a) Federal Regulations

Acceptance of State Payment as Payment in Full, 42 CFR 447.15 (2013). Government Printing Office, https://www.govinfo.gov/content/pkg/CFR-2018-title42-vol4/pdf/CFR-2018-title42-vol4-sec447-15.pdf.

"Physical Therapy." 42 C.F.R. Sec. 440.110(a)(2) (2017). Government Printing Office, https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec440-110.pdf.

"Standard: Physical Therapist." 42 C.F.R. Sec. 484.115(h) (2017). Government Printing Office, https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol5/pdf/CFR-2019-title42-vol5-sec484-115.pdf.

(b) Idaho Medicaid Publications

Change in Administrative Rules for Therapy Services (*IDAPA 16.03.09.730*), Information Release MA08-09 (05/01/2008). Division of Medicaid, Department of Health and Welfare, State of Idaho, http://healthandwelfare.idaho.gov.

"Independent Therapy Providers." *MedicAide Newsletter,* June 2008.

(c) State Regulations

"Acceptance of State Payment." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 210.03. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

IDAPA 24.13.01, "Rules Governing the Physical Therapy Licensure Board." Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/24/241301.pdf.

"Payment in Full." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 210.04. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Physical Therapist, Licensed." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 734.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Services Normally Billed Directly to the Patient." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 230.03. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Therapist." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.08. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Therapy Professional." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.09. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

2.7. Physical Therapy Assistants

Physical therapist assistants in any state are eligible to participate in the Idaho Medicaid Program. They must be licensed by the Idaho Division of Occupational and Professional Licenses and the state where the services are performed. A physical therapy assistant must have one of the following qualifications:

- Graduated from a physical therapist assistant curriculum approved by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association and passed a national examination for physical therapist assistants.
- Graduated from an education program outside the United States or in the United States military determined to be substantially equivalent to physical therapist assistant entry level education in the United States by a credentials evaluation organization approved by the American Physical Therapy Association or identified at 8 CFR 212.15(e) and passed a national examination for physical therapist assistants.

Therapy assistants cannot bill Medicaid directly or be enrolled. The services of a therapy assistant are overseen by a supervising therapist and billed under their NPI.

2.7.1. References: Physical Therapy Assistants

(a) Idaho Medicaid Publications

"Therapy Assistant Services." *MedicAide Newsletter,* August 2020, https://www.idmedicaid.com/MedicAide%20Newsletters/August%202020%20MedicAide.pdf

(b) State Regulations

IDAPA 24.13.01, "Rules Governing the Physical Therapy Licensure Board." Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/24/241301.pdf.

"Level of Supervision." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 733.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Payment Procedures." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 735.02.b. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Service Description: Occupational Therapy and Physical Therapy." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Supervision." *IDAPA 24.13.01, "Rules Governing the Physical Therapy Licensure Board,"* Sec. 016. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/24/241301.pdf.

"Therapy Professional." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.09. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

2.8. Physician and Non-Physician Practitioners

Physicians and non-physician practitioners (except pharmacists) may provide all occupational or physical therapy services, or speech-language pathology services in this handbook as if they were a therapist provided it is within the scope of their licensure. Refer to the Physician and Non-Physician Practitioner, Idaho Medicaid Provider Handbook for information on qualification requirements for these providers.

2.9. Rehabilitation Facilities

Rehabilitation facilities may employ or contract with physicians, non-physician practitioners (except pharmacists), occupational therapists, occupational therapy assistants, physical therapists, physical therapy assistants and speech-language pathologists to provide all occupational or physical therapy services, or speech-language pathology services per this handbook. Refer to the Hospital, Idaho Medicaid Provider Handbook for information on qualifications for rehabilitation facilities.

2.10. School-based Services

Therapy providers performing services for a public or charter school are not considered to be independent therapists. School-based providers of therapy services do not need to enroll with Medicare. Refer to the Agency Professional, Idaho Medicaid Provider Handbook section on School-Based Services, for additional information on school-based providers and their qualifications.

2.11. Speech-Language Pathologists

Speech-language pathologists in any state are eligible to participate in the Idaho Medicaid Program. Speech-language pathologist must have a National Provider Identification (NPI). They must be licensed by the Idaho Division of Occupational and Professional Licenses and the state where the services are performed. Speech-Language Pathologists must also have their Clinical Competency Certification (CCC) from the American Speech and Hearing Association (ASHA) or be eligible for certification within one year of their current employment.

Speech-language pathologists are eligible to be ordering, prescribing, referring and rendering providers as allowed in this handbook.

Speech-language pathologists must enroll as an Idaho Medicaid provider prior to submitting claims for services. See *General Information and Requirements for Providers*, Idaho Medicaid Provider Handbook for more information on enrolling as an Idaho Medicaid provider.

2.11.1. References: Speech-Language Pathologists

(a) Federal Regulations

"Services for individuals with speech, hearing, and language disorders." 42 C.F.R. Sec. 440.110(c) (2017). Government Printing Office, https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec440-110.pdf.

"Standard: Speech-Language Pathologist." 42 C.F.R. Sec. 484.115(n) (2017). Government Printing Office, https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol5/pdf/CFR-2019-title42-vol5-sec484-115.pdf.

(b) Idaho Medicaid Publications

Change in Administrative Rules for Therapy Services (*IDAPA 16.03.09.730*), Information Release MA08-09 (05/01/2008). Division of Medicaid, Department of Health and Welfare, State of Idaho.

"Independent Therapy Providers." *MedicAide Newsletter,* June 2008.

(c) State Regulations

IDAPA 24.23.01, "Rules of the Speech, Hearing and Communication Services Licensure Board." Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/24/242301.pdf.

"Speech-Language Pathologist, Licensed." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 734.03. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Therapist." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.08. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Therapy Professional." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.09. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

2.12. Speech-Language Pathology Assistants

Therapy services provided by a Speech-Language Pathology (SLP) assistant are considered unskilled and not medically necessary. They are not reimbursable by Medicaid and cannot be billed by any provider. The school setting, however, has an exception to allow for SLP paraprofessional services. Refer to the *School-Based Services* section of the Agency Professional, Idaho Medicaid Provider Handbook for more information.

2.12.1. References: Speech-Language Pathology Assistants

(a) State Regulations

"Service Description: Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

2.13. Therapy Aides and Supportive Personnel

Therapy services provided by therapy aides and other supportive personnel of any specialty are considered unskilled and medically unnecessary. Services provided by therapy aides and supportive personnel are not reimbursable by Medicaid and cannot be billed by a provider.

2.13.1. References: Therapy Aides and Supportive Personnel

(a) State Regulations

"Non-Covered Services: Occupational Therapy, Physical Therapy, and Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.03.c. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Occupational Therapy Aides." *IDAPA 24.06.01, "Rules for the Licensure of Occupational Therapists and Occupational Therapy Assistants,"* Sec. 011.03. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/24/240601.pdf.

"Service Description: Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Supportive Personnel." *IDAPA 24.13.01, "Rules Governing the Physical Therapy Licensure Board,"* Sec. 010.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/24/241301.pdf.

"Therapy Professional." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.09. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

2.14. Therapy Students

Therapy students are not eligible to be providers of services for Idaho Medicaid participants. However, they may be present and assist a qualified provider such as a therapist, occupational or physical therapy assistant to provide reimbursable services. The qualified provider must be present, direct all treatment, and make skilled judgements and assessments as allowed by their provider type. The supervising therapist takes all responsibility for the therapy students.

2.14.1. References: Therapy Students

(a) CMS Guidance

"Chapter 15 – Covered Medical and Other Health Services." *Medicare Benefit Policy Manual,* Centers for Medicare and Medicaid Services, Department of Health and Human Services, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.

(b) State Regulations

"Scope." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 001.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Therapy Professional." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.09. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Therapy Services: Coverage and Limitations." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Therapy Services: Provider Qualifications and Duties." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 734. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

3. Eligible Participants

Participants with Medicaid Basic and Enhanced Plans are eligible to receive therapy services when they have a physician or non-physician practitioner's order for services, a therapy evaluation demonstrating the need for therapy due to a functional limitation or a loss or delay of skill, the evaluation shows the participant will benefit from therapy services with demonstrable progress, and therapy is provided under a plan of care. When billing for participants enrolled in other eligibility segments, refer to General Information and Requirements for Providers, Idaho Medicaid Provider Handbook for coverage. Providers must check participant eligibility prior to delivery of the service by calling MACS at 1 (866) 686-4272; or through the trading partner account on the Idaho Gainwell Technology Medicaid website. These services can also be used to check the participant's remaining therapy benefits.

3.1.1. References: Eligible Participants

(a) State Regulations

"Therapy Services: Participant Eligibility." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 731. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

3.2. Referrals

Effective 2/1/16, a Healthy Connections referral is no longer required for therapy services. See the *Healthy Connections (HC)* section of General Information and Requirements for Providers, Idaho Medicaid Provider Handbook for more information on the Healthy Connections Program.

3.2.1. References: Referrals

(a) Idaho Medicaid Publications

"MA15-07 Reimbursement and Referral Changes for the Idaho Medicaid Healthy Connections and Health Home Programs", *MedicAide Newsletter,* January 2016, https://www.idmedicaid.com/MedicAide%20Newsletters/January%202016%20MedicAide.pdf.

3.3. Adults with Developmental Disabilities

Therapy services for adult participants with developmental disabilities (DD) must be discussed as prioritized needs through the person-centered planning process and be included on the individualized service plan (ISP). The person-centered planning team should evaluate the therapy needs of the participant for an entire year and reflect these needs on the ISP.

3.3.1. References: Adults with Developmental Disabilities

(a) Idaho Medicaid Publications

"Reminder: Providers of Therapy Services." *MedicAide Newsletter,* April 2010.

"Therapies and Durable Medicaid Equipment (DME) on Adult Developmental Disability (DD) Service Plans." *MedicAide Newsletter,* March 2018, https://www.idmedicaid.com/MedicAide%20Newsletters/March%202018%20MedicAide.pdf.

3.4. Participants with Home Health

Participants on home health are eligible to receive therapy services when they have a physician's order for services, a therapy evaluation demonstrating the need for therapy due to a functional limitation or a loss or delay of skill, the evaluation shows the participant will benefit from therapy services with demonstrable progress, and therapy is provided under a home health plan of care.

Home health agencies are responsible for therapy services in their content of care. Independent therapists and Facility and Institution-Based Therapists may not provide outpatient therapy services to a participant on home health unless they are contracted by the home health agency. The home health agency would then bill for their services. Refer to the Home Health and Hospice Services, Idaho Medicaid Provider Handbook for information on home health services and home health plans of care.

3.4.1. References: Participants with Home Health

(a) State Regulations

"Home Health Services." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 720.05. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

4. Covered Services and Limitations: General

Therapy services are occupational therapy, physical therapy, and speech-language pathology. Services must be ordered by a physician or non-physician practitioner as part of a plan of care except where otherwise noted. Therapy services are only covered with an order, a therapy evaluation demonstrating a need for therapy due to a functional limitation, a loss or delay of skill, and that therapy will benefit the participant with demonstrable progress. Therapy services are only reimbursable when provided by outpatient hospitals, outpatient rehabilitation facilities, comprehensive outpatient rehabilitative facilities, nursing facilities, school-based services, independent practitioners, and home health agencies. All therapy services must be provided in accordance with the provider's licensure rules, applicable association's professional Code of Ethics and Standards and within the provider's competency based on their education, training and experience.

All services in order to be covered and reimbursable must:

- Have an order;
- Have a plan of care;
- Be medically necessary per the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook*;*
- Require the skills of a therapist;
- Be within the therapy professional's scope of practice according to the recognized standards of practice;
- Be performed by a therapy professional who has received adequate training; and
- Be in accordance with all other Medicaid requirements.

The following services are excluded from payment:

- Services that are not medically necessary;
- Continuing services for participants who do not exhibit the capability to achieve measurable improvement and who do not require the skills of a therapist to maintain their progress;
- Services for participants who have achieved stated goals;
- Services that address developmentally acceptable error patterns;
- Services that address conditions that are usually self-correcting;
- Services that do not require the skills of a therapist or therapy assistant;
- Duplicate services; and
- Services considered experimental or investigational.

See the Appendices in this handbook for information about covered procedure codes.

4.1.1. References: Covered Services and Limitations: General

(a) State Regulations

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

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

"Non-Covered Services: Occupational Therapy, Physical Therapy, and Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.03. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Therapist Conditions and Requirements." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 736.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Therapy Services." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.10. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Therapy Services: Coverage and Limitations." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Therapy Services: Participant Eligibility." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 731. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Therapy Services: Procedural Requirements." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 733. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Unreimbursable Services and Penalties." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 736.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

4.2. Occupational Therapy

Occupational therapy services are a covered service of Idaho Medicaid when medically necessary and provided by a qualified and enrolled occupational therapist, or a licensed occupational therapy assistant under their supervision, within their scope of practice. The services must be necessary for the evaluation and treatment of impairments, functional disabilities, or changes in physical function and health status. The services are covered when they improve, or meet the requirements for maintenance therapy, the participant's ability to perform tasks required for independent functioning.

Idaho Medicaid only covers occupational therapy measurements, modalities, treatments, and testing as described in this handbook. The therapist, but not the therapy assistant, may also provide the technical component of muscle testing, joint range of motion, electromyography, or nerve velocity determinations in the manual when ordered by a physician or non-physician practitioner. Services that fall under subsections in the Current Procedural Terminology (CPT) Manual® for "Active Wound Care Management," "Tests and Measurements," and "Orthotic and Prosthetic Management Training (OT/PT)" must be provided by the therapist and not a therapy assistant.

Services may be performed by an occupational therapy assistant so long as they meet all the requirements to perform the service as determined by their licensure and as listed in the CPT® code description. Services that are not reimbursable when performed by the therapy assistant, even if allowed by their licensure, are explicitly noted in this handbook. Therapy assistants may not provide evaluation services, make clinical judgments or decisions, or take responsibility for any service.

In addition, for Medicaid reimbursement all supervision of therapy assistants must be done in accordance with the requirements in the appropriate Idaho State Licensure Board regulations. The therapist is required to co-sign any documentation written by a therapy assistant. The services of a therapy assistant are billed by the supervising therapist.

Providers should be aware that they must follow the most stringent requirements for the involved payors. In order to be eligible for Medicaid payment, providers must also follow the requirements for covered services under primary payors including the supervision of therapy assistants.

> ***Example***
>
> A participant has Medicare and Medicaid. Medicare has more stringent supervision requirements such as direct supervision for therapy assistants working under a therapist in private practice. The provider should ensure the therapy assistant is directly supervised to be eligible for Medicare payment. Otherwise the provider wouldn't be eligible for Medicaid payment.

See the Reimbursement section for information on required modifiers to bill the services of a therapy assistant.

4.2.1. References: Occupational Therapy

(a) Federal Regulations

"Definitions." Social Security Act, Sec. 1905(a)(13)(C) (1935). Social Security Administration, https://www.ssa.gov/OP_Home/ssact/title19/1905.htm.

"Occupational Therapy." 42 C.F.R. Sec. 440.110(b) (2017). Government Printing Office, https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec440-110.pdf.

"State Flexibility in Benefit Packages." Social Security Act, Sec. 1937(a) (1935). Social Security Administration, https://www.ssa.gov/OP_Home/ssact/title19/1937.htm.

(b) Idaho Medicaid Publications

"Therapy Assistant Services." *MedicAide Newsletter,* August 2020, https://www.idmedicaid.com/MedicAide%20Newsletters/August%202020%20MedicAide.pdf .

(c) State Regulations

"Level of Supervision." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 733.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3)(f)(iii) (2018). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255/.

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

"Occupational Therapy Services." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.04. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Payment Procedures." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 735.02.b. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Service Description: Occupational Therapy and Physical Therapy." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Supervision." *IDAPA 24.06.01, "Rules for the Licensure of Occupational Therapists and Occupational Therapy Assistants,"* Sec. 011. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/24/240601.pdf.

"Occupational Therapy Assistants." *IDAPA 24.06.01, "Rules for the Licensure of Occupational Therapists and Occupational Therapy Assistants,"* Sec. 011.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/24/240601.pdf.

"Therapy Professional." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.09. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

4.3. Physical Therapy

Physical therapy services are a covered service of Idaho Medicaid when medically necessary and provided by a qualified and enrolled physical therapist, or a licensed physical therapy assistant under their supervision, within their scope of practice. The services must be necessary for the evaluation and treatment of physical impairment or injury by the use of therapeutic exercise and the application of modalities that are intended to restore optimal function or normal development. The services must focus on the rehabilitation and prevention of neuromuscular, musculoskeletal, integumentary, and cardiopulmonary disabilities.

Idaho Medicaid only covers physical therapy measurements, modalities, treatments, and testing as described in this handbook. The therapist, but not the therapy assistant, may also provide the technical component of muscle testing, joint range of motion, electromyography, or nerve velocity determinations in the Current Procedural Terminology (CPT) Manual® when ordered by a physician or non-physician practitioner. Services that fall under subsections in the manual for "Active Wound Care Management," "Tests and Measurements," and "Orthotic and Prosthetic Management (OT/PT)" must be provided by the therapist and not a therapy assistant.

Services may be performed by a physical therapy assistant so long as they meet all the requirements to perform the service as determined by their licensure and as listed in the CPT® code description. Services that are not reimbursable when performed by the therapy assistant, even if allowed by their licensure, are explicitly noted in this handbook. Therapy assistants may not provide evaluation services, make clinical judgments or decisions, or take responsibility for any service.

In addition, for Medicaid reimbursement all supervision of therapy assistants must be done in accordance with the requirements in the appropriate Idaho State Licensure Board regulations. The therapist is required to co-sign any documentation written by a therapy assistant. The services of a therapy assistant are billed by the supervising therapist.

Providers should be aware that they must follow the most stringent requirements for the involved payors. In order to be eligible for Medicaid payment, providers must also follow the requirements for covered services under primary payors including the supervision of therapy assistants.

Example

A participant has Medicare and Medicaid. Medicare has more stringent supervision requirements such as direct supervision for therapy assistants working under a therapist in private practice. The provider should ensure the therapy assistant is directly supervised to be eligible for Medicare payment. Otherwise the provider wouldn't be eligible for Medicaid payment.

See the Reimbursement section for information on required modifiers to bill the services of a therapy assistant.

4.3.1. References: Physical Therapy

(a) Federal Regulations

"Definitions." Social Security Act, Sec. 1905(a)(11) (1935). Social Security Administration, https://www.ssa.gov/OP_Home/ssact/title19/1905.htm.

"Physical Therapy." 42 C.F.R. Sec. 440.110(a) (2017). Government Printing Office, https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec440-110.pdf.

(b) Idaho Medicaid Publications

"Therapy Assistant Services." *MedicAide Newsletter,* August 2020, https://www.idmedicaid.com/MedicAide%20Newsletters/August%202020%20MedicAide.pdf

(c) Professional Organizations

"Introduction to the Guide to Physical Therapist Practice." *Guide to Physical Therapist Practice,* American Physical Therapy Association, https://guide.apta.org/chapters/chapter-1.

(d) State Regulations

"Level of Supervision." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 733.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3)(f)(iii) (2018). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255/.

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

"Payment Procedures." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 735.02.b. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Physical Therapy Services." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.05. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Service Description: Occupational Therapy and Physical Therapy." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Supervision." *IDAPA 24.13.01, "Rules Governing the Physical Therapy Licensure Board,"* Sec. 016. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/24/241301.pdf.

"Therapy Professional." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.09. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

4.4. Speech-Language Pathology

Speech-language pathology services are a covered service of Idaho Medicaid when medically necessary and provided by a qualified and enrolled speech-language pathologist within their scope of practice. Speech-language pathology services are services necessary for the diagnosis and treatment of swallowing disorders, such as dysphagia, and speech-language and cognitive communication disorders, including disorders of:

- Cognition, such as attention, executive function, memory and problem solving;
- Feeding and swallowing, such as oral, pharyngeal, and esophageal stages;
- Hearing;
- Speech production, such as apraxia, articulation and dysarthria;
- Fluency, such as stuttering;
- Voice, such as phonation quality, pitch and respiration;
- Resonance, such as hypernasality and hyponasality; and
- Language, such as comprehension, expression, pragmatics, semantics and syntax.

A speech delay caused by bilingualism is not usually medically necessary as it is a common developmental delay for children growing up in bilingual homes and is usually self-correcting without intervention.

Disorders which commonly require speech-language pathology services include, but are not limited to:

- Cerebrovascular disease such as cerebral vascular accidents presenting with dysphagia, aphasia/dysphasia, apraxia, and dysarthria;
- Neurological disease such as Parkinsonism or Multiple Sclerosis with dysarthria, dysphagia, inadequate respiratory volume/control, or voice disorder; or
- Laryngeal carcinoma requiring laryngectomy resulting in aphonia.

4.4.1. References: Speech-Language Pathology

(a) CMS Guidance

"Chapter 15 – Covered Medical and Other Health Services." *Medicare Benefit Policy Manual,* Centers for Medicare and Medicaid Services, Department of Health and Human Services, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.

(b) Federal Regulations

"Definitions." Social Security Act, Sec. 1905(a)(13)(C) (1935). Social Security Administration, https://www.ssa.gov/OP_Home/ssact/title19/1905.htm.

"Services for individuals with speech, hearing, and language disorders." 42 C.F.R. Sec. 440.110(c) (2017). Government Printing Office, https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec440-110.pdf.

"State Flexibility in Benefit Packages." Social Security Act, Sec. 1937(a) (1935). Social Security Administration, https://www.ssa.gov/OP_Home/ssact/title19/1937.htm.

(c) Professional Organizations

"Scope of Practice in Speech-Language Pathology." *American Speech-Language-Hearing Association,* Retrieved 4 April 2024, https://www.asha.org/siteassets/publications/sp2016-00343.pdf.

"Speech-Language Pathology Medical Review Guidelines." *American Speech-Language-Hearing Association,* Retrieved 31 December 2020, https://www.asha.org/siteassets/uploadedfiles/SLP-Medical-Review-Guidelines.pdf.

(d) State Regulations

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3)(f)(iii) (2018). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255/.

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

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

"Service Description: Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Speech-Language Pathology Services." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.06. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

4.5. Home Health

Therapy services provided under a home health plan of care must also follow the requirements for home health services in addition to the requirements for therapy services presented in this handbook. Orders must be completed by a physician as part of the home health plan of care and must be renewed every 60 days or six months for chronic conditions. The participant must have a face-to-face encounter regarding the primary reason the participant is receiving home health services with a physician or non-physician practitioner within 90 days before starting home health services or 30 days after starting home health services. See the Home Health and Hospice Services, Idaho Medicaid Provider Handbook for more information on home health services.

4.5.1. References: Home Health

(a) State Regulations

"Face-to-Face Encounter for Home Health Services, Medical Supplies, Equipment, and Appliances." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 723.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Face-to-Face Encounter for Home Health Therapy Services." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 733.03. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Home Health Plan of Care." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 723.03. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3)(f) (2018). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255/.

4.6. Virtual Care Services

Virtual care services covered for therapies are real-time communication through interactive technology that enables a provider and a patient at two locations separated by distance to interact simultaneously through two-way video and audio transmission. Evaluations and re-evaluations may be provided by virtual care. The therapist must certify that the services can safely and effectively be done with virtual care services and the physician or non-physician practitioner order must specifically allow the services to be provided by virtual care services. Therapists must adhere to all requirements of their licensing board for virtual care services.

Reimbursement for virtual care services is according to the numerical fee schedule. There is no additional fee for either the originating or the distant site. See the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook for additional information on virtual care services, and requirements for billing and reimbursement.

4.6.1. References: Virtual Care Services

(a) Idaho Medicaid Publications

"Service Limitations." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.04.f. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

Updated Telehealth Policy, Information Release MA18-07 (8/1/2018). Division of Medicaid, Department of Health and Welfare, State of Idaho, https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=13004&dbid=0&repo=PUBLIC-DOCUMENTS.

4.7. Evaluations

Evaluations are a comprehensive service that utilizes the professional skills of a licensed therapist to make clinical decisions about a participant's condition using objective measurements and subjective observations of the participant's performance and functional abilities. Evaluations are essential to development of the plan of care, including establishing measurable long and short-term goals and interventions. Evaluations may only be performed by the therapist. However, physical and occupational therapy assistants may collect information for the therapist's use in completing an evaluation. The evaluation shall be signed and dated by the completing therapist.

The evaluation should include a standardized, norm referencing assessment. If a standardized evaluation is not appropriate for the participant, the evaluation should include therapist's observations, parental/caregiver's observations, description of the participant's deficiencies and strengths, and the medical necessity for skilled therapy services. This includes documentation of the conditions and complexities of the participant's health i.e. a diagnosis, which should include a narrative of the impact of that condition where not immediately obvious.

The evaluation must be completed annually and must be signed and dated by the therapist administering the assessment. Annual evaluations may be done early when necessary, but reasons should be well documented. If an evaluation is late then it should be completed before therapy services continue with notes in the documentation on why it was not completed in the required time frame.

Periodically a subsequent evaluation, or re-evaluation, is indicated when the professional assessment of a clinician determines there has been a significant improvement, decline, change in condition, or functional status that was not anticipated in the plan of care. This includes a new diagnosis or a change in treatment setting. If a change occurs, treatment cannot be continued until the re-evaluation is completed. Re-evaluation provides additional objective information such as additional tests and measurements not included in other documentation, such as progress notes. It should include general health status and diagnosis, medical/surgical history, current conditions and an updated plan of care with revised interventions and treatment goals. Re-evaluations are subject to the same restrictions as the initial evaluation. Routine weekly assessments of expected progression in accordance with the plan are not payable as re-evaluations. Re-evaluations are not routine recurring services. They shall only be done when the participant's individual condition determines one is necessary in alignment with this section. Any other re-evaluations are non-covered as they are duplications of service. Reevaluation for participants previously denied for services or services were contraindicated is non-covered unless the participant has exhibited a change in their medical condition.

Participants transferring care from one therapist to another may receive a new evaluation to complete a plan of care, which would not be considered a duplication of service. However, the participant could not see two therapists in the same discipline for treatment of the same condition as the treatments, evaluations and plans of care for the additional therapist would be non-covered due to being a duplication of care. An allowance may be available under EPSDT with a prior authorization if the participant's condition and circumstance require both therapists to meet their medical needs.

Evaluations are separately reimbursable from other services, however, regular or monthly evaluations, are considered assessments by the Department and are not separately reimbursable from treatment.

Providers must use the detailed long description of evaluation and re-evaluation CPT® codes to correctly code claims and ensure accurate reporting of services rendered. The performing therapist must ensure that all components of the billed code are completed and documented in the participant's file. Evaluations are not time-based codes and may spread over multiple days if the therapist does not complete the evaluation in a single session. In these circumstances only one unit of the evaluation shall be billed regardless of the number of days the evaluation occurred. Components of the evaluation may not be billed under other codes such as, but not limited to, therapeutic interventions. Usually therapy conducted in the same session as an evaluation is bundled into the reimbursement for the evaluation and should not be billed separately.

4.7.1. References: Evaluations

(a) CMS Guidance

"Chapter 15 – Covered Medical and Other Health Services." *Medicare Benefit Policy Manual,* Centers for Medicare and Medicaid Services, Department of Health and Human Services, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.

(b) Idaho Medicaid Publications

"**Medicaid Program Integrity:** Therapy Evaluations." *MedicAide Newsletter,* March 2016, https://www.idmedicaid.com/MedicAide%20Newsletters/March%202016%20MedicAide.pdf.

"Therapy Assistant Services." *MedicAide Newsletter,* August 2020, https://www.idmedicaid.com/MedicAide%20Newsletters/August%202020%20MedicAide.pdf .

(c) Professional Organizations

"Overview of Documentation for Medicare Outpatient Therapy Services." *American Speech-Language-Hearing Association,* Retrieved 15 December 2020, https://www.asha.org/practice/reimbursement/medicare/medicare_documentation/.

(d) State Regulations

"Service Description: Occupational Therapy and Physical Therapy." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.01.a. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Service Description: Occupational Therapy and Physical Therapy." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.01.e. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Therapy Services: Participant Eligibility." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 731. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

4.7.2. Speech-Language Pathology Evaluations

In addition to the requirements in the Evaluations section, effective November 1, 2014, the Department allows reimbursement for evaluation of language comprehension and expression by a speech language-pathologist when provided without a corresponding evaluation of speech sound production. Providers shall bill for the reduced service using CPT code 92523 and the "UC" modifier. The reduced service should not be billed with modifier "52."

4.7.3. References: Speech-Language Pathology Evaluations

(a) Idaho Medicaid Publications

"New Modifier for Abbreviated Speech Therapy Evaluation." *MedicAide Newsletter,* November 2014, https://www.idmedicaid.com/MedicAide%20Newsletters/November%202014%20MedicAide.pdf.

"**Speech Therapy Evaluation Procedure Codes:** All Speech Therapy Providers." *MedicAide Newsletter,* March 2014, https://www.idmedicaid.com/MedicAide%20Newsletters/March%202014%20MedicAide.pdf.

4.8. Assessment

Assessments are an ongoing part of services or procedures, and not reimbursable. Assessment for this purpose are to collect data through observation, participant questioning, and limited objective tests and measures that allow the therapist to make judgments about progress toward goals and determine whether modifications to the plan of care need to be made or if a change in condition has occurred necessitating a more complete evaluation or re-evaluation. This use of the term does not include HCPCS that specify assessment in their description such as codes for testing and measurement.

4.8.1. References: Assessment

(a) CMS Guidance

"Chapter 15 – Covered Medical and Other Health Services." Medicare Benefit Policy Manual, Centers for Medicare and Medicaid Services, Department of Health and Human Services, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.

(b) Professional Organizations

"Overview of Documentation for Medicare Outpatient Therapy Services." *American Speech-Language-Hearing Association,* Retrieved 15 December 2020, https://www.asha.org/practice/reimbursement/medicare/medicare_documentation/.

4.9. Duplicate Services

Duplicate therapy services are not covered. Therapy services are considered duplicative when participants receive any combination of physical therapy, occupational therapy, or speech-language pathology services that have the same treatments, interventions, evaluations, treatment plans, or goals. Additionally, more than one type of therapy cannot be provided during the same session.

Visits made more than once daily per therapy type are generally not considered medically necessary and may be a duplication of services. An exception is made for feeding therapy and occupational or speech-language therapy, which may be rendered in the same day if the services are not otherwise duplicative. Intensive feeding therapy sessions are also not considered duplicative.

The best way to ensure therapists aren't duplicating services is to coordinate with the participant's primary care practitioner and other therapists involved. Most duplication of service issues can be avoided through good documentation to distinguish services between providers. Providers should ask their participants and their primary care practitioner if they're receiving any other therapy services. An allowance may be available under EPSDT with a prior authorization if the participant's condition and circumstance require services to meet their medical needs, which may be traditionally considered duplicative.

Services provided by the School-Based Services, Infant Toddler Program and Early Intervention Services are provided under title 1937 of the Social Security Act and Part C of the Individuals with Disabilities Education Act (IDEA) and aren't considered a duplication of services when the participant receives therapy services from other providers.

4.9.1. References: Duplicate Services

(a) Idaho Medicaid Publications

"Attention Therapy Providers: Duplicate Therapy Clarification." *MedicAide Newsletter,* November 2019, https://www.idmedicaid.com/MedicAide%20Newsletters/November%202019%20MedicAide.pdf.

"Attention Therapy Providers: Duplicate Therapy Definition." *MedicAide Newsletter,* January 2019, https://www.idmedicaid.com/MedicAide%20Newsletters/January%202019%20MedicAide.pdf.

Hospitals and Developmental Disability Agencies, *Medicaid Information Release 2000-44* (2000). Division of Medicaid, Department of Health and Welfare, State of Idaho.

(b) State Regulations

"Duplicate Services." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Non-Covered Services: Occupational Therapy, Physical Therapy, and Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.03.f. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

4.10. Facility and Institution-Based Therapists

A therapist who treats participants in a hospital (inpatient or outpatient), nursing facility, outpatient rehabilitation facility, comprehensive outpatient rehabilitative facility, or for a home health agency is considered to be a facility or institution-based therapist and not an independent therapist. These providers may provide services in the home without being considered independent therapists.

4.10.1. References: Facility and Institution-Based Therapists

(a) State Regulations

"Therapy Services: Coverage and Limitations." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

4.11. Group Therapy

Group therapy (CPT® 92508 and 97150) is a covered benefit for participants under occupational and physical therapy, and speech-language pathology. The service must be safe and effective for treating the participant's condition. This service may be rendered via virtual care. See the Virtual Care Services section of this handbook for additional requirements.

4.12. Habilitative Therapy

Habilitative therapy are services that assist the participant in retaining, learning or improving skills and function for daily living. Idaho Medicaid covers habilitative therapy under occupational and physical therapy, and speech-language pathology. Coverage is maintained in parity with rehabilitative therapy, meaning that they are covered equally in scope, amount and duration.

4.13. Independent Therapists

Independent therapists are therapists engaged in private practice, who are not employed by an institutional provider, home health agency, hospital, school or skilled nursing facility. Private practice includes therapists working in a group practice of other therapists, physicians or non-physician practitioners. It also includes therapists employed by corporations or suppliers.

Medicaid will only reimburse an independent therapist for therapy services provided in the home or office and rendered by, or under the supervision, of a licensed therapist enrolled with Idaho Medicaid.

Idaho Medicaid uses the Medicare definition and criteria for an office. The office is defined as the location(s) where the practice is operated during the hours that the therapist engages in the practice at that location. The office space must be owned, leased, or rented by the therapist/group and used for the exclusive purpose of operating the practice during those hours.

4.13.1. References: Independent Therapists

(a) CMS Guidance

"Chapter 15 – Covered Medical and Other Health Services." Medicare Benefit Policy Manual, Centers for Medicare and Medicaid Services, Department of Health and Human Services, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.

(b) Idaho Medicaid Publications

"Independent Therapy Providers." *MedicAide Newsletter,* June 2008.

4.14. Maintenance Therapy

A maintenance program is one that is ordered by a physician or non-physician practitioner and established by a therapist. To be medically necessary, it must be a service that requires the skills of a therapist, occupational therapy assistant or physical therapy assistant to perform the therapy and the service cannot be safely and effectively be done by unskilled personnel. The service must consist of therapeutic activities and mechanisms to assist a participant in maximizing or maintaining the progress made during therapy with the intention to prevent or slow further deterioration due to a disease or illness. Maintenance therapy often includes a therapeutic home program with periodic assessments of progress.

4.14.1. References: Maintenance Therapy

(a) Professional Organizations

Skilled Maintenance Therapy Under Medicare, American Physical Therapy Association, https://www.apta.org/your-practice/payment/medicare-payment/coverage-issues/skilled-maintenance-therapy-under-medicare.

(b) State Regulations

"Maintenance Program." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.03. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Service Limitations." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.04.e. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

4.15. Rehabilitative Therapy

Rehabilitative therapy are services that assist the participant in recovering from acute injuries, illness or complications from surgery. Idaho Medicaid covers rehabilitative therapy under occupational and physical therapy, and speech-language pathology. Coverage is maintained in parity with habilitative therapy, meaning that they are covered equally in scope, amount and duration.

4.16. Skilled Services

The Department only reimburses for services that require the skills of a therapist, or occupational or physical therapy assistant. Skilled services are those that require expert knowledge and clinical decision making. They include:

- Evaluations, which analyze a participant's medical condition to formulate diagnoses, treatments and interventions;
- Plans of care, which set treatments, goals and discharge criteria;
- Assessments, which use observation to modify activities based on the functional progress made towards the participant's goal;
- Interventions that would not be available to a participant at home or would not be safe for the participant to engage without the assistance of a skilled professional; and
- Education of the participant or their caregiver on the therapeutic process including the use of any exercise, device, diagnosis and prognosis, and home program.

Unskilled services do not require the special knowledge or skills of a therapist, occupational or physical therapy assistant. These include, but are not limited to, those repetitious activities that would be safe for the participant to do at home without a skilled professional, and exercises for general health and wellbeing. The services of therapy aides, support personnel and speech-language pathology assistants are considered unskilled services and are not covered. A service is not considered skilled simply because a therapist or therapy assistant is supervising the participant.

Documentation must support that the services provided and billed required skilled personnel.

4.16.1. References: Skilled Services

(a) Professional Organizations

Documentation of Skilled Versus Unskilled Care for Medicare Beneficiaries, American Speech-Language-Hearing Association, https://www.asha.org/practice/reimbursement/medicare/documentation-of-skilled-versus-unskilled-care-for-medicare-beneficiaries/.

(b) State Regulations

"Non-Covered Services: Occupational Therapy, Physical Therapy, and Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.03.c. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

4.17. Substitute Therapy Professional

In addition to the use of therapy assistants for occupational and physical therapy services, therapists in the same discipline and practice may cover one another due to scheduling conflicts to meet the participant's needs. The substitute therapist may use the plan of care developed by the regular therapist. In these cases, the covering therapist must be enrolled with Idaho Medicaid and shall bill under their own NPI instead of utilizing reciprocal billing or locum tenens. Reciprocal billing and locum tenens are available for the coverage of a therapy professional's absence.

4.18. Treatment Modalities

A modality is any physical agent applied to produce therapeutic changes to biologic tissue to include, but not limited to: thermal, acoustic, light, mechanical, or electric energy. Modalities that are listed in the Current Procedural Terminology (CPT) Manual® as unlisted or unspecified require a prior authorization.

Not all modalities are covered by Medicaid. See the Appendices for information about covered procedure codes.

4.18.1. References: Treatment Modalities

(a) State Regulations

"Service Description: Occupational Therapy and Physical Therapy." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.01.e. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Treatment Modalities." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.11. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

4.19. Untimed Codes

Services represented by untimed billing codes must have documentation in the medical record if the service is less than 30 minutes indicating the necessity for an abbreviated session.

5. Covered Services and Limitations: Criteria

Idaho Medicaid requires providers to follow the criteria set in the Idaho Medicaid Provider Handbook to establish medical necessity. Adherence to these documents is a condition of payment. Medical necessity that exists outside these criteria requires a Prior Authorization for coverage. Unless otherwise stated all items and services under this section must also comply with Covered Services and Limitations: General and its subsections.

5.1. Active Wound Care Management (OT/PT)

Active wound care management as described in the Physical Medicine and Rehabilitation subsection of the Current Procedural Terminology (CPT)® Manual are covered under occupational and physical therapy services as presented in the table within this section. Therapists are required to have direct one-to-one patient contact for these services. Therapy assistants cannot provide this service.

Debridement is defined for these services as the removal of foreign material, devitalized or contaminated tissue from or adjacent to an infected or traumatic wound to reveal healthy tissue. Active wound care management may be necessary for, but not limited to:

- Burn wounds of second or third degree;
- Infected open wounds;
- Participants with wounds and complications from metabolic, pressure or vascular conditions;
- Surgical wounds that require being left open to heal;
- Wounds complicated by eschar or necrotic tissue; and
- Wounds complicated by other conditions that complicate healing.

Active wound care management is not available for acute wounds that will reasonably heal on their own, surgical wounds that are closed primarily or are within the surgical global period and should be treated by the operating physician. A dressing change cannot be billed as wound care management. Dressing changes are bundled into reimbursement of other services provided.

After initial wound care management begins, continued services are only covered after thirty days with evidence of measurable wound volume or surface area improvement of ten percent per month or one millimeter per week. In the absence of appropriate improvement, alternative treatments and methods should be applied. Changes shall be documented weekly or at each visit if the participant is not seen every week. An exception for coverage may be made in rare circumstances where there is no expectation of the wound improving regardless of treatment method. Acceptable measurements include changes in:

- Drainage;
- Granulation of tissue;
- Inflammation;
- Necrotic tissue or slough;
- Pain;
- Swelling; and
- Wound dimensions.

In addition to standard therapy documentation requirements, documentation for these services shall include clear description of instruments and techniques utilized, and a thorough assessment of the wound noting color, the condition of surrounding tissue, drainage, size of the wound, temperature, texture and vascularity.

Therapeutic debridement should not be reported in conjunction with surgical debridement for the same wound. Similarly, 97602 should not be billed with 97597 and 97598 for the same wound. Hydrotherapy should not be billed separately for the same body part receiving 97597 or 97598.

Active Wound Care Management	
CPT® Code	Description
97597	Debridement (e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (e.g., fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less
97598	Debridement (e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (e.g., fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (e.g., wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session
97605	Negative pressure wound therapy (e.g., vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
97606	Negative pressure wound therapy (e.g., vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
97607	Negative pressure wound therapy, (e.g., vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
97608	Negative pressure wound therapy, (e.g., vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day

5.1.1. References: Active Wound Care Management

(a) Idaho Medicaid Publications

Independent Physical Therapists, *Information Release MA00-39* (2000). Division of Medicaid, Department of Health and Welfare, State of Idaho.

"Therapy Assistant Services." *MedicAide Newsletter,* August 2020, https://www.idmedicaid.com/MedicAide%20Newsletters/August%202020%20MedicAide.pdf

(b) State Regulations

"Service Description: Occupational Therapy and Physical Therapy." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.01.b. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.2. Acupuncture (Non-covered)

Acupuncture is considered experimental and investigational by Idaho Medicaid and is specifically prohibited from coverage under rule. Due to being considered experimental and investigational acupuncture is not available for coverage under EPSDT. More information about experimental/investigational and medical necessity can be found in the Medical Necessity and Experimental/Investigational Services sections of the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook.

5.2.1. References: Acupuncture

(a) State Regulations

"Medical Necessity (Medically Necessary)." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 011.17. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Non-Covered Services: Occupational Therapy, Physical Therapy, and Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.03.j. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Service Categories Not Covered." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 390.01.a. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.3. Animal-Assisted Therapy (Non-covered)

Animal-assisted therapy is considered to be experimental/investigational by Idaho Medicaid. It is non-covered, and services must not be billed under any code. Due to being considered experimental and investigational this service is not available for coverage under EPSDT. More information about experimental/investigational and medical necessity can be found in the Medical Necessity and Experimental/Investigational Services sections of the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook.

5.3.1. References: Animal-Assisted Therapy

(a) Scholarly Work

Munoz Lasa, S., Ferriero, G., Brigatti, E., Valero, R., and Franchignoni, F. (2011). Animal-assisted Interventions in Internal and Rehabilitation Medicine: A Review of the Recent Literature. *Panminerva Medica*, 53(2), 129-136, https://pubmed.ncbi.nlm.nih.gov/21659977.

(b) State Regulations

"Medical Necessity (Medically Necessary)." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 011.17. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Non-Covered Services: Occupational Therapy, Physical Therapy, and Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.03.i. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.4. Aquatic Therapy (OT/PT)

Aquatic therapy, or hydrotherapy, (97113) is a covered benefit under Idaho Medicaid for occupational and physical therapy for musculoskeletal conditions. The Department considers the use of the pool or any aquatic gear to be modalities for which no additional payment is made. Bodies of water, or sections of, utilized for the purpose of aquatic therapy must be reasonably assured to only be used for the therapeutic purposes of the participant during the session. Documentation must be available to support that any area used for a session outside the therapist's office was only utilized for the participant during the session. This service must be provided with direct, one-to-one, contact with the participant.

Eligible participants include those with:

- Rheumatoid arthritis;
- Recovery from stroke; and
- Risk of falling.

Covered indications include:

- Balance Training;
- Strengthening and stabilizing;
- Gait and postural re-education;
- Cardiovascular conditioning; and
- Flexibility or exercises for range of motion.

Aquatic therapy is considered experimental and investigational for all other indications including, but not limited to:

- Asthma;
- Autism;
- Chronic Obstructive Pulmonary Disease;
- Developmental Coordination Disorder; and
- Sickle Cell Anemia.

5.4.1. References: Aquatic Therapy

(a) Scholarly Work

McManus, B. M., & Kotelchuck, M. (2007). The effect of aquatic therapy on functional mobility of infants and toddlers in early intervention. *Pediatric Physical Therapy*, 19, 275–282. http://dx.doi.org/10.1097/PEP.0b013e3181575190.

5.4.2. Halliwick (Non-covered)

Halliwick is considered experimental and investigational by Idaho Medicaid. Due to being considered experimental and investigational halliwick is not available for coverage under EPSDT. More information about experimental/investigational and medical necessity can be found in the Medical Necessity and Experimental/Investigational Services sections of the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook.

(a) References: Halliwick

(i) State Regulations

"Medical Necessity (Medically Necessary)." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 011.17. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Non-Covered Services: Occupational Therapy, Physical Therapy, and Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.03.i. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.4.3. Watsu (Non-covered)

Watsu is considered experimental and investigational by Idaho Medicaid. Due to being considered experimental and investigational Watsu is not available for coverage under EPSDT. More information about experimental/investigational and medical necessity can be found in the Medical Necessity and Experimental/Investigational Services sections of the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook.

(a) References: Watsu

(i) State Regulations

"Medical Necessity (Medically Necessary)." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 011.17. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Non-Covered Services: Occupational Therapy, Physical Therapy, and Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.03.i. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.5. Art Therapy (Non-covered)

Art Therapy (G0176) is considered to be experimental/investigational by Idaho Medicaid. It is non-covered, and services must not be billed under any code. Due to being considered experimental and investigational this service is not available for coverage under EPSDT. More information about experimental/investigational and medical necessity can be found in the Medical Necessity and Experimental/Investigational Services sections of the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook.

5.5.1. References: Art Therapy

(a) State Regulations

"Medical Necessity (Medically Necessary)." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 011.17. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Non-Covered Services: Occupational Therapy, Physical Therapy, and Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.03.i. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.6. Athletic Trainer Services (Non-covered)

Athletic trainer services are prohibited from coverage under rule. They do not meet the definition of medical necessity or a benefit under 1905 services and are therefore not available under EPSDT. More information about medical necessity can be found in the Medical Necessity section of the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook.

5.6.1. References: Athletic Trainer Services

(a) State Regulations

"Medical Necessity (Medically Necessary)." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 011.17. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Non-Covered Services: Occupational Therapy, Physical Therapy, and Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.03.e. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.7. Audiology Services (SLP)

Audiology services provided by a speech-language pathologist or an audiologist can be found in the Audiology Services, Idaho Medicaid Provider Handbook.

5.8. Auditory Integration Therapy (Non-covered)

Auditory Integration therapy is considered to be experimental/investigational by Idaho Medicaid. It is non-covered, and services must not be billed under any code. Due to being considered experimental and investigational this service is not available for coverage under EPSDT. More information about experimental/investigational and medical necessity can be found in the Medical Necessity and Experimental/Investigational Services sections of the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook.

5.8.1. References: Auditory Integration Therapy

(a) State Regulations

"Medical Necessity (Medically Necessary)." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 011.17. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Non-Covered Services: Occupational Therapy, Physical Therapy, and Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.03.i. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.9. Auditory Rehabilitation (SLP)

Auditory rehabilitation, or aural rehabilitation, auditory processing, lipreading and speech reading, are covered speech-language pathology services related to the perception and comprehension of sound through the auditory system. Services may be considered medically necessary when provided for neurological impairments or the absence of natural auditory stimulation that results in impaired ability to process sound. Some services may require coordination with an audiologist to determine if current amplification options are sufficiently meeting the participant's needs.

Speech-language pathologists may perform an evaluation to determine if auditory rehabilitation is an appropriate treatment, except for evaluation of the vestibular system, which must be performed by an audiologist. Evaluations shall include a review of the participant's ability to communicate at home in addition to their performance in the office. Evaluations include, but are not limited to:

- Comprehension and production of language in oral;
- Signed or written modalities;
- Speech and voice production;
- Listening skills;
- Speech reading;
- Communications strategies; or
- The impact of the hearing loss on the participant.

Auditory rehabilitation includes treatments that focus on:

- Comprehension and production of language in oral, signed or written modalities;
- Speech and voice production;
- Auditory training;
- Speech reading;
- Multimodal (e.g., visual, auditory-visual, and tactile) training; and
- Communication strategies, education and counseling.

5.9.1. References: Auditory Rehabilitation

(a) CMS Guidance

"Chapter 15 – Covered Medical and Other Health Services." Medicare Benefit Policy Manual, Centers for Medicare and Medicaid Services, Department of Health and Human Services, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.

5.10. Biofeedback (OT/PT)

Biofeedback therapy uses visual, auditory or other cues to demonstrate the body's status in an effort to provide the opportunity for a participant to exercise voluntary control over its function to improve a physical limitation or abnormality. This therapy often monitors the body's electrical impulses to indicate the status of function in terms of blood pressure, heart rate or muscle tone and other indicators. Biofeedback (90901, 90912 and 90913) is only covered for the treatment of stress and urge urinary incontinence under physical and occupational therapy. Participants must be cognitively capable of meaningfully participating in the therapy and have a documented failure of pelvic muscle exercise training to increase periurethral muscle strength. Failure is defined as a lack of clinically significant improvement after a four-week period of pelvic muscle exercises.

Therapeutic exercises provided during biofeedback training are not separately billable. All other uses are excluded from coverage. More information about exclusions can be found in the Non-Covered and Excluded Services section of the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook.

All other uses are also considered experimental and investigational. Experimental and investigational services are not available for coverage under EPSDT. More information about experimental/investigational and medical necessity can be found in the Medical Necessity and Experimental/Investigational Services sections of the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook.

5.10.1. References: Biofeedback

(a) CMS Guidance

"Chapter 1, Part 1 (Sections 10 – 80.12) Coverage Determinations." *Medicare National Coverage Determinations (NCD) Manual.* Centers for Medicare and Medicaid Services, Department of Health and Human Services, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part1.pdf.

Billing and Coding: Outpatient Therapy Biofeedback Training (A52755). Centers for Medicare and Medicaid Services, Department of Health and Human Services. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52755.

(b) State Regulations

"Medical Necessity (Medically Necessary)." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 011.17. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Non-Covered Services: Occupational Therapy, Physical Therapy, and Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.03.h. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Non-Covered Services: Occupational Therapy, Physical Therapy, and Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.03.i. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.11. Cardiac Rehabilitation (OT/PT)

Physical and occupational therapy services provided during cardiac rehabilitation are bundled into the reimbursement for the cardiac rehabilitation and are not separately reimbursable. If services are provided at a separate encounter they may be reimbursable with a 59-modifier. More information about cardiac rehabilitation can be found in the Physician and Non-Physician Practitioner, Idaho Medicaid Provider Handbook including information on criteria and coverage.

5.12. Cognitive Performance Testing (OT/PT/SLP)

Cognitive performance testing using a standardized tool, such as the Ross Information Processing Assessment, is a covered benefit under Idaho Medicaid when provided by an occupational or physical therapist, or speech-language pathologist. The participant must have a diagnosis of traumatic brain injury to be eligible for testing.

5.12.1. References: Cognitive Performance Testing

(a) Idaho Medicaid Publications

"Attention Providers of Physical, Occupational, and Speech Therapy." *MedicAide Newsletter,* November 2014, https://www.idmedicaid.com/MedicAide%20Newsletters/November%202014%20MedicAide.pdf.

5.13. Cognitive Rehabilitation (OT/SLP)

Cognitive rehabilitation (97129 and 97130) is a structured program of therapy that focuses on retraining a person's ability to think and make decisions. Therapeutic intervention strategies and techniques work to improve attention, learning, memory, perception, planning and capacity for decision-making. The goal of the therapy is to improve the participant's quality of life, reduce their reliance on assistive devices and services, and help them reintegrate more into home and community environments.

The Department covers this service under speech-language pathology and occupational therapy when medically necessary for the treatment of participants with a cognitive impairment from a traumatic brain injury. The participant must have the potential for improvement based on their preinjury functional status. The participant must have the capacity to actively participate in the treatment. Active participation includes cognitive and language capabilities to understand and take meaningful action. Participants with severe aphasia are not considered capable of actively participating in treatment to gain a benefit from this service. The participant must make objective demonstrated improvement in function to qualify for ongoing coverage. Services must be provided by a physician, non-physician practitioner, occupational therapist or speech-language pathologist.

This service is considered experimental and investigational and therefore non-covered for:

- Symptoms of aging;
- Alzheimer disease;
- Autism spectrum disorder;
- Brain tumors and the consequences of treatment;
- Cancer and the consequences of treatment;
- Multiple sclerosis;
- Postencephalitic or postencephalopathy;
- Seizure disorders; and
- Stroke.

5.13.1. References: Cognitive Rehabilitation

(a) Idaho Medicaid Publications

"Cognitive Rehabilitation for Occupational Therapists." *MedicAide Newsletter,* March 2021, https://www.idmedicaid.com/MedicAide%20Newsletters/March%202021%20MedicAide.pdf.

"Cognitive Rehabilitation Services." *MedicAide Newsletter,* February 2021, https://www.idmedicaid.com/MedicAide%20Newsletters/February%202021%20MedicAide.pdf.

5.14. Conditioning (Non-covered)

Conditioning services are prohibited from coverage under rule. They do not meet the definition of medical necessity or a benefit under 1905 services and are therefore not available under EPSDT. More information about medical necessity can be found in the Medical Necessity section of the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook.

5.14.1. References: Conditioning

(a) State Regulations

"Medical Necessity (Medically Necessary)." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 011.17. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Non-Covered Services: Occupational Therapy, Physical Therapy, and Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.03.e. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.15. Craniosacral Therapy (Non-covered)

Craniosacral therapy is considered to be experimental/investigational by Idaho Medicaid. It is non-covered, and services must not be billed under any code. Due to being considered experimental and investigational this service is not available for coverage under EPSDT. More information about experimental/investigational and medical necessity can be found in the Medical Necessity and Experimental/Investigational Services sections of the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook.

5.15.1. References: Craniosacral Therapy

(a) Idaho Medicaid Publications

"Reminder: Providers of Therapy Services." *MedicAide Newsletter,* June 2015.

(b) State Regulations

"Medical Necessity (Medically Necessary)." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 011.17. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Non-Covered Services: Occupational Therapy, Physical Therapy, and Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.03.i. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.16. Dry Needling (Non-covered)

Dry needling (20560 and 20561) is excluded from coverage by therapists under rule. Idaho Medicaid only covers physical and occupational therapy services as described in the Physical Medicine and Rehabilitation Subsection and the Neurology and Neuromuscular Procedures Subsection of the Current Procedural Terminology (CPT) Manual®.

5.16.1. References: Dry Needling

(a) CMS Guidance

Current Procedural Terminology (CPT), Centers for Medicare and Medicaid Services, Department of Health and Human Services, https://mmshub.cms.gov/measure-lifecycle/measure-specification/specify-code/CPT.

(b) State Regulations

"Service Description: Occupational Therapy and Physical Therapy." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.17. Feeding Therapy (OT/SLP)

Medicaid will cover medically necessary therapy to treat dysphagia and feeding disorders diagnosed by a physician or non-physician practitioner. Feeding disorders include clinically significant deviation from normal childhood development, problems gathering food and getting ready to suck, chew or swallow. A child unable to pick up food and deliver it to their mouth, or one who cannot completely close their lips to keep food from falling out of their mouth, may have a feeding disorder. Therapy services are not covered for the screening of dysphagia or feeding disorders.

Feeding therapy services must be provided by a licensed speech language pathologist, an occupational therapist, or occupational therapy assistant with training specific to feeding therapy to receive reimbursement for these services. In addition to regular documentation requirements, the therapist's evaluation needs to include areas of concern, such as oral-motor development, dysphagia or behavioral issues, enteral feeding history, oral dietary nutritional drinks, and a list of foods the participant will eat. If performed, the record must include the results of videofluoroscopic swallow study (VFSS).

5.17.1. References: Feeding Therapy

(a) Idaho Medicaid Publications

"Attention Occupational Therapists and Speech-Language Pathologists: Feeding Therapy." *MedicAide Newsletter,* August 2019, https://www.idmedicaid.com/MedicAide%20Newsletters/August%202019%20MedicAide.pdf

"Attention Occupational Therapists and Speech-Language Pathologists: Feeding Therapy." *MedicAide Newsletter,* November 2018, https://www.idmedicaid.com/MedicAide%20Newsletters/November%202018%20MedicAide.pdf.

(b) State Regulations

Definitions, Idaho Code 54-3702(13)(c)(xii) (2018). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/title54/t54ch37/sect54-3702/.

"Feeding Therapy." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Service Limitations." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.04.d. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.17.2. Dysphagia and Swallowing Disorders (OT/SLP)

Idaho Medicaid considers therapy, other than that addressing activities of daily living, for the treatment of dysphagia and swallowing disorders to be medically necessary for any of the following criteria:

- Participant has weight loss or malnutrition due to dysphagia and is unable to adequately obtain nutrition orally;
- Participant has history or is high-risk for recurrent aspirations or choking; or
- Participant has an inability to swallow and utilizes a nasogastric or gastrotomy tube for nutrition.

Any other indications require a prior authorization for coverage.

Codes for Evaluation and Treatment of Dysphagia and Swallowing Disorders	
CPT®	Code Description
92610	The evaluation of oral and pharyngeal swallowing function, per visit
92526	The treatment of swallowing dysfunction and/or oral function for feeding, per visit

(a) References: Dysphagia and Swallowing Disorders

(i) Idaho Medicaid Publications

"Attention Occupational Therapists and Speech-Language Pathologists: Feeding Therapy." *MedicAide Newsletter,* August 2019, https://www.idmedicaid.com/MedicAide%20Newsletters/August%202019%20MedicAide.pdf

"Attention Occupational Therapists and Speech-Language Pathologists: Feeding Therapy." *MedicAide Newsletter,* November 2018, https://www.idmedicaid.com/MedicAide%20Newsletters/November%202018%20MedicAide.pdf.

(ii) State Regulations

"Feeding Therapy." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Speech-Language Pathology Services." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.06. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.17.3. Intensive Feeding Therapy (OT/SLP)

Intensive feeding therapy programs are structured programs with an interdisciplinary team typically lasting six to eight weeks, which are provided in an inpatient or day treatment setting. The Department considers professional services for intensive feeding therapy to be medically necessary when all of the following conditions are met:

- Medical causes have been investigated and treated without resolution of the feeding problem;
- Neurological or oral-motor problems exist;
- Behavior problems are interfering with feeding;
- Normal feeding milestones have not been met;
- Physician has ordered the treatment; and
- Patient demonstrates inadequate physical growth as evidence by any of the following:
    - Weight below the third or fifth percentile for gestation-corrected age and sex as outlined in standard growth charts. Children growing along a curve with a normal interval growth rate, even if their weight is less than the fifth percentile, do not meet this criteria;
    - Patient's linear growth is below the fifth percentile as outlined in standard growth charts; or
    - Patient has dropped two major growth percentiles (i.e. from above the 75th percentile to below the 25th) within a month's time as outlined in standard growth charts.

Coverage for any other indication requires a prior authorization.

(a) References: Intensive Feeding Therapy

(i) Idaho Medicaid Publications

"Attention Occupational Therapists and Speech-Language Pathologists: Feeding Therapy." *MedicAide Newsletter,* August 2019, https://www.idmedicaid.com/MedicAide%20Newsletters/August%202019%20MedicAide.pdf

"Attention Occupational and Speech Therapy Providers: Treatment of Swallowing Dysfunction and/or Oral Function for Feeding." *MedicAide Newsletter,* August 2013, https://www.idmedicaid.com/MedicAide%20Newsletters/August%202013%20MedicAide.pdf

(ii) State Regulations

"Feeding Therapy." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.18. Hearing Screenings (SLP)

Hearing screenings (92551 and V5008) are a benefit under speech-language pathology services. Hearing screenings conducted during a speech-language evaluation are a bundled service in the evaluation and are not separately billable. Hearing screenings are reimbursable if provided on a separate day from components of the evaluation for participants under the age of 21. As a reminder the otoscopic inspection of the ear canal and tympanic membrane is part of that screening process. Providers should insure their audiometer is calibrated annually.

See the Audiology Services, Idaho Medicaid Provider Handbook for more information about newborn hearing screenings.

5.18.1. References: Hearing Screenings

(a) CMS Guidance

"Chapter 15 – Covered Medical and Other Health Services." *Medicare Benefit Policy Manual,* Centers for Medicare and Medicaid Services, Department of Health and Human Services, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.

5.19. Hippotherapy (Non-covered)

Hippotherapy is a therapy treatment strategy that uses the multidimensional swinging motion of a walking horse. Idaho Medicaid recognizes S8940 (Equestrian/hippotherapy, per session) as the appropriate code for this service. Billing this service under any other code may constitute fraud. Hippotherapy is considered to be experimental/investigational by Idaho Medicaid. It is non-covered. Due to being considered experimental and investigational conditioning is not available for coverage under EPSDT. More information about experimental/investigational and medical necessity can be found in the Medical Necessity and Experimental/Investigational Services sections of the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook.

Medicaid eligible children who also demonstrate a level of need to qualify for Children's Developmental Disability Service can request and be approved for hippotherapy services through the Family-Directed Services (FDS) option. Adults do not have access to this service. Coverage under FDS must meet the conditions of the consumer directed service model.

5.19.1. References: Hippotherapy

(a) Idaho Medicaid Publications

"Reminder: Providers of Therapy Services." *MedicAide Newsletter,* June 2015.

(b) Professional Organizations

American Hippotherapy Association, Inc. (2021). Statements of Best Practice for the Use of Hippotherapy by Occupational Therapy, Physical Therapy, and Speech-Language Pathology Professionals. Fort Collins, CO.: American Hippotherapy Association. https://www.americanhippotherapyassociation.org/assets/docs/AHA%20Statements%20of%20Best%20Practice%20February%202021.

(c) Scholarly Work

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Ajzenman, H. F., Standeven, J. W., & Shurtleff, T. L. (2013). Effect of Hippotherapy on Motor Control, Adaptive Behaviors, and Participation in Children With Autism Spectrum Disorder: A Pilot Study. *American Journal of Occupational Therapy*, 67(6), 653-663. https://pubmed.ncbi.nlm.nih.gov/24195899/.

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Shurtleff, T. L., Standeven, J. W., & Engsberg, J. R. (2009). Changes in Dynamic Trunk/Head Stability and Functional Reach After Hippotherapy. *Archives of Physical Medicine and Rehabilitation*, 90(7), 1185–1195. https://pubmed.ncbi.nlm.nih.gov/19577032/.

Silkwood-Sherer, D. J., Killian, C. B., Long, T. M., & Martin, K. S. (2012). Hippotherapy--an intervention to habilitate balance deficits in children with movement disorders: a clinical trial. *Physical Therapy*, 92(5), 707–717. https://pubmed.ncbi.nlm.nih.gov/22247403/.

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(d) State Regulations

Equine Activities Immunity Act, Idaho Code 6-18 (1998). Idaho State Legislature, https://legislature.idaho.gov/wp-content/uploads/statutesrules/idstat/Title6/T6CH18.pdf.

"Medical Necessity (Medically Necessary)." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 011.17. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Non-Covered Services: Occupational Therapy, Physical Therapy, and Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.03.i. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.20. Interactive Metronome Therapy (Non-covered)

Interactive metronome therapy is considered to be experimental/investigational by Idaho Medicaid. It is non-covered, and services must not be billed under any code. Due to being considered experimental and investigational this service is not available for coverage under EPSDT. More information about experimental/investigational and medical necessity can be found in the Medical Necessity and Experimental/Investigational Services sections of the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook.

More detailed information including a review of literature can be found in the Visual Processing Therapy section of the Eye and Vision Services, Idaho Medicaid Provider Handbook.

5.20.1. References: Interactive Metronome Therapy

(a) State Regulations

"Medical Necessity (Medically Necessary)." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 011.17. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Non-Covered Services: Occupational Therapy, Physical Therapy, and Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.03.i. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.21. Interdisciplinary Training (OT/PT/SLP)

Interdisciplinary training is a companion service where behavioral intervention and habilitative skill building is paired with services such as occupational therapy, physical therapy and speech-language pathology to assist with the participant's needs with positioning and physical transference, use of assistive equipment, and intervention techniques. Interdisciplinary training may be used to teach the behavioral intervention or habilitative skill building professional how to work with the participant to accomplish goals in their therapy plan of care in the community. The participant must be present for the service to be performed. The therapist bills their normal services as if the interdisciplinary training weren't occurring. This service does not allow the therapist to provide services in the community.

5.21.1. References: Interdisciplinary Training

(a) State Regulations

"Services." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 573.05.c. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.22. Massage (Non-covered)

Massage is considered experimental and investigational by Idaho Medicaid and is specifically prohibited from coverage under rule. Due to being considered experimental and investigational this service is not available for coverage under EPSDT. More information about experimental/investigational and medical necessity can be found in the Medical Necessity and Experimental/Investigational Services sections of the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook.

5.22.1. References: Massage

(a) State Regulations

"Medical Necessity (Medically Necessary)." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 011.17. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Non-Covered Services: Occupational Therapy, Physical Therapy, and Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.03.d. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Non-Covered Services: Occupational Therapy, Physical Therapy, and Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.03.i. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.23. Music Therapy (Non-covered)

Music therapy (G0176) is considered to be experimental/investigational by Idaho Medicaid. Due to being considered experimental and investigational this service is not available for coverage under EPSDT. It is non-covered, and services must not be billed under any code. More information about experimental/investigational and medical necessity can be found in the Medical Necessity and Experimental/Investigational Services sections of the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook.

Medicaid eligible children who also demonstrate a level of need to qualify for Children's Developmental Disability Service can request and be approved for music therapy services through the Family-Directed Services (FDS) option. Adults do not have access to this service. Coverage under FDS must meet the conditions of the consumer directed service model.

5.23.1. References: Music Therapy

(a) State Regulations

"Medical Necessity (Medically Necessary)." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 011.17. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Non-Covered Services: Occupational Therapy, Physical Therapy, and Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.03.i. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.24. Oral Hygiene (OT/SLP)

Oral hygiene education is a service provided by a dentist during a regular visit and is generally not a therapy benefit. Providers should direct participants to Idaho Smiles to find a provider for basic oral hygiene concerns. However, oral hygiene may be covered under occupational therapy or speech-language pathology services when one of the following circumstances is met:

- Participant has dysphagia or a swallowing disorder;
- Participants is receiving feeding therapy for other conditions and oral hygiene is a secondary goal; or
- Participant has a motor-skill difficulty, coordination, cognitive deficit or disability that is affecting oral hygiene and therapy is addressing the issue as an activity of daily living (ADL).

5.25. Orthotic and Prosthetic Management and Training (OT/PT)

Orthotic and prosthetic management and training as described in the Physical Medicine and Rehabilitation subsection of the Current Procedural Terminology (CPT)® Manual are covered under occupational and physical therapy services. Therapy assistants cannot complete the assessment portion of these services. Documentation shall include the distinct treatments provided during management and training. The participant or their caregiver must be capable of receiving and understanding the training.

Orthotic and Prosthetic Management and Training	
CPT® Code	Description
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes

5.25.1. References: Orthotic and Prosthetic Management and Training

(a) Idaho Medicaid Publications

"Therapy Assistant Services." *MedicAide Newsletter,* August 2020, https://www.idmedicaid.com/MedicAide%20Newsletters/August%202020%20MedicAide.pdf

(b) State Regulations

"Service Description: Occupational Therapy and Physical Therapy." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.01.d. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.26. Sensory Integration Therapy (Non-covered)

Sensory integration therapy (97533) is considered to be experimental/investigational by Idaho Medicaid. It is non-covered, and services must not be billed under any code. Due to being considered experimental and investigational this service is not available for coverage under EPSDT. More information about experimental/investigational and medical necessity can be found in the Medical Necessity and Experimental/Investigational Services sections of the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook.

5.26.1. References: Sensory Integration Therapy

(a) Professional Organizations

Sensory Integration Therapies for Children with Developmental and Behavioral Disorders. American Academy of Pediatrics. https://pediatrics.aappublications.org/content/pediatrics/129/6/1186.full.pdf.

(b) State Regulations

"Medical Necessity (Medically Necessary)." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 011.17. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Non-Covered Services: Occupational Therapy, Physical Therapy, and Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.03.i. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.27. Speech Generating Device (SLP)

Speech generating devices (SGD), or augmentative and alternative communication devices, are electronic aids, devices or systems that correct expressive communication disabilities that preclude an individual from meaningfully participating in activities of daily living. A designated SGD is a covered benefit for Idaho Medicaid under durable medical equipment with a prior authorization and may be dispensed, modified or repaired by a speech-language pathologist (SLP). Coverage is limited to one per five years. When multiple features, models or brands of equipment or supplies are available, coverage will be limited to the least costly version that will reasonably and effectively meet the minimum requirements of the individual's medical needs.

Participants must meet all of the following criteria for coverage:

- The participant's medical condition is one resulting in a severe expressive speech impairment; and
- The participant's speaking needs cannot be met using natural communication methods.

The participant must have a formal evaluation of their cognitive and communication abilities by a SLP. The evaluation and recommendation must be provided to the participant's treating physician or non-physician practitioner prior to ordering the device. The SLP performing the evaluation may not be an employee of or have a financial relationship with the supplier, manufacturer or wholesaler of the SGD. However, this does not preclude the SLP from being the supplier for the device. The evaluation must be in writing and include, at a minimum, the following elements and indications for coverage:

- Current communication impairment, including the type, severity, language skills, cognitive ability, and anticipated course of the impairment;
- An assessment of whether the participant's daily communication needs could be met using other treatments or natural modes of communication;
- A description of the functional communication goals expected to be achieved and treatment options;
- Rationale for selection of a specific device and any accessories;
- A training plan, including a training schedule for the selected device;
- Assessment that shows cognitive and physical abilities allow effective use of the selected device and accessories; and
- The participant's speech impairment will benefit from the device ordered.

The participant must complete a minimum of three trials of different SGDs that may meet the participant's communication needs. The devices must be from at least two different vendors and last at least one-week per device. Documentation must be kept demonstrating the amount of time the participant used the device each week and that the device was trialed in the participant's home.

For a subsequent upgrade to a previously issued SGD, information regarding the functional benefit to the participant of the upgrade compared to the initially provided SGD must be included in the evaluation.

Prior authorization requests must be submitted through the Telligen Qualitrac portal with:

- Telligen Idaho Medicaid Speech Generating Device Evaluation; and
- If applicable, manual pricing documentation per the General Billing Instructions, Idaho Medicaid Provider Handbook.

Prior authorization requests shall be sent to Telligen, Inc.. Telligen reviews durable medical equipment prior authorizations as listed on the Numerical Fee Schedule. All prior authorization requests must use the Telligen Qualitrac provider portal.

Telligen, Inc.
670 E Riverpark Ln. Suite 120
Boise, ID 83706
Phone 1 (866) 538-9510
Email: Idmedicaidsupport@telligen.com

IPads and smart phones do not meet the definition of speech-generating devices or durable medical equipment for Idaho Medicaid. They are not primarily medical in purpose.

Speech Generating Device Limitations			
Description	**Codes**	**Shared Limit**	**Effective Date**
Speech-Generating Device	E1902, E2500, E2502, E2504, E2506, E2508, E2510	1 per 5 years.	10/01/2023
Speech Generate Dev Software Program for PC/PDA	E2511	1 per 5 years.	12/01/2023
Speech Generate Dev Accessory, Mounting System	E2512	1 per 5 years.	12/01/2023

5.27.1. References: Speech Generating Device

(a) Idaho Medicaid Publications

"Changes to QIO Prior Authorization and Post Payment Review Submission Procedures." *MedicAide Newsletter, June 2023*, https://www.idmedicaid.com/MedicAide%20Newsletters/June%202023%20MedicAide.pdf.

"Finalized Limitations on DMEPOS." *MedicAide Newsletter,* September 2023, https://www.idmedicaid.com/MedicAide%20Newsletters/September%202023%20MedicAide.pdf

"Finalized Limitations on DMEPOS." *MedicAide Newsletter,* November 2023, https://www.idmedicaid.com/MedicAide%20Newsletters/November%202023%20MedicAide.pdf.

(b) Professional Organizations

"Speech-Language Pathology Medical Review Guidelines." *American Speech-Language-Hearing Association,* Retrieved 31 December 2020, https://www.asha.org/siteassets/uploadedfiles/SLP-Medical-Review-Guidelines.pdf.

5.28.Tests and Measurements (OT/PT)

Tests and measurements as described in the Physical Medicine and Rehabilitation subsection of the Current Procedural Terminology(CPT)® Manual are covered under Occupational or Physical Therapy. Therapists are required to have direct one-to-one patient contact for these services. Occupational and physical therapy assistants cannot provide this service.

Tests and Measurements	
CPT® Code	Description
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes

5.28.1. References: Tests and Measurements

(a) Idaho Medicaid Publications

"Therapy Assistant Services." *MedicAide Newsletter,* August 2020, https://www.idmedicaid.com/MedicAide%20Newsletters/August%202020%20MedicAide.pdf

(b) State Regulations

"Therapy Services: Coverage and Limitations." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.01.b. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.29. Therapeutic Procedures (OT/PT)

Therapeutic procedures are the application of clinical skills and services that attempt to improve function. All therapeutic procedures as defined by the CPT® code book require direct, one-on-one participant contact by the therapist, occupational or physical therapy assistant.

5.29.1. References: Therapeutic Procedures

(a) State Regulations

"Service Description: Occupational Therapy and Physical Therapy." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Therapeutic Procedures." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.07. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.30. Vision Therapy (OT/PT)

Information about the coverage of vision therapy, or eye exercise therapy, can be found in the Vision Therapy section of the Eye and Vision Services, Idaho Medicaid Provider Handbook.

5.31. Vocational Programs (Non-covered)

Vocational programs are prohibited from coverage under rule. They do not meet the definition of medical necessity or a benefit under 1905 services and are therefore not available under EPSDT. More information about medical necessity can be found in the Medical Necessity section of the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook.

5.31.1. References: Vocational Programs

(a) State Regulations

"Medical Necessity (Medically Necessary)." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 011.17. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Non-Covered Services: Occupational Therapy, Physical Therapy, and Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.03.j. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.32. Weight Management (Non-covered)

Weight management through therapy services is prohibited from coverage under rule. Idaho Medicaid does have a weight management program for participants outside of therapy benefits. More information can be found in the Weight Management Services section of the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook.

5.32.1. References: Weight Management

(a) Idaho Medicaid Publications

"Reminder: Providers of Therapy Services." *MedicAide Newsletter,* June 2015.

(b) State Regulations

"Non-Surgical Treatment for Obesity." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 432.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.33. Work Hardening (Non-covered)

Work hardening is prohibited from coverage under rule. They do not meet the definition of medical necessity or a benefit under 1905 services and are therefore not available under EPSDT. More information about medical necessity can be found in the Medical Necessity section of the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook.

5.33.1. References: Work Hardening

(a) State Regulations

"Medical Necessity (Medically Necessary)." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 011.17. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Non-Covered Services: Occupational Therapy, Physical Therapy, and Speech-Language Pathology." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.03.d. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

6. Utilization Management

Documentation sent unsolicited, or not requiring a prior authorization, will not be reviewed by the Department. Un-reviewed documentation does not constitute approval or authorization of a service.

6.1. Post-Payment Review

Federal and state program integrity agencies may conduct a post-payment review to ensure compliance with the Idaho Medicaid program. Providers must provide requested documentation to the Department, to the Centers for Medicare and Medicaid Services (CMS), and to any Department or CMS contractor immediately upon request. When a claim is selected for review, the provider will be notified in person or writing by the Department of Health and Welfare or its representative. The therapist must provide documentation sufficient to substantiate the amount, duration, scope, and medical necessity of the billed service. Medicaid may recoup the payment if proper documentation cannot be produced by the provider.

The Medical Care Unit may select a random sample of claims for post-payment review. Providers must submit the required documentation within ten days of the receipt of the Department's request. Failure to provide the supporting documentation within this timeframe will result in denial of the claim and denial of future services for the participant.

The required documentation includes:

- Therapy Services Requested Documentation Form;
- Physician or non-physician practitioner's order;
- Evaluation signed and dated by therapist;
- Current plan of care;
- Current progress report; and
- Last five (5) sessions of treatment notes.

Fax or mail the requested records to:

Idaho Department of Health and Welfare
Attn: Medical Care Unit, Division of Medicaid
PO Box 83720
Boise, ID 83720-0009
Fax: 1 (877) 314-8779

If after the review it is determined that a service does not meet criteria for coverage, the claim and all proceeding claims for the participant in that cap category and calendar year will be denied. If the participant has a setback, a new condition, or new information is available, the provider can submit a prior authorization request to the Department.

6.1.1. References: Post-Payment Review

(a) Idaho Medicaid Publications

"Independent Speech-Language Pathologist, Independent Occupational Therapist, and Independent Physical Therapy Providers." *MedicAide Newsletter,* March 2017, https://www.idmedicaid.com/MedicAide%20Newsletters/March%202017%20MedicAide.pdf.

"Independent Speech-Language Pathologist, Independent Occupational Therapist, and Independent Physical Therapy Providers." *MedicAide Newsletter,* March 2017, https://www.idmedicaid.com/MedicAide%20Newsletters/March%202017%20MedicAide.pdf.

(b) State Regulations

"Review of Records." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 230.05. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

6.2. Prior Authorization

All prior authorization requests must be sent to Telligen for processing. Providers should not submit prior authorizations for services beyond the therapy caps. Those claims would be billed with a KX modifier.

See the General Billing Instructions, Idaho Medicaid Provider Handbook for more information on when and how prior authorizations should be submitted.

6.2.1. References: Prior Authorization

(a) Idaho Medicaid Publications

"Attention: Independent Physical, Occupational, and Speech Therapy Providers." *MedicAide Newsletter,* March 2009.

7. Documentation Requirements

All documentation must follow standard retention requirements including, but not limited to, those listed in the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook. Documentation must be of a quality that a non-therapist reviewer can determine that the service requires the skills of a licensed therapist or therapy assistant. Providers must maintain documentation of:

- Orders;
- Plans of Care;
- Results of tests and measurements performed;
- Treatment Notes; and
- Discharge Note.

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

7.1. References: Documentation Requirements

7.1.1. State Regulations

"Documentation." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 736.03. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Review of Records." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 230.05. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

7.2. Orders

For reimbursement by Medicaid, the therapist must have a detailed written order from a physician or non-physician practitioner (nurse practitioner or physician assistant). Therapists may begin evaluation and treatment with an order to evaluate and treat or a preliminary order. An order to evaluate and treat may be completed by a hospitalist if the participant is admitted for acute inpatient care.

If the initial order is to evaluate and treat, but does not specify the services, frequency, and length of need, the therapist may perform an evaluation and begin therapy based on the initial order, but no claims may be billed until a detailed written order or completed plan of care is signed by the physician or non-physician practitioner. The signature must be received within 30 days of initiating therapy to continue therapy services, otherwise services provided after the initial 30 days are non-covered. Services may become covered again based on the date of the physician or non-physician practitioner's signature when the signed detailed order or plan of care are received by the therapist.

Therapy services are only reimbursable during the time period specified by the length of need on the order or 90-days from the order's signature, whichever expires first. Medical conditions that are documented by the physician or non-physician practitioner to be long-term instead expire after 365 days instead of 90-days and may expire sooner if the order specifies a shorter length of need. A new order must be received within 30 days of the last order's expiration before any therapy services provided after the expiration date may be billed.

7.2.1. References: Orders

(a) State Regulations

"Orders." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 733.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

7.2.2. Detailed Written Order

The detailed written physician/non-physician practitioner's order must stipulate:

- Type of therapy (OT, PT or SLP);
- Type of services needed;
- Frequency of treatment;
- Be signed and dated by the ordering physician or non-physician practitioner; and
- When applicable, the expected length of need for which the therapy will be medically necessary.

A completed plan of care signed by the physician or non-physician practitioner can serve as the detailed written order.

(a) References: Detailed Written Order

(i) Idaho Medicaid Publications

"Attention Occupational, Physical, and Speech Therapy Providers: New Information about Physician Orders for Independent Therapists and Outpatient Hospital Therapy." *MedicAide Newsletter,* February 2015, https://www.idmedicaid.com/MedicAide%20Newsletters/February%202015%20MedicAide.pdf.

(ii) State Regulations

"Orders." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 733.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Therapy Services: Procedural Requirements." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 733. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

7.2.3. Preliminary Orders

The preliminary order may be in writing or received verbally and must stipulate:

- The need for evaluation;
- Type of therapy; and either:
    - Signed and dated by the physician or non-physician practitioner ordering the service; or
    - Signed and dated by the professional receiving the verbal order.

School-based services are not eligible for preliminary orders.

(a) References: Preliminary Orders

(i) Idaho Medicaid Publications

"Attention Occupational, Physical, and Speech Therapy Providers: New Information about Physician Orders for Independent Therapists and Outpatient Hospital Therapy." *MedicAide Newsletter,* February 2015, https://www.idmedicaid.com/MedicAide%20Newsletters/February%202015%20MedicAide.pdf.

(ii) State Regulations

"Orders." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 733.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Therapy Services: Procedural Requirements." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 733. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

7.2.4. Orders for Home Health

Therapy services provided under a home health plan of care must also follow the requirements for home health services. Orders must be completed by a physician as part of the home health plane of care and must be renewed every 60 days or six months for chronic conditions. See the Home Health and Hospice Services, Idaho Medicaid Provider Handbook for more information on home health services.

(a) References: Orders for Home Health

(i) Idaho Medicaid Publications

"Attention Occupational, Physical, and Speech Therapy Providers: New Information about Physician Orders for Independent Therapists and Outpatient Hospital Therapy." *MedicAide Newsletter,* February 2015, https://www.idmedicaid.com/MedicAide%20Newsletters/February%202015%20MedicAide.pdf.

(ii) State Regulations

"Orders." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 723.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Orders." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 733.01.b.i. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Orders." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 733.01.c. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

7.3. Plan of Care

A plan of care is a document, which determines treatment strategies and defines goals for the participant to work towards alleviating their condition or maintain progress they have made. The plan of care is initially based on information gathered during an evaluation and updated periodically based on the participant's progress as demonstrated in assessments, progress reports and, if applicable, re-evaluations. All therapy is provided under a plan of care based on a physician or non-physician practitioner's order. The plan must be signed and dated by the therapist who established the plan. The completed plan of care must be sent to the physician or non-physician practitioner, who ordered the service. The physician or non-physician practitioner can sign the plan of care to have it serve as the detailed written order. It is considered best practice to have the ordering professional sign and date the plan of care as proof that they received it, however, it is not required so long as a signed detailed written order is received and other documentation of delivery of the plan of care is maintained. This may include fax confirmation sheets, certified mail receipts, etc.

There must be one plan of care per therapy discipline. Multiple disciplines cannot be combined into a single plan of care. Providers can only provide therapy services for the discipline in which they are licensed. Participants may have multiple plans of care when different physicians and non-physician practitioners refer the participant for different conditions. The plans of care may be combined into one if they are both the same therapy discipline and a physician or non-physician practitioner signs the combined plan of care.

Therapy may begin after the plan of care is dictated by the therapist before it is written, however, the therapist must provide or supervise all services until the plan of care is written down. The initial plan of care must be written down within 7 days of the evaluation to continue treatment. No claims may be submitted until the plan of care is written down and documented and either a detailed written order or the complete plan of care are signed by the ordering physician or non-physician practitioner.

Usually therapists may only provide services under a plan of care they developed, however, a therapist in the same practice can provide services under a plan of care developed by one of their coworkers in the same practice in the course of normal business or as part of a reciprocal billing arrangement, or the plan of care can be used by any therapist under locum tenens. If a therapist is leaving the practice, the therapist replacing them must create a new plan of care. Therapy assistants cannot create a plan of care and must work under a plan of care developed by a therapist.

The participant's progress must be reviewed and the plan of care updated and services reordered every ninety (90) days by the physician or non-physician practitioner except when:

- Under a home health plan of care, which must be updated and services reordered at least every sixty (60) days; or
- If there is supporting documentation from the participant's physician or non-physician practitioner indicating that the participant has a long-term medical condition for which therapy is necessary for more than ninety (90) days, then a plan of care and an order for continued care is required at least every 365 days.

Plans of care may be updated by the ordering physician or non-physician practitioner. The therapist may not make significant changes to the plan of care without the ordering professional's written or documented verbal consent. Modifications that do not require approval from the ordering professional are:

- Changes to short-term goals to adjust for improvements and maintain alignment with long-term goals;

- Changes to procedures and modalities;
- Reduced frequency to allow for tapering as the participant improves;
- Reduced frequency due to participant experiencing an illness; and
- Changes to interventions and frequency due to completing a goal provided the change is communicated to the ordering provider.

7.3.1. References: Plan of Care

(a) CMS Guidance

"Chapter 15 – Covered Medical and Other Health Services." *Medicare Benefit Policy Manual,* Centers for Medicare and Medicaid Services, Department of Health and Human Services, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.

(b) Professional Organizations

"Overview of Documentation for Medicare Outpatient Therapy Services." *American Speech-Language-Hearing Association,* Retrieved 15 December 2020, https://www.asha.org/practice/reimbursement/medicare/medicare_documentation/.

(c) State Regulations

"Therapy Services." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 730.10. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Therapy Plan of Care." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 733. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Therapy Services: Procedural Requirements." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 733.04. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

7.3.2. Elements

The plan must be consistent with treating the functional impairment identified in the therapy evaluation, and must contain at a minimum:

- Type of therapy (OT, PT or SLP);
- Diagnoses supporting treatment;
- Anticipated short and long-term treatment goals that are outcome based with measurable objectives;
- Frequency and duration of treatment;
- Home program; and
- Discharge plan.

Short-term goals are defined as weekly or monthly goals, as appropriate to the condition and anticipated length of treatment. Long term treatment goals are defined as goals for the entire episode of care in the current setting. However, for participants that are anticipated to need an updated plan of care and new order, the long-term treatment goal may be tailored to the period for each plan of care's active period. Therapy that is anticipated to have a short-term of duration may have the same objectives for short and long-term goals.

Frequency for plans of care shall include either the number of sessions per week or per month. Frequency assumes only one session per day when not specified. If multiple sessions are conducted in a single day, they shall be noted in the plan of care. The plan of care does not have to reflect a reduction in sessions due to tapering off when the therapist's assessment is that the full number of sessions is no longer needed due to the participant's progress toward their objectives.

(a) References: Elements

(i) CMS Guidance

"Chapter 15 – Covered Medical and Other Health Services." *Medicare Benefit Policy Manual,* Centers for Medicare and Medicaid Services, Department of Health and Human Services, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.

(ii) Professional Organizations

"Overview of Documentation for Medicare Outpatient Therapy Services." *American Speech-Language-Hearing Association,* Retrieved 15 December 2020, https://www.asha.org/practice/reimbursement/medicare/medicare_documentation/.

(iii) State Regulations

"Therapy Plan of Care." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 733.04. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

7.3.3. Plan of Care for Home Health

Therapy services provided under a home health plan of care must follow the requirements for Therapy plan of care, and home health plans of care including being recertified every 60 days. See the Home Health and Hospice Services, Idaho Medicaid Provider Handbook for more information on the requirements of home health plans of care.

(a) References: Plan of Care for Home Health

(i) State Regulations

"Orders." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 733.01.b.i. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Therapy Services: Coverage and Limitations." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Therapy Plan of Care." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 733.04.c. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

7.4. Progress Report

Progress reports are formal documentation that demonstrates a participant's progress towards the goals in their plan of care, which supports the medical necessity for continued treatment. Progress reports shall be completed either by the physician or non-physician practitioner, who ordered the service, the therapist performing the service, or the therapist supervising a physical or occupational therapy assistant performing the service. A progress report is necessary at least once every 90 days beginning with the initial day of treatment for the first report and 90 days from the last progress report for all subsequent reports. Reports may be completed more frequently at the discretion of the completing clinician. An evaluation can be used in lieu of a progress report, however, a progress report being needed is not justification to complete a new evaluation.

Progress reports shall include:

- Interval that report is reviewing, i.e. date to date range assessed;
- Date of report;
- Signature and credentials of reporter;
- Participant's subjective report on progress;
- Objective measurements and descriptions of changes in status relative to each short and long-term goal;
- Changes to goals based off assessments and progress made toward goals; and
- Plans for continuing treatment with reference to evaluation and any need for changes to the plan of care to be initiated.

Participants with multiple plans of care may have a single combined progress report so long as each element is included relative to the multiple plans of care.

7.5. Treatment Notes

Treatment notes do not usually substantiate claims for medical necessity. They create a record of encounters with providers and the interventions employed to substantiate claims for billing. The lack of a treatment note means that claims may not be submitted for services that day as there is no documentation to substantiate that the participant was seen. Records limited to checklists with attendance, procedure codes, and units of time are insufficient to meet the requirement for documentation of treatment notes. Treatment notes must include at a minimum:

- Date and time of treatment session;
- Treatment, interventions and modality provided with the duration in minutes for each;
- Any added or removed treatments and the reason for the changes;
- If applicable, a signature by the performing occupational or physical therapy assistant; and
- A signature by the performing or supervising therapist.

In the event that the participant is not demonstrating progress towards a goal, treatment notes shall also include information on barriers to reaching the goal, such as illness, new conditions, social circumstances. The note must show how progress toward the goal is still obtainable to continue therapy.

If a scheduled session does not occur as scheduled, the provider must indicate the reason the plan of care was not followed.

7.5.1. References: Treatment Notes

(a) Professional Organizations

"Overview of Documentation for Medicare Outpatient Therapy Services." *American Speech-Language-Hearing Association,* Retrieved 15 December 2020, https://www.asha.org/practice/reimbursement/medicare/medicare_documentation/.

7.6. Discharge Note

The discharge note is a progress report covering the period from the last progress report to the date of discharge from therapy services. The discharge note contains all elements of a progress report and includes the therapist's agreement (or disagreement with reasoning) to discharge the participant from their care. The discharge note is required for all participants being discharged from therapy services even when a progress report typically wouldn't be required due to timing. Discharge notes are not required for inpatient services when a discharge summary is completed by a physician or non-physician practitioner for discharging from inpatient status.

7.6.1. References: Discharge Note

(a) CMS Guidance

"Chapter 15 – Covered Medical and Other Health Services." *Medicare Benefit Policy Manual,* Centers for Medicare and Medicaid Services, Department of Health and Human Services, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.

(b) Professional Organizations

"Overview of Documentation for Medicare Outpatient Therapy Services." *American Speech-Language-Hearing Association,* Retrieved 15 December 2020, https://www.asha.org/practice/reimbursement/medicare/medicare_documentation/.

8. Reimbursement

Providers must be enrolled to receive reimbursement from Idaho Medicaid. Idaho Medicaid reimburses medically necessary therapy services on a fee-for-service basis. Usual and customary fees are paid up to the Medicaid maximum allowance listed in the Numerical Fee Schedule. Effective January 1, 2022, rates for services provided by occupational and physical therapy assistants will be reduced to 85% of therapists in alignment with the Bipartisan Budget Act of 2018. Rates are initially set for codes at 90% of the Medicare fee schedule when the code becomes covered by Idaho Medicaid, if a Medicare amount is available. Therapeutic equipment utilized by therapists to provide therapeutic services or modalities to Medicaid participants is included in the fee-for-service payment and may not be charged separately.

Effective October 1, 2020, Idaho Medicaid adopted therapy modifiers GP, GO and GN to demonstrate services provided under an outpatient therapy plan of care. These modifiers apply to therapists, physicians, non-physician practitioners and outpatient hospital services. These modifiers should not be used for home health services, inpatient services, school-based services or developmental disability services. The modifiers are:

- GN Outpatient speech-language pathology plan of care.
- GO Outpatient occupational therapy plan of care.
- GP Outpatient physical therapy plan of care.

These modifiers always apply to these revenue codes for outpatient services:

- 42X: Physical Therapy.
- 43X: Occupational Therapy.
- 44X: Speech-language Pathology.

A therapist who treats participants in a hospital (inpatient or outpatient), nursing facility, school or for a home health agency is not reimbursed directly. Services provided in these locations must be billed by those facility provider types. Therapy services provided through home health are reimbursed at a per visit rate.

Occupational and physical therapy assistant services are billed under the supervising therapist's NPI. Effective October 1, 2020, the Department will require the use of the CO and CQ modifiers on claim lines representing services provided by occupational or physical therapy assistants. Critical access hospitals are exempt from this requirement. Services provided in a single session by a therapist and therapy assistant would be broken into two claim lines. This would not be considered a duplication of service. The modifiers are:

- CO: Services furnished in whole or in part by an occupational therapy assistant.
- CQ: Services furnished in whole or in part by a physical therapist assistant.

The modifiers apply based on the total minutes for the service the therapy assistant provides. If a single billable unit of a code represents services performed by both the therapist and the assistant, then the code would be billed with the assistant modifier if the assistant provided more than 40% of the service.

Example

John Doe received physical therapy on 07/15/2020. He spent fifty-three minutes doing therapeutic exercises. The therapy assistant provided thirty-four minutes of the service. As 97110 is fifteen-minutes per unit, the claim would be billed with four units due to the eight-minute standard. The therapist's time equals one whole unit. The assistant's time equaled two whole units. Of the remaining unit, four minutes of the service was completed by the assistant.

Since that's more than 40% of the service, the unit is billed with the therapy assistant modifier.

Example Claim Lines				
DOS	CPT®	Units	Modifier	Modifier
07/15/2020	97110	1	GP	
07/15/2020	97110	3	GP	CQ

Once Medicaid has reimbursed $2,330 in OT services, or $2,330 for a combination of PT and SLP services, providers must assess the participant to determine if the services continue to be medically necessary and that the skills of a therapist required. If the services continue to be necessary, the provider may continue to bill for additional services by appending a "KX" modifier to all claims that exceed the cap amount in that calendar year. The KX modifier is the provider's attestation that a review has occurred, and the services remain medically necessary. It is recommended, but not required, that providers perform a progress report to create formal documentation of a review being conducted. Services provided by home health agencies, school-based services and the Infant Toddler Program are exempt from these caps.

Providers are reminded that many therapy codes are determined by the intent of the intervention and not whether the intervention provides a certain benefit. This means a single intervention, such as a biomechanical ankle platform system, may be coded in many different ways depending on the intent of its use. Only the most appropriate code to the service provided shall be billed on a claim. For example, 97112 may only be billed when utilized to treat a neuromuscular problem requiring an intervention to allow the participant to sit or stand. If all of these elements are not met, then it would be the inappropriate code to bill.

See the *General Billing Instructions*, Idaho Medicaid Provider Handbook regarding policy on billing, prior authorization, and requirements for billing all other third-party resources before submitting claims to Medicaid.

See the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook for information on when billing a participant is allowable including co-pays.

8.1. References: Reimbursement

8.1.1. CMS Guidance

"Updated Editing of Always Therapy Services - MCS." *MLN Matters MM10176, December 2017,* Centers for Medicare and Medicaid Services, Department of Health and Human Services, https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/mm101762.pdf.

8.1.2. Idaho Medicaid Publications

"Clarification for Therapy Modifiers: GP, GO and GN." *MedicAide Newsletter,* December 2020, https://www.idmedicaid.com/MedicAide%20Newsletters/December%202020%20MedicAide.pdf.

Co-payments (Co-pays), Information Release MA11-29 (11/22/2011). Division of Medicaid, Department of Health and Welfare, State of Idaho.

House Bill 260 Therapy Limitations, Information Release MA11-28 (11/18/2011). Division of Medicaid, Department of Health and Welfare, State of Idaho.

House Bill 260 Budget Reductions – Provider Payments, Information Release MA11-19 (5/26/2011). Division of Medicaid, Department of Health and Welfare, State of Idaho.

"Therapy Assistant Services." *MedicAide Newsletter,* August 2020, https://www.idmedicaid.com/MedicAide%20Newsletters/August%202020%20MedicAide.pdf .

Therapy Cap Limits, *Information Release MA23-21* (12/11/2023). Division of Medicaid, Department of Health and Welfare, State of Idaho, https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=28091&dbid=0&repo=PUBLIC-DOCUMENTs.

"Therapy Modifiers – GP, GO and GN." *MedicAide Newsletter,* August 2020, https://www.idmedicaid.com/MedicAide%20Newsletters/August%202020%20MedicAide.pdf

8.1.3. State Regulations

"Individual Provider Reimbursement." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 230.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

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

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

"Payment for Therapy Services." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 735.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Payment Procedures." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 735.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Service Description: Occupational Therapy and Physical Therapy." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.01.f. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Service Limitations." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 732.04. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

8.2. Locum Tenens

Locum tenens arrangements occur when a substitute therapist covers the regular therapist during absences for illness, pregnancy, vacation, or continuing education. The regular therapist pays the substitute therapist for their services on a per diem, or similar fee-for-time basis. Idaho Medicaid allows for therapists to bill for locum tenens arrangements. Arrangements may be made with one or more substitute therapists, and do not have to be in writing. The absent therapist continues to bill and receive payment for the substitute therapist's services as though they were performed by the absent therapist. The substitute therapist may use the plan of care of the usual therapist, but must make assessments and revaluations as indicated.

Locum tenens arrangements cannot exceed a period of 60 continuous days unless the regular therapist is called to active duty in the Armed Forces. The regular therapist must use the Q6 modifier on claims for services provided by the substitute therapist in a locum tenens arrangement.

Locum tenens arrangements are allowed when the following are met:

- The regular therapist is unavailable to provide the services.
- The Medicaid participant has arranged or seeks to receive services from their regular therapist.
- The regular therapist identifies the services provided by a substitute therapist by appending the appropriate modifier to the procedure code on claims.
- The regular therapist maintains a record of each service provided by the substitute therapist and their National Provider Identifier (NPI). Records must be available to DHW upon request.

8.2.1. References: Locum Tenens

(a) CMS Guidance

"Chapter 1 – General Billing Requirements." *Medicare Claims Processing Manual*, Centers for Medicare and Medicaid Services, Department of Health and Human Services, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf.

8.3. Misrepresentation of Services

Any representation that a service provided by an occupational therapist, physical therapist, non-physician practitioner, speech-language pathologist, or other non-physician professional was rendered as a physician service is prohibited. All provider types and specialties eligible for enrollment with Idaho Medicaid must bill using their own National Provider Identification (NPI) number unless otherwise stated.

Examples of misrepresentation of services prohibited by Idaho Medicaid includes, but is not limited to:

- 'Incident to' billing of services under a physician NPI.
- Global billing when services are rendered by two different provider types in the same group practice.
- By any provider of a type or specialty eligible for enrollment, who is not enrolled with Idaho Medicaid, under the NPI of any enrolled provider.
- Students or unlicensed aides of an Idaho Medicaid provider.
- Unenrolled subcontractors to an Idaho Medicaid provider.
- For supervision of services rendered by any other provider of medical services or supplies, whether or not enrolled with Idaho Medicaid.

8.3.1. References: Misrepresentation of Services

(a) State Regulations

"Physician Services: Provider Qualifications and Duties." IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Sec. 504. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

8.4. Reciprocal Billing

Reciprocal billing arrangements occur when two therapy professionals are from the same practice and the substitute therapy professional covers the regular therapy professional during occasional absences such as on-call coverage. The absent therapy professional agrees to cover the substitute therapy professional at a later time in exchange for their services. Arrangements are not to exceed a period of 14 continuous days. The regular therapy professional must use the Q5 modifier on claims for services provided by the substitute therapy professional in a reciprocal billing arrangement. The covering therapist may use the plan of care developed by the regular therapist.

Appendix A. Occupational Therapy Services

See list of covered occupational therapy services below.

Covered Occupational Therapy Services	
CPT®/HCPCS	Description
29000	Application of halo type body cast (see 20661-20663 for insertion)
29010	Application of Risser jacket, localizer, body; only
29015	Application of Risser jacket, localizer, body; including head
29035	Application of body cast, shoulder to hips;
29040	Application of body cast, shoulder to hips; including head, Minerva type
29044	Application of body cast, shoulder to hips; including 1 thigh
29046	Application of body cast, shoulder to hips; including both thighs
29049	Application, cast; figure-of-eight
29055	Application, cast; shoulder spica
29058	Application, cast; plaster Velpeau
29065	Application, cast; shoulder to hand (long arm)
29075	Application, cast; elbow to finger (short arm)
29085	Application, cast; hand and lower forearm (gauntlet)
29086	Application, cast; finger (eg, contracture)
29105	Application of long arm splint (shoulder to hand)
29125	Application of short arm splint (forearm to hand); static
29126	Application of short arm splint (forearm to hand); dynamic
29130	Application of finger splint; static
29131	Application of finger splint; dynamic
29200	Strapping; thorax
29240	Strapping; shoulder (eg, Velpeau)
29260	Strapping; elbow or wrist
29280	Strapping; hand or finger
29305	Application of hip spica cast; 1 leg

Covered Occupational Therapy Services	
CPT®/HCPCS	Description
29325	Application of hip spica cast; 1 and one-half spica or both legs
29345	Application of long leg cast (thigh to toes);
29355	Application of long leg cast (thigh to toes); walker or ambulatory type
29358	Application of long leg cast brace
29365	Application of cylinder cast (thigh to ankle)
29405	Application of short leg cast (below knee to toes);
29425	Application of short leg cast (below knee to toes); walking or ambulatory type
29435	Application of patellar tendon bearing (PTB) cast
29440	Adding walker to previously applied cast
29445	Application of rigid total contact leg cast
29450	Application of clubfoot cast with molding or manipulation, long or short leg
29505	Application of long leg splint (thigh to ankle or toes)
29515	Application of short leg splint (calf to foot)
29520	Strapping; hip
29530	Strapping; knee
29540	Strapping; ankle and/or foot
29550	Strapping; toes
29580	Strapping; Unna boot
29581	Application of multi-layer compression system; leg (below knee), including ankle and foot
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers
29700	Removal or bivalving; gauntlet, boot or body cast
29705	Removal or bivalving; full arm or full leg cast
29710	Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc.
29720	Repair of spica, body cast or jacket
29730	Windowing of cast
29740	Wedging of cast (except clubfoot casts)

Covered Occupational Therapy Services	
CPT®/HCPCS	Description
29750	Wedging of clubfoot cast
29799	Unlisted procedure, casting or strapping
92526	Tx Swallowing Dysfunction And/Or Oral for Feeding
92610	Evaluation of Oral and Pharyngeal Swallowing Function
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
95857	Cholinesterase inhibitor challenge test for myasthenia gravis
95860	Needle electromyography; 1 extremity with or without related paraspinal areas
95861	Needle electromyography; 2 extremities with or without related paraspinal areas
95863	Needle electromyography; 3 extremities with or without related paraspinal areas
95864	Needle electromyography; 4 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; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters
95872	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied
95873	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
95874	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
95875	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)
95992	Canalith repositioning procedure(s) (e.g., Epley maneuver, Semont maneuver), per day
97012	Application of a modality to 1 or more areas; traction, mechanical
97016	Application of a modality to 1 or more areas; vasopneumatic devices
97018	Application of a modality to 1 or more areas; paraffin bath
97022	Application of a modality to 1 or more areas; whirlpool
97024	Application of a modality to 1 or more areas; diathermy (e.g., microwave)
97026	Application of a modality to 1 or more areas; infrared
97028	Application of a modality to 1 or more areas; ultraviolet
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes

Covered Occupational Therapy Services	
CPT®/HCPCS	Description
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes
97039	Unlisted modality (specify type and time if constant attendance)
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97129	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes.
97130	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes.
97139	Unlisted therapeutic procedure (specify)
97140	Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97150	Therapy procedure in a group setting
97165	Evaluation of Low Complexity
97166	Evaluation of Moderate Complexity
97167	Evaluation of High Complexity
97168	Re-evaluation
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97535	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes

Covered Occupational Therapy Services	
CPT®/HCPCS	Description
97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes.
97542	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes
97597	Debridement (e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (e.g., fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq. cm or less.
97598	Debridement (e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (e.g., fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
97605	Negative pressure wound therapy (e.g., vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
97606	Negative pressure wound therapy (e.g., vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
97607	Negative pressure wound therapy, (e.g., vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters.
97608	Negative pressure wound therapy, (e.g., vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters.
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes

Covered Occupational Therapy Services	
CPT®/HCPCS	Description
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes
97799	Unlisted physical medicine/rehabilitation service or procedure.
Q4001	Casting supplies, body cast adult, with or without head, plaster
Q4002	Cast supplies, body cast adult, with or without head, fiberglass
Q4003	Cast supplies, shoulder cast, adult (11 years +), plaster
Q4004	Cast supplies, shoulder cast, adult (11 years +), fiberglass
Q4005	Cast supplies, long arm cast, adult (11 years +), plaster
Q4006	Cast supplies, long arm cast, adult (11 years +), fiberglass
Q4007	Cast supplies, long arm cast, pediatric (0-10 years), plaster
Q4008	Cast supplies, long arm cast, pediatric (0-10 years), fiberglass
Q4009	Cast supplies, short arm cast, adult (11 years +), plaster
Q4010	Cast supplies, short arm cast, adult (11 years +), fiberglass
Q4011	Cast supplies, short arm cast, pediatric (0-10 years), plaster
Q4012	Cast supplies, short arm cast, pediatric (0-10 years), fiberglass
Q4013	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), plaster
Q4014	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), fiberglass
Q4015	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), plaster
Q4016	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), fiberglass
Q4017	Cast supplies, long arm splint, adult (11 years +), plaster
Q4018	Cast supplies, long arm splint, adult (11 years +), fiberglass
Q4019	Cast supplies, long arm splint, pediatric (0-10 years), plaster
Q4020	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass
Q4021	Cast supplies, short arm splint, adult (11 years +), plaster
Q4022	Cast supplies, short arm splint, adult (11 years +), fiberglass
Q4023	Cast supplies, short arm splint, pediatric (0-10 years), plaster
Q4024	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass
Q4025	Cast supplies, hip spica (one or both legs), adult (11 years +), plaster
Q4026	Cast supplies, hip spica (one or both legs), adult (11 years +), fiberglass
Q4027	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), plaster
Q4028	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), fiberglass
Q4029	Cast supplies, long leg cast, adult (11 years +), plaster
Q4030	Cast supplies, long leg cast, adult (11 years +), fiberglass
Q4031	Cast supplies, long leg cast, pediatric (0-10 years), plaster
Q4032	Cast supplies, long leg cast, pediatric (0-10 years), fiberglass
Q4033	Cast supplies, long leg cylinder cast, adult (11 years +), plaster
Q4034	Cast supplies, long leg cylinder cast, adult (11 years +), fiberglass
Q4035	Cast supplies, long leg cylinder cast, pediatric (0-10 years), plaster
Q4036	Cast supplies, long leg cylinder cast, pediatric (0-10 years), fiberglass
Q4037	Cast supplies, short leg cast, adult (11 years +), plaster
Q4038	Cast supplies, short leg cast, adult (11 years +), fiberglass
Q4039	Cast supplies, short leg cast, pediatric (0-10 years), plaster

Covered Occupational Therapy Services	
CPT®/HCPCS	Description
Q4040	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass
Q4041	Cast supplies, long leg splint, adult (11 years +), plaster
Q4042	Cast supplies, long leg splint, adult (11 years +), fiberglass
Q4043	Cast supplies, long leg splint, pediatric (0-10 years), plaster
Q4044	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass
Q4045	Cast supplies, short leg splint, adult (11 years +), plaster
Q4046	Cast supplies, short leg splint, adult (11 years +), fiberglass
Q4047	Cast supplies, short leg splint, pediatric (0-10 years), plaster
Q4048	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass
Q4049	Finger splint, static
Q4050	Cast supplies, for unlisted types and materials of casts
Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)

(a) References: Occupational Therapy Services

(i) Idaho Medicaid Publications

"New Codes Available for Occupational and Physical Therapy." *MedicAide Newsletter,* October 2023, https://www.idmedicaid.com/MedicAide%20Newsletters/October%202023%20MedicAide.pdf.

"New Codes Available for Occupational, Physical, and Speech-Language Pathology Therapy Services." *MedicAide Newsletter,* September 2020, https://www.idmedicaid.com/MedicAide%20Newsletters/September%202020%20MedicAide.pdf.

Appendix B. Physical Therapy Services

See list of covered occupational therapy services below.

Covered Physical Therapy Services	
CPT®/HCPCS	**Description**
29000	Application of halo type body cast (see 20661-20663 for insertion)
29010	Application of Risser jacket, localizer, body; only
29015	Application of Risser jacket, localizer, body; including head
29035	Application of body cast, shoulder to hips;
29040	Application of body cast, shoulder to hips; including head, Minerva type
29044	Application of body cast, shoulder to hips; including 1 thigh
29046	Application of body cast, shoulder to hips; including both thighs
29049	Application, cast; figure-of-eight
29055	Application, cast; shoulder spica
29058	Application, cast; plaster Velpeau
29065	Application, cast; shoulder to hand (long arm)
29075	Application, cast; elbow to finger (short arm)
29085	Application, cast; hand and lower forearm (gauntlet)
29086	Application, cast; finger (eg, contracture)
29105	Application of long arm splint (shoulder to hand)
29125	Application of short arm splint (forearm to hand); static
29126	Application of short arm splint (forearm to hand); dynamic
29130	Application of finger splint; static
29131	Application of finger splint; dynamic
29200	Strapping; thorax
29240	Strapping; shoulder (eg, Velpeau)
29260	Strapping; elbow or wrist
29280	Strapping; hand or finger
29305	Application of hip spica cast; 1 leg
29325	Application of hip spica cast; 1 and one-half spica or both legs
29345	Application of long leg cast (thigh to toes);
29355	Application of long leg cast (thigh to toes); walker or ambulatory type
29358	Application of long leg cast brace

Covered Physical Therapy Services	
CPT®/HCPCS	**Description**
29365	Application of cylinder cast (thigh to ankle)
29405	Application of short leg cast (below knee to toes);
29425	Application of short leg cast (below knee to toes); walking or ambulatory type
29435	Application of patellar tendon bearing (PTB) cast
29440	Adding walker to previously applied cast
29445	Application of rigid total contact leg cast
29450	Application of clubfoot cast with molding or manipulation, long or short leg
29505	Application of long leg splint (thigh to ankle or toes)
29515	Application of short leg splint (calf to foot)
29520	Strapping; hip
29530	Strapping; knee
29540	Strapping; ankle and/or foot
29550	Strapping; toes
29580	Strapping; Unna boot
29581	Application of multi-layer compression system; leg (below knee), including ankle and foot
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers
29700	Removal or bivalving; gauntlet, boot or body cast
29705	Removal or bivalving; full arm or full leg cast
29710	Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc
29720	Repair of spica, body cast or jacket
29730	Windowing of cast
29740	Wedging of cast (except clubfoot casts)
29750	Wedging of clubfoot cast
29799	Unlisted procedure, casting or strapping
76881	Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation
76882	Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft tissue structure[s], or soft tissue mass[es]), real-time with image documentation

Covered Physical Therapy Services	
CPT®/HCPCS	**Description**
93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
95857	Cholinesterase inhibitor challenge test for myasthenia gravis
95860	Needle electromyography; 1 extremity with or without related paraspinal areas
95861	Needle electromyography; 2 extremities with or without related paraspinal areas
95863	Needle electromyography; 3 extremities with or without related paraspinal areas
95864	Needle electromyography; 4 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; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters
95872	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied
95873	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
95874	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)

Covered Physical Therapy Services	
CPT®/HCPCS	**Description**
95875	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)
95885	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)
95886	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)
95907	Nerve conduction studies; 1-2 studies
95908	Nerve conduction studies; 3-4 studies
95909	Nerve conduction studies; 5-6 studies
95910	Nerve conduction studies; 7-8 studies
95911	Nerve conduction studies; 9-10 studies
95912	Nerve conduction studies; 11-12 studies
95913	Nerve conduction studies; 13 or more studies
95992	Canalith repositioning procedure(s) (e.g., Epley maneuver, Semont maneuver), per day
97012	Application of a modality to 1 or more areas; traction, mechanical
97016	Application of a modality to 1 or more areas; vasopneumatic devices
97018	Application of a modality to 1 or more areas; paraffin bath
97022	Application of a modality to 1 or more areas; whirlpool
97024	Application of a modality to 1 or more areas; diathermy (e.g., microwave)
97026	Application of a modality to 1 or more areas; infrared
97028	Application of a modality to 1 or more areas; ultraviolet
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes
97039	Unlisted modality (specify type and time if constant attendance)
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises

Covered Physical Therapy Services	
CPT®/HCPCS	**Description**
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97139	Unlisted therapeutic procedure (specify)
97140	Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97150	Therapy procedure in a group setting
97161	Evaluation of Low Complexity
97162	Evaluation of Moderate Complexity
97163	Evaluation of High Complexity
97164	Re-evaluation
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97535	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
97542	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes
97597	Debridement (e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (e.g., fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq. cm or less.
97598	Debridement (e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (e.g., fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
97605	Negative pressure wound therapy (e.g., vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
97606	Negative pressure wound therapy (e.g., vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
97607	Negative pressure wound therapy, (e.g., vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters.

Covered Physical Therapy Services	
CPT®/HCPCS	**Description**
97608	Negative pressure wound therapy, (e.g., vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters.
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes
97799	Unlisted physical medicine/rehabilitation service or procedure.
Q4001	Casting supplies, body cast adult, with or without head, plaster
Q4002	Cast supplies, body cast adult, with or without head, fiberglass
Q4003	Cast supplies, shoulder cast, adult (11 years +), plaster
Q4004	Cast supplies, shoulder cast, adult (11 years +), fiberglass
Q4005	Cast supplies, long arm cast, adult (11 years +), plaster
Q4006	Cast supplies, long arm cast, adult (11 years +), fiberglass
Q4007	Cast supplies, long arm cast, pediatric (0-10 years), plaster
Q4008	Cast supplies, long arm cast, pediatric (0-10 years), fiberglass
Q4009	Cast supplies, short arm cast, adult (11 years +), plaster
Q4010	Cast supplies, short arm cast, adult (11 years +), fiberglass
Q4011	Cast supplies, short arm cast, pediatric (0-10 years), plaster
Q4012	Cast supplies, short arm cast, pediatric (0-10 years), fiberglass
Q4013	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), plaster
Q4014	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), fiberglass
Q4015	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), plaster
Q4016	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), fiberglass
Q4017	Cast supplies, long arm splint, adult (11 years +), plaster
Q4018	Cast supplies, long arm splint, adult (11 years +), fiberglass
Q4019	Cast supplies, long arm splint, pediatric (0-10 years), plaster
Q4020	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass
Q4021	Cast supplies, short arm splint, adult (11 years +), plaster
Q4022	Cast supplies, short arm splint, adult (11 years +), fiberglass
Q4023	Cast supplies, short arm splint, pediatric (0-10 years), plaster
Q4024	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass
Q4025	Cast supplies, hip spica (one or both legs), adult (11 years +), plaster
Q4026	Cast supplies, hip spica (one or both legs), adult (11 years +), fiberglass
Q4027	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), plaster
Q4028	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), fiberglass

Covered Physical Therapy Services	
CPT®/HCPCS	**Description**
Q4029	Cast supplies, long leg cast, adult (11 years +), plaster
Q4030	Cast supplies, long leg cast, adult (11 years +), fiberglass
Q4031	Cast supplies, long leg cast, pediatric (0-10 years), plaster
Q4032	Cast supplies, long leg cast, pediatric (0-10 years), fiberglass
Q4033	Cast supplies, long leg cylinder cast, adult (11 years +), plaster
Q4034	Cast supplies, long leg cylinder cast, adult (11 years +), fiberglass
Q4035	Cast supplies, long leg cylinder cast, pediatric (0-10 years), plaster
Q4036	Cast supplies, long leg cylinder cast, pediatric (0-10 years), fiberglass
Q4037	Cast supplies, short leg cast, adult (11 years +), plaster
Q4038	Cast supplies, short leg cast, adult (11 years +), fiberglass
Q4039	Cast supplies, short leg cast, pediatric (0-10 years), plaster
Q4040	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass
Q4041	Cast supplies, long leg splint, adult (11 years +), plaster
Q4042	Cast supplies, long leg splint, adult (11 years +), fiberglass
Q4043	Cast supplies, long leg splint, pediatric (0-10 years), plaster
Q4044	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass
Q4045	Cast supplies, short leg splint, adult (11 years +), plaster
Q4046	Cast supplies, short leg splint, adult (11 years +), fiberglass
Q4047	Cast supplies, short leg splint, pediatric (0-10 years), plaster
Q4048	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass
Q4049	Finger splint, static
Q4050	Cast supplies, for unlisted types and materials of casts
Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)

(a) References: Physical Therapy Services

(i) Idaho Medicaid Publications

"New Codes Available for Occupational and Physical Therapy." *MedicAide Newsletter,* October 2023, https://www.idmedicaid.com/MedicAide%20Newsletters/October%202023%20MedicAide.pdf.

"New Codes Available for Occupational, Physical, and Speech-Language Pathology Therapy Services." *MedicAide Newsletter,* September 2020, https://www.idmedicaid.com/MedicAide%20Newsletters/September%202020%20MedicAide.pdf.

Appendix C. Speech-Language Pathologist Services

See list of covered occupational therapy services below.

CPT®/HCPCS	Description
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or hearing processing disorder in a group setting
92520	Laryngeal function studies (i.e., aerodynamic testing and acoustic testing).
92521	Evaluation of Speech Fluency (E.g., Stuttering, Cluttering)
92522	Evaluation of Speech Sound Production (E.g., Articulation, Phonological Process, Apraxia, Dysartheia)
92523	Evaluation of Speech Sound Production (E.g., Articulation, Phonological Process, Apraxia, Dysartheia); With Evaluation of Language Comprehension and Espression (E.g., Receptive and Expressive Language)
92523-UC*	Evaluation of Language Comprehension and Expression Speech without Evaluation of Sound Production.
92524	Behavioral And Qualitative Analysis Of Voice And Resonance
92526	Tx Swallowing Dysfunction And/Or Oral for Feeding
92551	Screening test, pure tone, air only.
92597	Evaluation for Use Prosthetic/Augmentative Device, Speech
92607	Evaluation For Prescription For Speech-Generating Augmentative & Alternative Com
92608	Each Additional 30 Minutes (List Separately In Addition To Code For Primary Proc
92609	Therapeutic Services For The Use Of Speech generating Device Including Programming
92610	Evaluation Of Oral And Pharyngeal Swallowing Function
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording.
92612	Flexible endoscopic evaluation of swallowing by cine or video recording.
92614	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording.
92616	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording.
92626	Evaluation Of Auditory Rehabilitation Status, First Hour
92627	Evaluation Of Auditory Rehab Status, Ea Add 15 Min, Add-On
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour.
96125	Standardized Cognitive Performance Testing (E.g., Ross Information Processing Assessment) Per Hour of A Face Time Administering Tests to The Patient and Time Interpreting These Test Results and Preparing the Report

CPT®/HCPCS	Description
97129	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes.
97130	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes.
V5008	Hearing screening
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)
V5362	Speech screening
V5363	Language screening

*Note: Providers who bill 92523-UC may not bill for 99523 or 92522.

(a) References: Speech-Language Pathologist Services

(i) Idaho Medicaid Publications

"New Codes Available for Occupational, Physical, and Speech-Language Pathology Therapy Services." *MedicAide Newsletter,* September 2020, https://www.idmedicaid.com/MedicAide%20Newsletters/September%202020%20MedicAide.pdf.

Appendix D. Therapy Services, Provider Handbook Modifications

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

Therapy Services, Provider Handbook Modifications				
Version	Section	Update	Publish Date	SME
10.0	All	Published version	05/20/2024	TQD
9.10	Appendix C. Speech-Language Pathologist Services	Added covered codes.	05/16/2024	W Deseron S Fox
9.9	Appendix B. Physical Therapy Services	Added covered codes.	05/16/2024	W Deseron S Fox
9.8	Appendix A. Occupational Therapy Services	Added covered codes.	05/16/2024	W Deseron S Fox
9.7	8.4. Reciprocal Billing	Clarify use of plan of care.	05/16/2024	W Deseron S Fox
9.6	8.2. Locum Tenens	Clarify use of plan of care.	05/16/2024	W Deseron S Fox
9.5	7.3. Plan of Care	Use of plan of care if therapist leaves practice.	05/16/2024	W Deseron S Fox
9.4	4.16. Substitute Therapy Professional	Clarify use of plan of care.	05/16/2024	W Deseron S Fox
9.3	4.11. Group Therapy	Updated section to remove prohibition.	05/16/2024	W Deseron S Fox
9.2	3.3. Adults with Developmental Disabilities	Removed out of date requirements.	05/16/2024	W Deseron S Fox
9.1	Therapy Services	Instructions for requesting citations not on the Internet.	05/16/2024	W Deseron S Fox
9.0	All	Published version	01/30/2024	TQD
8.12	Appendix B. Physical Therapy Services	Updated allowed codes.	01/30/2024	W Deseron E Garibovic
8.11	Appendix A. Occupational Therapy Services	Updated allowed codes.	01/30/2024	W Deseron E Garibovic
8.10	8. Reimbursement	Updated therapy caps.	01/30/2024	W Deseron E Garibovic
8.9	5.27. Speech Generating Device (SLP)	Added limitations on HCPCS and references.	01/30/2024	W Deseron E Garibovic
8.8	5.23. Music Therapy (Non-covered)	Added language around family-directed funds.	01/30/2024	W Deseron E Garibovic
8.7	5.19. Hippotherapy (Non-covered)	Added language around family-directed funds.	01/30/2024	W Deseron E Garibovic
8.6	4.6.1. References: Telehealth	Section renamed References: Virtual Care Services	01/30/2024	W Deseron E Garibovic
8.5	4.6. Virtual Care Services	Removed prohibition on evals via virtual care.	01/30/2024	W Deseron E Garibovic
8.4	4.3. Physical Therapy	Removed language around CPT restrictions.	01/30/2024	W Deseron E Garibovic
8.3	4.2. Occupational Therapy	Removed language around CPT restrictions.	01/30/2024	W Deseron E Garibovic
8.2	2.12. Speech-Language Pathology Assistants	Added non-substantive clarifying language.	01/30/2024	W Deseron E Garibovic
8.1	Therapy Services	Added disclaimer about regulations overruling handbook.	01/30/2024	W Deseron E Garibovic
8.0	All	Published version	08/16/2023	TQD
7.15	Appendix B. Physical Therapy Services	Added covered codes.	08/08/2023	W Deseron A Welch

Therapy Services, Provider Handbook Modifications				
Version	Section	Update	Publish Date	SME
7.14	Appendix A. Occupational Therapy Services	Added covered codes.	08/08/2023	W Deseron A Welch
7.13	6.2.7. Transferring a Prior Authorization	New section.	08/08/2023	W Deseron A Welch
7.12	6.2.4. Status of a Prior Authorization	New section.	08/08/2023	W Deseron A Welch
7.11	6.2.3. Modifying a Prior Authorization	New section.	08/08/2023	W Deseron A Welch
7.10	6.2.2. Prior Authorization Request Procedure	Renamed section The Medical Care Unit. Updated process.	08/08/2023	W Deseron A Welch
7.9	6.2. Prior Authorization	Renamed section Prior Authorizations. Updated process.	08/08/2023	W Deseron A Welch
7.8	5.27.1.(a) Idaho Medicaid Publications	New section.	08/08/2023	W Deseron A Welch
7.7	5.27. Speech Generating Device (SLP)	Updated pa process.	08/08/2023	W Deseron A Welch
7.6	5.19. Hippotherapy (Non-covered)	Removed allowance for FDS.	08/08/2023	W Deseron A Welch
7.5	5.5. Art Therapy (Non-covered)	Removed allowance for FDS.	08/08/2023	W Deseron A Welch
7.4	4.6. Telehealth	Renamed section Virtual Care Services. Made allowance for SLP evaluations. Removed code restrictions.	08/08/2023	W Deseron A Welch
7.3	4. Covered Services and Limitations: General	Added occupational therapy to covered services.	08/08/2023	W Deseron A Welch
7.2	2.6. Physical Therapists	Made exception for therapist with a Medicare certified facility.	08/08/2023	W Deseron A Welch
7.1	2.4. Occupational Therapists	Made exception for therapist with a Medicare certified facility.	08/08/2023	W Deseron A Welch
7.0	All	Published version	01/03/2023	TQD
6.1	8. Reimbursement	Updated therapy cap amounts for 2023.	11/19/2022	M Payne C Beal E Garibovic
6.0	All	Published version	11/18/2022	TQD
5.1	1.2 Provider Relations Consultants	Updated contact phone numbers for PRCs	11/18/2022	R Lynch M Payne J Kennedy-King
5.0	All	Published version	04/05/2022	TQD
4.1	6.2.4 Prior Authorization Appeals	Removed 3232 Elder Street address due to permanent closure of building.	04/05/2022	M Payne E Garibovic