



Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

JAN 21 2011

Richard Armstrong, Director
Department of Health & Welfare
Towers Building – Tenth Floor
Post Office Box 83720
Boise, Idaho 83720-0036

RE: Idaho State Plan Amendment (SPA) Transmittal Number 10-004

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 10-004. This amendment freezes reimbursement rates for independent therapists (occupational, physical and speech) to the levels in place for State Fiscal Year (SFY) 2010. The reimbursement changes are reflected in Attachment 4.19-B, pages 38 and 39.

This SPA is approved effective July 19, 2010.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Tom Couch at (208) 334-9482 or Thomas.Couch@cms.hhs.gov.

Sincerely,

Barbara K. Richards
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:

Leslie Clement, Administrator, Idaho Department of Health and Welfare
Rachel Strutton, State Plan Coordinator, Idaho Department of Health and Welfare

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

1. TRANSMITTAL NUMBER:
10-004

2. STATE
IDAHO

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
~~July 18, 2010~~ July 19, 2010 (P+I)

5. TYPE OF PLAN MATERIAL (Check One):
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42-CFR 447.201

7. FEDERAL BUDGET IMPACT:
For FFY 2010 (7-1-10 - 9-30-10) total federal savings \$298K.
For FFY 2011 (10-1-10 - 6-30-11) total federal savings \$894K.

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4-19 B page 37, 38, and 39 (P+I)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
Attachment 4-19 B page 37, 38, and 39 (P+I)

10. SUBJECT OF AMENDMENT:
We are requesting this amendment to our State Plan freeze changes to reimbursement rates paid for independent occupational therapists, independent physical therapists, and independent speech-language pathologists services for SFY 2011.

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
LESLIE M. CLEMENT
14. TITLE:
Administrator
15. DATE SUBMITTED: 7/30/10

16. RETURN TO:
Leslie M. Clement, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise ID 83720-0036

FOR REGIONAL OFFICE USE ONLY
17. DATE RECEIVED: AUGUST 4 2010 18. DATE APPROVED: JAN 21 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVAL: JUL 19 2010

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Barbara K. Richards

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:
Pen and Ink (P+I) changes authorized by the state on 10/27/10.
Pen and Ink changes authorized by the state on 12/8/10.

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

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

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

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

TN: 10-004
Supersedes TN: 08-005

Approval Date:
JAN 21 2011

Effective Date: 7-19-2010

26. Speech Therapy - Payments for speech therapy services provided by independent speech therapists are limited to the rates established by Medicare, and adjusted annually according to the Medicare fee schedule ~~from SFY 2012 on~~. The following CPT codes represent the speech-language pathology codes:

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

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