

Iowa Medicaid Guide

As of 04/08/2022

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01	GENERAL PRACTICE	59	AMBULANCE
02	GENERAL SURGERY	63	PORTABLE XRAY
03	ALLERGY	65	PHYSICAL THERAPY
04	OTOLARYNGOLOGY	66	RHEUMATOLOGY
05	ANESTHESIOLOGY	69	INDEPENDENT LAB
06	CARDIOVASCULAR	70	CLINIC
07	DERMATOLOGY	72	PAIN MANAGEMENT
08	FAMILY PRACTICE	77	VASCULAR SURGERY
10	GASTROENTEROLOGY	78	CARDIO SURGERY
11	INTERNAL MEDICINE	79	ADDICTION MEDICINE
13	NEUROLOGY	81	CRITICAL CARE (INTENSIVISTS)
14	NEURO SURGERY	82	HEMATOLOGY
16	OB/GYN	83	ONCOLOGY
18	OPHTHALMOLOGY	84	PREVENTATIVE MEDICINE
20	ORTHO SURGERY	85	MAXILLOFACIAL SURGERY
22	PATHOLOGY	86	NEUROPSYCHIATRY
24	PLASTIC SURGERY	90	MEDICAL ONCOLOGY
25	PHYSICAL MEDICINE REHAB	91	DENTIST
26	PSYCHIATRY	92	ORAL SURGERY
28	PROCTOLOGY	93	ORTHODONTIST
29	PULMONARY	94	PEDODONTIST
30	RADIOLOGY	95	PERIODONTICS
32	ANESTHESIOLOGISTS ASSISTANTS	96	ENDODONTICS
33	THORACIC SURGERY	98	GYNECOLOGICAL
34	UROLOGY	99	UNKNOWN PHYSICIAN SPECIALTY
35	CHIROPRACTIC	A9	IHS FACILITY
36	NUCLEAR MEDICINE	C6	HOSPITALIST
37	PEDIATRICS	FC	FAMILY PRACTICE ATTESTED THRU CLM
38	GERIATRIC MEDICINE	FL	FAMILY PRACTICE ATTESTED THRU LIC
39	NEPHROLOGY	FN	FAMILY PRACTICE DENIED THRU CLM
40	HAND SURGERY	FX	FAMILY PRACTICE DENIED THRU LIC
41	OPTOMETRY	HI	HIPP ONLY PROVIDER
43	EHR INCENTIVE PAYMENTS	IC	INTERNAL MEDICINE ATTESTED THRU CLM
44	INFECTIOUS DISEASE	IL	INTERNAL MEDICINE ATTESTED THRU LIC
46	ENDOCRINOLOGY	IN	INTERNAL MEDICINE DENIED THRU CLM
48	PODIATRIST	IX	INTERNAL MEDICINE DENIED THRU LIC
51	EHR PAYMNTS FOR HOSPITALS	MF	MATERNAL FETAL MEDICINE
52	EHR PAYMNTS FOR PHYSICIANS	PC	PEDIATRICS ATTESTED THRU CLM
53	EHR PAYMNTS FOR NURSE PRAC	PL	PEDIATRICS ATTESTED THRU LIC
54	EHR PAYMNTS FOR DENTISTS	PN	PEDIATRICS DENIED THRU CLM
55	EHR PAYMNTS FOR NURSE MID WIFE	PX	PEDIATRICS DENIED THRU LIC
56	EHR PAYMNTS FOR PHYSICIAN ASST		

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PROVIDER CATEGORY OF SERVICE CODES (03010)

10	INPATIENT	85	IOWA PLAN HAB
15	OUTPATIENT	86	PODIATRIC
16	CHILD PART HOSPITAL	87	IHAWP DENTAL
17	CHILD DAY TREATMENT	88	PHYSICAL DISABILITY WAIVER
18	ADULT PART HOSPITAL	89	BRAIN INJURY WAIVER SERVICES
19	ADULT DAY TREATMENT	90	PSYCHIATRIC
20	SKILLED NURSING FACILITY	91	RESIDENTIAL CARE FACILITY
21	IHAWP IOWA PLAN LIGHT	92	ID WAIVER SERVICE
22	IHAWP IOWA PLAN FULL	93	CHILDRENS MENTAL HEALTH SERVICE
23	IHAWP HMO	94	AIDS WAIVER SERVICES
24	IHAWP PCP	95	ELDERLY WAIVER SERVICES
25	INTERMEDIATE CARE FACILITY	96	ILL & HANDICAPPED WAIVER SVCS
26	ICF/ID	97	COUNTY OFFICE REIMBURSEMENT
27	NURSING FACILITY FOR MENTALLY ILL	98	MEP SERVICES
30	HOME HEALTH	99	UNASSIGNED
31	LEAD INSPECTION		
35	PHYSICIAN		
40	CLINIC SERVICES		
42	MEP CASE MANAGEMENT		
43	EHR INCENTIVE PAYMENTS		
45	LAB AND RADIOLOGICAL		
46	HABILITATION SERVICES		
48	REMEDIAL SERVICES		
49	REHABILITATION SUPPORT SERVICES		
50	AMBULANCE		
51	LOCAL EDUCATION AGENCY/LEA SERVICES		
52	EARLY ACCESS SERVICES		
53	IHAWP WELLNESS BONUS		
54	VIS QUARTERLY INCENTIVE PAYMENTS		
55	PRESCRIBED DRUGS		
56	IOWA PLAN PMIC		
57	DRUG CAPITATION		
58	NEMT SERVICES		
59	INDIAN HEALTH SERVICES		
60	FAMILY PLANNING SERVICES		
61	IOWACARE MED HOME CAPITATION		
62	IOWA PLAN		
63	MANAGED SUBSTANCE ABUSE		
64	MENTAL HEALTH ACCESS PLAN		
65	EPSDT SCREENING		
66	HMO SERVICES		
67	PACE		
68	PATIENT MANAGEMENT		
69	HEALTH INSURANCE PREMIUM PAYMENT		
70	MEDICAL SUPPLIES		
71	HEALTH HOME		
72	TCM PAYMENTS TO IOWAPLAN		
73	IHAWP QHP		
74	MCO		
75	OTHER PRACTITIONER		
76	FAMILY CENTERED PROGRAM		
77	FAMILY PRESERVATION		
78	TREATMENT FOSTER FAMILY CARE		
79	GROUP TREATMENT THERAPY		
80	DENTAL		
81	ACO (ACCOUNTABLE CARE ORGANIZATION)		
82	OPTOMETRIST		
83	MATERNITY KICK PAYMENT		
84	CHIROPRACTIC		

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PROVIDER ENROLLMENT STATUS CODES (02380)

- A TERM MEDICAID AUTHORITY
- B INCORRECT PROVIDER TIN-TERM
- C TERM MEDICAID NON EXCLUDED
- D LICENSE EXPIRED
- E VOLUNTARY TERMINATION
- F PROVIDER DECEASED
- G INCORRECT PROVIDER ADDRESS
- H PROVIDER CHANGED NUMBER
- I FAILED BACKGROUND CHECK
- J TERMINATED - INACTIVE 3 YEARS
- K TERM - AWAIT RE-ENROLL PACKAGE
- L LICENSE SUSPENDED
- M TERMINATION RENOULLMENT
- N REJECT - INVALID LICENSURE
- O REJECT - TWO PROVIDER NUMBERS
- P REJECT - PREVIOUS NUMBER ASSIGNED
- Q REJECTED - INVALID SERVICE
- R REJECTED - OTHER
- S PENDING - INCOMPLETE FORM
- T PENDING - NO LICENSE
- U PENDING - NO AGREEMENT
- V PENDING - MISSING DOCUMENTATION
- W PENDING - BOARD ELIGIBILITY
- X PENDING - HCF APPROVAL
- Y PENDING - HCF DETERMINE RATES
- Z PROVIDER INITIATED TERMINATION
- 0 ACTIVE - NOT QUAL PHYS SERVICES
- 1 ACTIVE
- 2 ACTIVE AND PARTICIPATING
- 3 MEDICARE TERMED PROVIDERS
- 4 OTHER STATE TERM
- 5 REFERRING PRESCRIBING ONLY
- 6 ADDL CERT TRACK
- 7 SUSPENDED 5 YRS
- 8 PENDING OCD ON IMPA
- 9 SUSPENDED FOR STATE ACTION

PROVIDER HOLD CODES (02808)

- A ADVERSE ACTION COORDINATION
- C TYPE SVC AND PROCEDURE RANGE
- D DIAGNOSIS CODE RANGE
- F FULL REVIEW
- P PROCEDURE CODE RANGE
- R PAYMENT REDUCTION
- S SERVICE DATE
- SP NOT APPLICABLE
- T TYPE OF SERVICE RANGE

TYPE OF PRACTICE CODE (02100)

- 01 INDIVIDUAL PRACTICE
- 02 PARTNERSHIP
- 03 CORPORATION/PROFIT ORGANIZATION
- 04 HOSPITAL BASED
- 05 GOVERNMENT OWNED
- 06 NOT FOR PROFIT
- 07 PRIVATE OWNER
- 08 HMO
- 09 GROUP
- 10 UNIVERSITY AFFILIATED CLINIC

TYPE OF OWNERSHIP CODE (02054)

- 1 INDIVIDUAL RECIPIENT
- 2 BOARD MEMBER/COMMISSIONER
- 3 SOLE OWNERSHIP
- 4 PARTNERSHIP
- 5 CORPORATION
- 6 GOVERNMENT ENTITY
- 7 NON-PROFIT ORGANIZATION
- 8 TRUST

PROVIDER LANGUAGE SPOKEN (02998)

- 1 SPANISH
- 2 BOSNIAN
- 3 SERB/CROATIAN
- 4 VIETNAMESE
- 5 LAO

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PLACE OF SERVICE

(03140)

PLACE OF SERVICE INDICATES WHERE THE SERVICE WAS RENDERED. THIS DATA ELEMENT CONTAINS THE VALID VALUES ACCEPTED ON MEDICAL CLAIMS (HCFA 1500 AND TARGETED MEDICAL CARE.)

01	Pharmacy (NOT CURRENTLY USED)
02	Telehealth
03	School
04	Homeless Shelter
05	Indian Health Service Free Standing Facility
06	Indian Health Service Provider-Based Facility
07	Tribal 638 Free-standing Facility
08	Tribal 638 Provider-based Facility
09	Correction Facility (NOT CURRENTLY USED)
10	Telehealth in patient home
11	Office
12	Patient's Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
16	Temporary Lodging
17	Walk-in Retail Health Clinic
19	Off Campus Outpatient Hospital
20	Urgent Care Facility
21	Inpatient Hospital
22	On Campus Outpatient Hospital
23	Emergency Room Hospital
24	Ambulatory Surgical Center
25	Birth Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Home
33	Custodial Care Facility
34	Hospice
41	Ambulance (Land)
42	Ambulance – Air or Water
49	Independent Clinic
50	FQHC (Federally Qualified Health Center)
51	Inpatient Psychiatric Facility
52	Psychiatric Facility – Partial Hospitalization
53	Daycare Facility Psych
54	Intermediate Care Facility (ID)
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
57	Non-Residential Substance Abuse Treatment Facility
58	Non-Residential Opioid Treatment Facility
60	Mass Immunization Center
61	Comprehensive Inpatient Rehab
62	Comprehensive Outpatient Rehab
65	End Stage Renal Disease Treatment
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Lab
99	Other Unlisted Facility

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PROVIDER TYPE (02050)

01 GENERAL HOSPITAL	45 HOSPICE
02 PHYSICIAN MD	46 PREPAID HEALTH PLAN
03 PHYSICIAN DO	47 HIPP
04 DENTIST	48 CLINICAL SOCIAL WORKER
05 PODIATRIST	49 FEDERAL QUALIFIED HEALTH CENTER (FQHC)
06 OPTOMETRIST	50 NURSE PRACTITIONER
07 OPTICIAN	51 THERAPEUTIC TREATMENT SERVICE
08 PHARMACY	52 NURSING FACILITY - MENTAL ILL
09 HOME HEALTH AGENCY	53 MENTAL HEALTH SUBSTANCE ABUSE PLAN
10 INDEPENDENT LAB	54 COUNTY RELIEF
11 AMBULANCE	55 LEAD INSPECTION AGENCY
12 MEDICAL SUPPLES	56 LOCAL EDUCATION AGENCY
13 RURAL HEALTH CLINIC	57 INFANT AND TODDLER
14 CLINIC	58 PACE
15 PHYSICAL THERAPIST	59 INDIAN HEALTH SERVICE
16 CHIROPRACTOR	60 INSTITUTIONAL - GENERAL
17 AUDIOLOGIST	61 OTHER PRACTITIONER - GENERAL
18 SKILLED NURSING FACILITY	62 BEHAVIORAL HEALTH
19 REHAB AGENCY	63 BEHAVIORAL HLTH INTERVENTION SRVS (BHIS)
20 INTERMEDIATE CARE FACILITY	64 HABILITATION SERVICES
21 COMMUNITY MH	65 NEMT BROKER (NON-EMERGENCY TRANSPORT)
22 FAMILY PLANNING	66 ELECTRONIC HEALTH INCENTIVE
23 RESIDENTIAL CARE FACILITY	67 ASSERTIVE COMM TREATMENT (ACT) GROUP
24 HEALTH MAINTENANCE ORGAN.	68 PHYSICIAN ASSISTANT
25 ICF ID STATE	69 INDEPENDENT SPEECH PATHOLOGIST
26 MENTAL HOSPITAL	70 ICF/MC
27 COMMUNITY BASED ICF/ID	71 HEALTH HOME
28 PARA PROFESSIONAL	72 PUBLIC HEALTH AGENCIES
29 PSYCHOLOGIST	73 INTEGRATED HEALTH HOME
30 SCREENING CENTER	74 IHAWP HMO PROVIDER
31 HEARING AID DEALER	75 IHAWP MARKETPLACE PROVIDER
32 OCCUPATIONAL THERAPIST (INDEPENDENT)	76 ACO (ACCOUNTABLE CARE ORGANIZATION)
33 TAPE INTERMEDIARY	77 NEMT PROVIDER
34 ORTHOPEDIC SHOE DEALER	78 NEUROLOGICAL REHABILITATION FACILITY
35 MATERNAL HEALTH CENTER	79 COMMUNITY BASED NEURO-REHABILITATION
36 AMBULATORY SURGICAL CENTER	80 CRISIS RESPONSE SERVICES
37 ICF DEFAULT PROVIDER	81 SUBACUTE MENTAL HEALTH SERVICES
38 CERTIFIED NURSE MIDWIFE	82 PHARMACIST
39 BIRTHING CENTER	83 MEDICALLY NEEDY ONLY
40 AREA EDUCATION AGENCY	86 NON PROVIDER MAIL ONLY
41 PSYCH MEDICAL INST. CHILDREN (PMIC)	97 RCF GUARDIAN
42 TARGETED CASE MANAGER	98 LIEN HOLDER
43 ADULT REHAB	99 WAIVER
44 CRNA	

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VALID TOOTH SURFACES/QUADRANTS – DENTAL (04054)

B	BUCCAL	00	WHOLE OR THE ORAL CAVITY
D	DISTAL	01	MAXILLARY AREA
F	FACIAL	02	MANDIBULAR AREA
I	INCISAL	10	UPPER RIGHT QUADRANT
L	LINGUAL	20	UPPER LEFT QUADRANT
LL	LOWER LEFT QUADRANT	30	LOWER LEFT QUADRANT
LR	LOWER RIGHT QUADRANT	40	LOWER RIGHT QUADRANT
M	MESIAL		
O	OCCLUSAL		
SP	TOOTH SURFACE NOT ENTERED		
UL	UPPER LEFT QUADRANT		
UR	UPPER RIGHT QUADRANT		

CLAIM TYPES (04064)

B	MEDICARE PART B CROSSOVER
D	DENTAL
G	GROSS ADJUSTMENT
I	INPATIENT
M	HCFA 1500
N	LONG TERM CARE
O	OUTPATIENT
P	PHARMACY
T	CAPITATION
V	OUTPATIENT CROSSOVER
W	WAIVER
X	INPATIENT CROSSOVER
Y	CLAIM ADJUSTMENTS (request)
Z	CLAIM CREDITS (request)
8	PRIOR AUTHORIZATION
9	CREDIT FINDER

CLAIM STATUS (04551)

A	TAPE BILLING CYCLE
B	IN PROCESS
C	SUSPENDED
D	SUSPENSE READY TO PROCESS
E	SUSPENSE TO BE DELETED
F	TO BE SUSPENDED (CR/ADJUST)
H	HELD
I	TO BE PAID
K	TO BE DENIED
N	PAID
P	DENIED
S	SUSP-TO BE DELETED

TYPE OF SERVICE (05840)

C	SURGICAL CODE (CCI)
D	DENTISTS
H	HOME HEALTH
I	INPATIENT
O	OUTPATIENT
R	DME RENTAL
S	ICD-9 SURGICAL
U	UNIVERSAL PRICES
X	OUTPATIENT LEVEL OF CARE
1	HCPCS
2	SNF

PROVIDER NUMBER ASSIGNMENT

03000000 - 03999999	GUARDIAN
06000000 - 06999999	IOWA INSTITUTIONAL PROVIDERS
08000000 - 08799999	ICF
08800000 - 08899999	ICF/ID
08900000 - 08999999	RCF
01000000 - 09999999	ALL OTHER PROVIDERS (EXCEPT ABOVE)

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<p>RECIPIENT EXCEPTION INDICATOR (01200)</p> <p>0 (zero) NO SPECIAL PROCESSING 1 SUSPEND ALL CLAIMS FOR THIS RECIPIENT (Except .273) A IRCA ALIEN, ALL-SERVICE COVERAGE B IRCA ALIEN, EMERGENCY COVERAGE C ILLEGAL ALIEN, COVERAGE FOR EMERGENCY SERVICE & DELIVERY D ALIEN, ALL-SERVICE COVERAGE (SEASONAL WORKER) E EXPANDED SLMB F ALIEN EMERGENCY COVERAGE, PREGNANCY H HOME HEALTH SLMB I CHRONICALLY MENTALLY ILL L SLMB M MENTALLY RETARDED Q QUALIFIED MEDICARE BENEFICIARY R VOL OR INVOL MHI ADULT RESI S DEVELOPMENTALLY DISABLED W QDWI</p> <p>RECIPIENT NURSING HOME LEVEL OF CARE (01095)</p> <p>A WAIVER - SNF B WAIVER - ICF C WAIVER - ICF/ID H MENTAL HEALTH LOCATION I ICF M ICF/ID P NFMI R RCF-IFMC S SNF</p> <p>NURSING FACILITY STATUS CODES (01930)</p> <p>1 MI DETERMINATION 2 ID DETERMINATION 3 JOINT MI/ID DETERMINATION</p>	<p>RECIPIENT WAIVER TYPE (06636)</p> <p>A HEALTH AND DISABILITY B AIDS C ELDERLY D ID E ID OBRA (no longer used) F BRAIN INJURY G CASE MANAGEMENT H CHILDRENS MENTAL HEALTH M MFP P PHYSICAL DISABILITIES SP NOT A WAIVER CLAIM</p> <p>RECIPIENT RACE CODES (01060)</p> <p>1 WHITE 2 BLACK 3 AMERICAN INDIAN 4 ASIAN 5 HISPANIC 6 PACIFIC ISLANDER 7 MULTIPLE HISPANIC 8 MULTIPLE OTHER 9 UNKNOWN</p> <p>RECIPIENT NUMBER FORMAT</p> <p>NNNNNNNA N = NUMERIC A = ALPHA CHECK DIGIT</p> <p>MEDICALLY NEEDY SUBSYSTEM</p> <p>PROGRAM RELATIONSHIP CODES</p> <p>A CARETAKER RELATIVE H SSI AGED I SSI BLIND J SSI DISABLED K ADC CHILD OR PREGNANT WOMEN L CMAP CHILD OR PREGNANT WOMEN N NOT ELIGIBLE</p>
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IHAWP INDICATORS BENEFIT PLAN (06993)

- K QHP WITHOUT DENTAL PLAN (not being used)
- M WELLNESS PLAN
- Q QUALIFIED HEALTH PLAN
- S STATE PLAN FEE FOR SERVICE
- W WELLNESS PLAN FEE FOR SERVICE

MEDICALLY EXEMPT (06996)

- 1 = CONFIRMED MF
- 2 = CONFIRMED NON-MF
- 3 = FRAIL PREFERRED MHC
- Y = UNCONFIRMED MF
- N = UNCONFIRMED NON-MF

NEWLY ELIGIBLE (06997)

- Y Member is newly eligible and gets 100% FMAP
- N Member is NOT newly eligible and gets 100% FMAP

DENTAL INDICATOR (07008)

Not being used

- D IHAWP DENTAL
- W IHAWP DENTAL STATE PLAN

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PROCEDURE FACTOR CODES (05603)

(FROM PDD FILE)

A ANESTHESIA UNITS
B BILLED CHARGES
C MAX FEE BEFORE SUSPENSION
D INJECTION PRICING
E ENCOUNTER RATE
F FEE SCHEDULE
G FEE SCHEDULE - PROF COMPONENT
H FEE SCHEDULE - TECH COMPONENT
I PERCENT OF CHARGE
J RELATIVE VALUE UNITS
K RELATIVE VALUE - PC
L RELATIVE VALUE - TC
M BY REPORT
N NOT ALLOWED
O REVIEW REQUIRED
P GROUP THERAPY
Q EPSDT - TOTAL OVER 17
R EPSDT - TOTAL UNDER 18
S EPSDT - PARTIAL OVER 17
T EPSDT - PARTIAL UNDER 18
U GYNECOLOGY FEE
V OBSTRETICS FEE
W CHILD FEE
X MEDICARE DERIVED RATE
Y ACA FEE SCHEDULE
Z ACA MEDICARE DERIVED RATE

PROVIDER CHARGE MODE (02331)

(FROM PROVIDER FILE)

A RCF PER DIEM
B RCF RESERVED BED %
C COST TO CHARGE RATIO
D PHYSICAL REHAB PER DIEM
E NFMI PER DIEM
F NFMI RESERVED BED
G HI ACUITY PER DIEM
H ROOM BOARD WITH VENT
J HI ACUITY ADD ON
K HOSP RESERVE PCT
L NF BASE RATE
M MHI ADULT PER DIEM
N MHI CHILD PER DIEM
I INPATIENT PER DIEM
1 INPATIENT %
2 OUTPATIENT %
3 HOME HEALTH %
4 SNF PER DIEM
5 SNF RESERVE BED %
6 ICF PER DIEM
7 ICF RESERVE BED %
8 ICF/ID PER DIEM
9 ICF/ID RESERVE BED %

NURSING FACILITY TERMINATION CODES (01096)

SP STILL IN FACILITY
A MOVED - HOSPITAL
B MOVED - SKILLED NURSING FACILITY
C MOVED - INTERMEDIATE CARE FACILITY
D MOVED - ICF/ID
E MOVED - RESIDENTIAL CARE FACILITY
F MOVED HOME - SELF CARE
G MOVED HOME - REHAB
H MOVED HOME - HOME HEALTH
I MOVED TO OTHER INSTITUTION
J DECEASED
0 DEFAULT - IN FACILITY

HOME HEALTH REVENUE CODES

55X SKILLED NURSING
56X MEDICAL SOCIAL SERVICES
57X HOME HEALTH AIDE
58X OTHER VISITS
59X UNITS OF SERVICE
60X OXYGEN

HOSPICE REVENUE CODES

651 ROUTINE HOME CARE
652 CONTINUOUS HOME CARE
655 INPATIENT RESPITE CARE
656 GENERAL INPATIENT CARE
657 PHYSICIAN SERVICE
658 CARE IN ICF/ID

REHAB AGENCY REVENUE CODES

42X PHYSICAL THERAPY
43X OCCUPATIONAL THERAPY
44X SPEECH THERAPY

POA INDICATORS (04139)

N DIAG NOT PRSNT ADMIT TIME
U DIAG DOC NOT PRSNT ADMIT TIME
W DIAG PRSNT UNDETER ADMIT TIME
Y DIAG PRSNT ADMIT TIME

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APC STATUS INDICATOR-EFFECTIVE 10/01/2008

- A SERVICES NOT PAID UNDER OPPTS; PAID UNDER FEE SCHEDULE OR OTHER PAYMENT SYSTEM
- B NON-ALLOWED ITEM OR SERVICE FOR OPPTS
- C INPATIENT PROCEDURE
- E NON-ALLOWED ITEM OR SERVICE
- F CORNEAL TISSUE ACQUISITION; CERTAIN CRNA SERVICES AND HEPATITIS B VACCINES
- G DRUG/BIOLOGICAL PASS-THROUGH
- H PASS-THROUGH DEVICE CATEGORIES, THERAPEUTIC RADIOPHARMACEUTICALS
- J NEW DRUG OR NEW BIOLOGICAL PASS-THROUGH (DISCONTINUED 04/01/2002 AND REPLACED BY STATUS INDICATOR G FOR ALL DRUGS/BIOLOGICALS)
- K NON PASS-THROUGH DRUGS AND BIOLOGICALS
- L FLU/PPV VACCINES
- M SERVICE NOT BILLABLE TO THE FI/MAC
- N ITEMS AND SERVICES PACKAGED INTO APC RATES
- P PARTIAL HOSPITALIZATION SERVICE
- Q PACKAGED SERVICES SUBJECT TO SEPARATE PAYMENT BASED ON PAYMENT CRITERIA B
- Q1 STVX-PACKAGED CODES
- Q2 T-PACKAGED CODES
- Q3 CODES THAT MAY BE PAID THROUGH A COMPOSITE APC
- R BLOOD AND BLOOD PRODUCTS
- S SIGNIFICANT PROCEDURE NOT SUBJECT TO MULTIPLE PROCEDURE DISCOUNTING
- T SIGNIFICANT PROCEDURE SUBJECT TO MULTIPLE PROCEDURE DISCOUNTING
- U BRACHYTHERAPY SOURCES
- V CLINIC OR EMERGENCY DEPARTMENT VISIT
- W INVALID HCPCS OR INVALID REVENUE CODE WITH BLANK HCPCS
- X ANCILLARY SERVICE
- Y NON-IMPLANTABLE DME
- Z VALID REVENUE CODE WITH BLANK HCPCS AND NO OTHER SI ASSIGNED

APC DISCOUNT FORMULA NUMBER

ONE OF THE FOLLOWING NINE DISCOUNT FORMULAS CAN BE APPLIED TO A LINE ITEM:

- 1 1.0
- 2 $(1.0 + D(U-1))/U$
- 3 T/U
- 4 $(1 + D)/U$
- 5 D
- 6 TD/U
- 7 $D(1 + D)/U$
- 8 2.0
- 9 2D/U

WHERE D = DISCOUNTING FRACTION (CURRENTLY 0.5), U = NUMBER OF UNITS,
T = TERMINATED PROCEDURE DISCOUNT (CURRENTLY 0.5)
NOTE: EFFECTIVE 1/1/08 (V9.0), FORMULA #6 AND #7 ARE DISCONTINUED.

APC PACKAGING FLAG

- 0 NOT PACKAGED
- 1 PACKAGED SERVICE (STATUS INDICATOR N, OR NO HCPCS CODE AND CERTAIN REVENUE CODES)
- 2 PACKAGED AS PART OF PARTIAL HOSPITALIZATION PER DIEM OR DAILY MENTAL HEALTH SERVICE PER DIEM (V1.0 - V9.3 ONLY)C
- 3 ARTIFICIAL CHARGES FOR SURGICAL PROCEDURES (SUBMITTED CHARGES FOR SURGICAL HCPCS < \$1.01)
- 4 PACKAGED AS PART OF DRUG ADMINISTRATION APC PAYMENT (V6.0-V7.3 ONLY)

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DRG VERSIONS

DRG VERSION 17 11/99
 DRG VERSION 18 11/00
 DRG VERSION 23 06/06
 DRG VERSION 24 10/08
 DRG VERSION 29 11/11
 DRG VERSION 33 10/15
 DRG VERSION 36 10/18
 DRG VERSION 38 10/21

UB CONDITION CODES (03624)

02 EMPLOYMENT RELATED	X3 IFMC APPROVED LOWER LEVEL OF CARE, ICF
03 OTHER INS	X4 IFMC APPROVED LOWER LEVEL OF CARE, SNF*
05 LIEN FILED	XA HH CONDITION STABLE (not used after 8/1/16)
36 GEN CARE PT IN SPEC UNIT	XB HH NOT HOME BOUND (not used after 8/1/16)
37 WARD ACCOMODATION AT PT REQ	XC HH MAINTENANCE (not used after 8/1/16)
38 SEMI-PRIVATE ROOM NOT AVAIL	XD HH NO SKILLED SVC (not used after 8/1/16)
39 PRIVATE ROOM MED NEEDY	XG SNF - NO PRIOR QUALIFYING STAY
40 SAME DAY TRANSFER	XH HH - SUPERVISORY VISIT
80 NEONATEL (not used after 5/1/14)	* Used by Hospitals to indicate SNF level of care
81 PHYS REHAB (not used after 5/1/14)	
82 SUBSTANCE ABUSE PT (not used after 5/1/14)	
83 PSYCH (not used after 5/1/14)	
84 CARDIAC REHAB	
85 EATING DISORDER	
86 MENTAL HEALTH	
87 SUBSTANCE ABUSE OUTPT	
88 PAIN MANAGEMENT	
89 DIABETIC EDUCATION	
90 PULMONARY REHAB	
91 RESPITE PT	
98 PREGNANT	

NON-INPATIENT PROGRAMS:

Condition Code	Program	Procedure Code(s)
86	MENTAL HEALTH	S9480, H2012, H0046
84	CARDIAC REHAB	S9472
87	SUBSTANCE ABUSE	H2001, H0047
88	PAIN MANAGEMENT	97799
89	DIABETIC EDUCATION	S9455
85	EATING DISORDER	H0017
90	PULMONARY REHAB	S9473

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ADJUSTMENT REASONS (04178)

	<u>Name</u>	<u>Use</u>	
01	DHS Recovery Other	DHS Recovery Initiated	HO
02	DHS Recovery Provider	DHS Recovery Initiated from Provider	HO
03	UNISYS Recovery Other	UNISYS Recovery Other	
04	Court Ordered Restitution	TPL Recovery from a Clerk of Court	HO
05	Lien Recovery	TPL Recovery from a Lien not otherwise specified	HO
06	Lien Recovery MVA	TPL Recovery from a Motor Vehicle Accident Case	HO
07	Lien Recovery Trauma	TPL Recovery from a Trauma Case	HO
08	Estate Recovery	Rev Col Recovery from an Estate Case	HO
09	Insurance Recovery Recipient	TPL Insurance Recovery from a Recipient	HO
10	Insurance Recovery Absent Parent	TPL Insurance Recovery from an Absent Parent	HO
11	Insurance Recovery Carrier	TPL Insurance Recovery from an Insurance Company	HO
12	Insurance Recovery Provider	TPL Insurance Recovery from a Provider	B
13	Medicare Recovery Carrier	Rev Col Recovery from Medicare Carrier	HO
14	Medicare Recovery Provider	Rev Col Medicare Recovery from a Provider	B
15	PRO Recovery	Med Services Recovery	HO
16	DIA Recovery	DIA Recovery	PP
17	Fraud/Abuse Recipient	IFMC Recovery from Recipient for Fraud/Abuse	PP
18	Post Pay Review Recovery	Recovery from Provider for Fraud/Abuse	PP
19	Cancelled Warrant	TPL Cancellation of a Returned Warrant	HO
20	Claim Error	Adjustment because of a Claim Error	PP
21	Cost Settlement	Gross Adjustment for Cost Settlement Check	HO
22	Retro Rate Adjustment	SYSTEM GENERATED Retro Rate Adjustment	PP
23	Other	Adjustment Reason not specified	PP
24	Hold	Hold	
25	Credit Balance Transfer	Rev Col Transfer a credit balance	B
26	Language Interpretive Service	Gross Adjustments created by Core for the Dental claims	
27	Program Integrity Related	PI recoupments and adjustments	
28	Civil Monetary Penalties	PCA recoupment of civil monetary penalties	
29	RAC Recovery		
30	Auto Recoup System Error	SYSTEM GENERATED	SG
31	Auto Recoup System Change	SYSTEM GENERATED	SG
32	Special Abstract – Fed State	GROSS for Claims over 2 years old	SG
33	Special Abstract - State Only	GROSS for DHS Approved Adjustment against policy	SG
34	Rev Col Recovery Carrier	Rev Col Recovery from Insurance Company	HO
35	Rev Col Recovery Provider	Rev Col Ins Recovery from Provider	B
36	VIS Quarterly Incentive Payments	VIS Quarterly Incentive Payments	
37	IHAWP Wellness Bonus	IHAWP Wellness Bonus	
38	Supplemental Payment	Used by PCA	
3A	Covid-19 State HCBS	Used for relief payments provider type 99 and 64	
3B	Covid-19 State MH	Used for relief payments	
3C	Covid-19 State SUD	Used for relief payments	
3D	Covid-19 State ICF-ID	Used for relief payments	
3E	Covid-19 State NF	Used for relief payments	
3F	Covid-19 State PMIC	Used for relief payments	
3G	Covid State HCBS 2	Used for relief payments	
40	Special State Project	Special State Project-eff 5/2007	HO
41	Medicaid DSH	Used by PCA for Medicaid DSH payments	
42	Broadlawns DSH	Used by PCA for Broadlawns DSH payments	
43	Inpatient GME	Used by PCA	
44	Outpatient GME	Used by PCA	
45	IME Combined claim	Used by PI	
46	Marketplace Newly	FQHC/RHC/IHS Wrap Payments-Newly Eligible Marketplace	
47	Marketplace Not Newly	FQHC/RHC/IHS Wrap Payments-Not Newly Eligible Marketplace	
48	Wellness Newly	FQHC/RHC/IHS Wrap Payments-Newly Eligible Wellness	
49	Wellness Not Newly	FQHC/RHC/IHS Wrap Payments-Not Newly Eligible Wellness	
4A	UOI Inpatient MCO Pay	Used by PCA	
4B	UOI Outpatient MCO Pay	Used by PCA	
4C	UOI Non-Facility MCO Pay	Used by PCA	
51	State Date-Reverse Gross to State		BF
52	Denial Recipient Not Eligible	Denied – recipient not eligible	BF
53	Denial Applied to Deductible	Denied – applied to deductible	BF
54	Denial Not Covered	Denied – non-covered service	BF
55	Denial Not Authorized	Denied – service not authorized	BF
56	Denial Recipient Not Covered	Denied – recipient not covered	BF
57	IA Workforce Development Lien	used by Provider Services	
58	IA Department of Revenue Lie	used by Provider Services	
59	Elec Health Incentive Paymnt Year 5		
5A	ARPA HCBS Employee Training	Used in the distribution of grant funds	
5B	ARPA Health IT Infrastructure	Used in the distribution of grant funds	
5C	ARPA Expand Support Thr HCBS	Used in the distribution of grant funds	
5D	ARPA One Time Recruitment/Retention	Used in the distribution of grant funds	
60	Begin contingency pay recoupment	DHS Recovery of Contingency Payments	PP
61	End contingency payment recoupment	SYSTEM GENERATED	SG
62	Marketplace Newly	Delta Dental Wrap Payment Newly Eligible Marketplace	

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63	Marketplace Not Newly	Delta Dental Wrap Payment Not Newly Eligible Marketplace	
64	Wellness Newly	Delta Dental Wrap Payment Newly Eligible Wellness	
65	Wellness Not Newly	Delta Dental Wrap Payment Not Newly Eligible Wellness	
66	Marketplace Newly	Other Cost Settlement for IHAWP – Marketplace Newly Eligible	
67	Marketplace Not Newly	Other Cost Settlement for IHAWP – Marketplace Not Newly Eligible	
68	Wellness Newly	Other Cost Settlement for IHAWP – Wellness Newly Eligible	
69	Wellness Not Newly	Other Cost Settlement for IHAWP – Wellness Not Newly Eligible	
70	Beginning Credit Balance	SYSTEM GENERATED	SG
71	Ending Credit Balance	SYSTEM GENERATED	SG
72	Beginning Dummy Credit Balance	SYSTEM GENERATED	SG
73	Ending Dummy Credit Balance	SYSTEM GENERATED	SG
74	Beginning Recoup Balance	SYSTEM GENERATED	SG
75	Ending Recoup Balance	SYSTEM GENERATED	SG
76	Beginning Dummy Recoup Balance	SYSTEM GENERATED	SG
77	Ending Dummy Recoup Balance	SYSTEM GENERATED	SG
78	Elec Health Incentive Paymnt Year 6		
79	Concurrent Care Review		
80	ICF/ID Assessment Fees		
81	NF Assessment Fees	Used by PCA for Nursing Facility assessment fees	
82	Hosp Assessment Fees	Used by PCA for Hospital assessment fees	
83	Lien Amount Paid	SYSTEM GENERATED LIEN	SG
84	Change in Patient Liability	SYSTEM GENERATED ADJUST TO PATIENT LIABILITY	BB
85	Interest Collected		
86	Special Processing	Special Processing	
87	Iowa Care Adjustment	Used only for Iowa Care claims	
88	IowaCare Incentive Adjustment	Used for IowaCare annual performance bonuses	
89	UOI CPE Payments	Used for Monthly UOI CPE Payments	
90	CCI Adjustment	Used for retro-CCI adjustments only	
91	Elec Health Incentive Paymnt Year 1		
92	Elec Health Incentive Paymnt Year 2		
93	Elec Health Incentive Paymnt Year 3		
94	Elec Health Incentive Paymnt Year 4		
95	Monthly TCM Payments-IowaPlan	Used for TCM payments to Magellan	
96	Maternity Kick Payments	Used for the maternity kick payments	
97	Monthly TCM Admin Fee Payment		
98	Uncollected Bad Debt, State Funds	Write off debt from Credit Balance Report	HO
99	Uncollected Bad Debt, FFP	Write off debt from Credit Balance Report	HO
P1	Physician Supplemental Payment Req	Used for supplemental payments to physicians	
P2	Physician Supplemental IHAWP Newly	Used for supplemental payments for IHAWP newly eligible	
P3	Physician Supplemental IHAWP Not New	Used for supplemental payments for IHAWP not newly eligible	
P4	Physician Supplemental BCCT	Used for supplemental BCCT payment	

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POINT OF SALE (POS INFORMATION)

POS TRANSACTION CONTROL NUMBER			
5 DIGIT JULIAN DATE	1 DIGIT MEDIUM 0 = PAPER 2 = EMC 3 = POS	6 DIGIT CLAIM NUMBER	1 DIGIT CLAIM TYPE 0 = ORIGINAL 1 = CREDIT 2 = ADJUSTMENT

MED CERTIFICATION CODES	NABP NUMBERS - 7 DIGITS	PHARMACY DISPENSING FEE
4 = PREGNANCY INDICATOR 5 = VACCINE AGE OVERRIDE	EXAMPLE: 16XXXXX	\$10.38 – effective 11/01/21 \$10.07 – effective 11/01/18 \$10.02 – effective 08/01/16 \$11.73 – effective 08/01/14 \$10.12 – effective 07/01/13 \$10.02 – effective 02/01/13 \$6.20 – effective 08/1/11 \$6.38 – Prior to 08/1/11 \$4.10 - MAC DRUGS SCHEDULE II NARCOTICS – Prior to 12/1/2009 \$4.34 Specialty drugs AWP – 17% - as of 12/1/2009

EXCEPTION CODE STATUS	CLIENT ID: 000775
1 = IGNORE (no message to provider) 2 = DENY 3 = PAY (message to provider)	<u>GROUP NUMBER:</u> 7750 NUMBER <u>PRESCRIBER ID:</u> MEDICAID PROVIDER NUMBER

UD (UNIT DOSE FIELD)
Y = UNIT DOSE BY PHARMACY
DAW
1 = SUBSTITUTION NOT ALLOWED BY PRESCRIBER (ONLY VALID VALUE)

RECIPIENT PLAN CODES

100 = REGULAR

200 = MEDICALLY NEEDY, CONDITIONALLY ELIGIBLE (includes QMB & SLMB)

300 = NURSING HOME, DOES NOT INCLUDE RCF OR WAIVER (includes AID TYPES: 130, 131, 136 - 138, 23, 638, 731 - 733, 735 (unless recipient is waiver))

400 = IC

700 = FAMILY PLANNING

800 = FP & IC

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POS TCN CONVERSION TO MMIS TCN

POS TCN VERSION X2 (2003)

JULIAN DATE	MEDIUM	BATCH#	DOCUMENT#	CLAIM TYPE
-------------	--------	--------	-----------	------------

0 3 1 8 2 0 0 8 0 0 0 0 1 2 3 4 0

0 = Exam Entry
 1 = TAPE
 2 = POS
 3 = System Generated

0=Original
 1=Reversal
 2=Adjustment

MMIS TCN

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----

0 0 3 1 8 2 0 0 1 0 2 0 2 3 4 0 0

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Claim Input Medium Indicator	Year	Julian Date	Microfilm Machine #	Microfilm Reel #	Batch Number Assignment**	Claim Type	Claim number	Line Number or Attachment Number
						0=Original 1=Credit 2=Adjust		

1 = POS

****Batch Number Assignment:**

Accounting code = 0 or 1 (regular or history only) and 3rd position of POS claim number = 8; assign 800 batch
 = 9; assign 900 batch

Accounting code = adjustment and 3rd position of POS claim number = 8; assign 850 batch
 = 9; assign 950 batch

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MMIS TCN FORMAT

1		2	3	4	5	6		7	8		9	10	11		12	13	14	15		16	17
0		0	5	1	4	0		0	0		3	0	0		0	1	2	3		0	0

1 – claims Input Medium

- 0 = Exam Entry
- 1 = POS
- 3 = Electronic (EMC)
- 4 = System Generated
- 5 = Special Batch
- 6 = Encounter Claims

2 through 6 – Julian Date

7 – Microfilm Machine #

8 – Microfilm Reel #

- 11 = Single claim other than HCFA 1500
- 22 = HCFA single claim
- 55 = Attachments other than HCFA 1500
- 66 = HCFA attachments
- 99 = Medically Needy
- 33 = Adjustment/Credit/Gross Live
- 44 = Adjustment/Credit/Gross History
- 11/55 = POS claims

9 through 11 – Batch number assignment (see below for criteria)

12 – Claim Type

- 0 = Original claim
- 1 = Credit
- 2 = Adjustment

13 through 15 – Claim Number

16 through 17 – Line Number or Attachment Number

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Batch Number Assignment

Medicaid

001-499	Dakota Imaged claim
101	Automated Monthly Mass Adjustments
500-599	Credit/Adjustment claim
511-519	Medically Needy
600-699	Mass Adjustment claim
700-799	Mass Provider Rate Change
800-950	POS Claim

Hawki

101	Automated Monthly Mass Adjustments
810 – 815	Hawki Medical
905 – 910	Hawki Dental

Batch Number Assignment for Encounter Claims

Regular – Professional/Institutional	
Amerigroup	001 - 249
UnitedHealth	250 - 499
AmeriHealth	500 - 749
NEMT	791
Meridian	793 - 795
Magellan	797 - 799
Coventry	841 - 843
Co-Opportunity	845 - 847
Iowa Total Care	860 - 869
Pharmacy	
AmeriHealth	750 - 759
Amerigroup	760 - 769
UnitedHealth	770 - 779
Iowa Total Care	870 - 879
Dental	

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MCNA	780 - 789
Delta Dental	849 - 859
Hawki	
Medical	HWK in program code
Dental	HWK in program code

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MHC CODES FOR IOWA PLAN						
MHC CODE:	AGE	COVERAGE GROUP	IOWA PLAN	HMO	MediPASS	Lock-In
A	0-17	FMAP	Yes	No	No	No
B	18-64	FMAP	Yes	No	No	No
C	0-17	FMAP	Yes	Yes	No	No
D	18-64	FMAP	Yes	Yes	No	No
E	0-17	FMAP	Yes	No	Yes	No
F	18-64	FMAP	Yes	No	Yes	No
G	0-17	FMAP	Yes	No	No	Yes
H	18-64	FMAP	Yes	No	No	Yes
J	0-17	SSI	Yes	No	No	No
K	18-64	SSI	Yes	No	No	No
L	0-17	SSI	Yes	No	No	Yes
M	18-64	SSI	Yes	No	No	Yes
Q	65+	SSI	Yes	No	No	No
R	65+	DUAL	Yes	No	No	No
S	0-64	DUAL	Yes	No	No	No
T	0-64	DUAL	Yes	No	No	Yes
V	10-22	FOSTER CARE (FC)	Yes	No	No	Yes
W	0-9	FC	Yes	No	No	No
X	10-22	FC	Yes	No	No	No
0	Any	n/a	No	No	No	No
1	Any	n/a	No	Yes	No	No
2	Any	n/a	No	No	No	Yes
4	Any	n/a	No	No	Yes	No

**Q and R are added effective 7/1/2010.
Iowa Plan Termed 12/31/2015**

MEDICAID FEE SCHEDULES (URL)

<http://dhs.iowa.gov/ime/providers/csrp/fee-schedule>

MEDICAID PROVIDER MANUALS (URL)

<http://dhs.iowa.gov/policy-manuals/medicaid-provider>

IOWA PLAN ICD-9 DIAGNOSIS *

290.00 – 302.99

303.00 – 305.99

306.00 – 309.99

311.00 – 314.99

*Formerly MHAP and IMSACP, Iowaplan ended 12/31/15

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ALLOWED CHARGE SOURCE (04002)	ACCOUNTING CODES (03022)
<p>A ANESTHESIA B BILLED CHARGE C PERCENTAGE OF CHARGES D INPATIENT PER DIEM RATE E EAC PRICED PLUS DISPENSE FEE F FEE SCHEDULE G FMAC PRICED PLUS DISPENSE FEE H ENCOUNTER RATE I PRIOR AUTHORIZATION RATE J FEE SCHEDULE-TECH COMPONENT K DENIED L MAXIMUM SUSPEND CEILING M MANUALLY PRICED N PROVIDER CHARGE RATE O PROFESSIONAL COMPONENT P GROUP THERAPY Q EPSDT TOTAL OVER 17 R EPSDT TOTAL UNDER 18 S ACA FEE SCHEDULE SP NOT YET PRICED T ACA MEDICARE DERIVED RATE U GYNECOLOGY FEE V OBSTRETICS FEE W VFC CAP FEE X MEDICARE/COINSURANCE DEDUCTIBLES Y IMMUNIZATION REPLACEMENT Z BATCH BILL APG 0 APG 1 NO PAYMENT APG 2 MEDICARE DERIVED SCHEDULE 3 HMO/PHP RATE 4 SYSTEM PARAMETER RATE 5 STATEWIDE PER DIEM 6 DRG AUTH OR NEW 7 INLIER/OUTLIER ADJUST 8 DRG ADR INLIER 9 DRG ADR</p>	<p>A CREDIT CLAIM ADJUSTMENT B CREDIT CLAIM CREDIT C CREDIT MASS ADJUSTMENT D CREDIT MASS CREDIT E ADJUST CLAIM ADJUST F ADJUST MASS ADJUST G HISTORY ONLY CREDIT FROM ADJUSTMENT H HISTORY ONLY CREDIT FROM CREDIT I HISTORY CREDIT FROM MASS ADJUSTMENT J HISTORY CREDIT FROM MASS CREDIT K HISTORY ADJUSTMENT FROM ADJUSTMENT L HISTORY ADJUST FROM MASS ADJUSTMENT 0 NORMAL - PAY PROVIDER 1 HISTORY ONLY, NO PROVIDER PAY 2 DEBIT GROSS ADJUSTMENT 3 CREDIT GROSS ADJUSTMENT 6 HISTORY ONLY, DEBIT GROSS ADJUSTMENT 7 HISTORY ONLY, CREDIT GROSS ADJUSTMENT</p> <p style="text-align: center;">PROVIDER CERTIFICATION CODES (02235) (ON PROVIDER FILE)</p> <p>INPATIENT CERTIFICATION</p> <p>1 INPATIENT SUBSTANCE ABUSE 2 INPATIENT NEONATAL LEVEL II 3 INPATIENT PSYCHIATRIC 4 INPATIENT PHYSICAL-REHAB 5 INPATIENT SUBST ABUSE,ADOLESC 6 INPATIENT PSYCHIATRAIC, ADOL 7 INPATIENT NEONATAL LEVEL III</p> <p>OUTPATIENT CERTIFICATION COND. CODE</p> <p>A ALCOHOL/SUBSTANCE ABUSE 87 B MENTAL HEALTH 86 C CARDIAC REHAB 84 D EATING DISORDER 85 E PAIN MANAGEMENT 88 F DIABETIC EDUCATION 89 G PULMONARY REHAB 90 H SURETY BOND M SAMHSA CERTIFICATION N NALOXONE P SURETY BOND EXEMPT R OUTREACH S ONGOING SERVICES T NICOTINE REPLACEMENT PRODUCTIONS V VACCINES W WAIVED (CLIA) Y FULL (CLIA)</p>
CUTBACK REASON CODE (04000)	
<p>A PARTIAL AMT CUTBACK IN DUP CHK C CAP LIMIT REACHED PART CUTBACK D FULL AMOUNT CUTBACK IN DUP CHK G POA NOT ON SOME DIAG-CUTBACK I CCI VENDOR MULTIPLE UNITS M UNITS CUTBCK TO PROC MAX UNITS N ANNUAL LEAVE DAYS EXCEEDED P UNITS CUTBCK TO PR AUTH REMAIN R PROVIDER PAYMENT REDUCTION S CUTBCK DUE TO SPENDDOWN AMOUNT SP NO CUTBACK APPLIED T CUTBACK TO MAXIMUM UNITS U CUT TO MAX DAY14</p>	

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COPAY

COPAY IS APPLIED PER DATE OF SERVICE, EXCEPT FOR PHARMACY, WHICH IS PER PRESCRIPTION

<i>SERVICE</i>	<i>CURRENT COPAY</i>	<i>RX</i>	<i>CURRENT COPAY</i>
CHIROPRACTIC	\$ 1.00	GENERIC/PREFERRED DRUG	\$1.00
PHYSICAL THERAPY	1.00	NON-PREFERRED \$25.01 TO \$50.00	\$2.00
PODIATRIC	1.00	NON-PREFERRED \$50.01 OR MORE	\$3.00
MEDICARE CROSSOVER CLAIM	1.00		
AMBULANCE	\$ 2.00		
AUDIOLOGIST	2.00		
HEARING AID DEALER	2.00		
MEDICAL EQUIPMENT/APPLIANCES	2.00		
OPTICIAN	2.00		
OPTOMETRIC	2.00		
ORTHOPEDIC SHOES	2.00		
PROSTHETIC DEVICES/SUPPLIES	2.00		
PSYCHOLOGIST	2.00		
REHAB AGENCY	2.00		
DENTAL TREATMENT	\$ 3.00		
HEARING AIDS	3.00		
PHYSICIAN (MD/DO) OFFICE VISIT	3.00		
NON-EMERGENT ER (EFFECTIVE 9/1/11)	\$ 3.00		
IHAWP ER (EFFECTIVE 12/1/16)	\$ 8.00		

COPAY EXCLUSIONS

- 1. RECIPIENTS UNDER AGE 21.*
- 2. FAMILY PLANNING SERVICES*
- 3. SERVICES FOR PREGNANT WOMEN*
- 4. RECIPIENTS RESIDING IN AN INSTITUTION (SNF, ICF, ICF/ID, OR STATE MENTAL HEALTH INSTITUTE)
-EXCEPT TRANSFERRED RESOURCES*
- 5. EMERGENCY SERVICES*
- 6. HMO COVERED SERVICES*
- 7. RACE CODE IS 3 AND THE REFERRING PROVIDER NPI IS MESKWAKI (1962618355)*
- 8. RECIPIENTS WITH EXCEPTION INDICATOR 'C' - ILLEGAL ALIEN, COVERAGE FOR
EMERGENCY SERVICE & DELIVERY*
- 9. MEMBERS IN THE IOWA HEALTH AND WELLNESS PLAN ARE EXCLUDED FROM COPAY. THIS INCLUDES
EMERGENCY ROOM VISITS. (CHANGED 12/1/16)*
- 10. MEMBERS WITH POVERTY LEVEL LESS THAN 50% (EFFECTIVE 3/1/16)*
- 11. MEMBERS WITH RACE CODE 3 THAT HAVE AN ORIGIN CODE OF Y. (EFFECTIVE 3/1/16)*

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MEDICARE CATEGORY OF SERVICE

<p>PART A</p> <p>A INPATIENT B OUTPATIENT C SKILLED NURSING D HOME HEALTH</p> <p>PART B</p> <p>E PHYSICIAN F CLINIC G LAB/RADIOLOGY H AMBULANCE I MEDICAL SUPPLIES</p>	<p>J OTHER PRACTITIONER K DENTIST L CHIROPRACTOR M PODIATRIST N PSYCHIATRIST O OPTOMETRIST</p>	<p>2014 MEDICARE DEDUCTIBLE HOSPITAL INSURANCE (PART A) DEDUCTIBLE=\$1216 PER BENEFIT PERIOD MEDICAL INSURANCE (PART B) DEDUCTIBLE = \$147 PER YEAR</p> <p>2015 MEDICARE DEDUCTIBLE HOSPITAL INSURANCE (PART A) DEDUCTIBLE=\$1260 PER BENEFIT PERIOD MEDICAL INSURANCE (PART B) DEDUCTIBLE = \$147 PER YEAR</p> <p>2016 MEDICARE DEDUCTIBLE HOSPITAL INSURANCE (PART A) DEDUCTIBLE=\$1288 PER BENEFIT PERIOD MEDICAL INSURANCE (PART B) DEDUCTIBLE = \$166 PER YEAR</p> <p>2017 MEDICARE DEDUCTIBLE HOSPITAL INSURANCE (PART A) DEDUCTIBLE=\$1316 PER BENEFIT PERIOD MEDICAL INSURANCE (PART B) DEDUCTIBLE = \$183 PER YEAR</p> <p>2018 MEDICARE DEDUCTIBLE HOSPITAL INSURANCE (PART A) DEDUCTIBLE=\$1340 PER BENEFIT PERIOD MEDICAL INSURANCE (PART B) DEDUCTIBLE = \$183 PER YEAR</p> <p>2019 MEDICARE DEDUCTIBLE HOSPITAL INSURANCE (PART A) DEDUCTIBLE=\$1364 PER BENEFIT PERIOD MEDICAL INSURANCE (PART B) DEDUCTIBLE = \$185 PER YEAR</p> <p>2020 MEDICARE DEDUCTIBLE HOSPITAL INSURANCE (PART A) DEDUCTIBLE=\$1408 PER BENEFIT PERIOD MEDICAL INSURANCE (PART B) DEDUCTIBLE = \$198 PER YEAR</p> <p>2021 MEDICARE DEDUCTIBLE HOSPITAL INSURANCE (PART A) DEDUCTIBLE=\$1484 PER BENEFIT PERIOD MEDICAL INSURANCE (PART B) DEDUCTIBLE = \$203 PER YEAR</p> <p>2022 MEDICARE DEDUCTIBLE HOSPITAL INSURANCE (PART A) DEDUCTIBLE=\$1556 PER BENEFIT PERIOD MEDICAL INSURANCE (PART B) DEDUCTIBLE = \$233 PER YEAR</p>
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COUNTY CODES

01 ADAIR	51 JEFFERSON
02 ADAMS	52 JOHNSON
03 ALLAMAKEE	53 JONES
04 APPANOOSE	54 KEOKUK
05 AUDUBON	55 KOSSUTH
06 BENTON	56 LEE
07 BLACKHAWK	57 LINN
08 BOONE	58 LOUISA
09 BREMER	59 LUCAS
10 BUCHANAN	60 LYON
11 BUENA VISTA	61 MADISON
12 BUTLER	62 MAHASKA
13 CALHOUN	63 MARION
14 CARROLL	64 MARSHALL
15 CASS	65 MILLS
16 CEDAR	66 MITCHELL
17 CERRO GORDO	67 MONONA
18 CHEROKEE	68 MONROE
19 CHICKASAW	69 MONTGOMERY
20 CLARKE	70 MUSCATINE
21 CLAY	71 O'BRIEN
22 CLAYTON	72 OSCEOLA
23 CLINTON	73 PAGE
24 CRAWFORD	74 PALO ALTO
25 DALLAS	75 PLYMOUTH
26 DAVIS	76 POCAHONTAS
27 DECATUR	77 POLK
28 DELAWARE	78 POTAWATTAMIE
29 DES MOINES	79 POWESHIEK
30 DICKINSON	80 RINGGOLD
31 DUBUQUE	81 SAC
32 EMMET	82 SCOTT
33 FAYETTE	83 SHELBY
34 FLOYD	84 SIOUX
35 FRANKLIN	85 STORY
36 FREMONT	86 TAMA
37 GREENE	87 TAYLOR
38 GRUNDY	88 UNION
39 GUTHRIE	89 VAN BUREN
40 HAMILTON	90 WAPELLO
41 HANCOCK	91 WARREN
42 HARDIN	92 WASHINGTON
43 HARRISON	93 WAYNE
44 HENRY	94 WEBSTER
45 HOWARD	95 WINNEBAGO
46 HUMBOLT	96 WINNESHIEK
47 IDA	97 WOODBURY
48 IOWA	98 WORTH
49 JACKSON	99 WRIGHT
50 JASPER	

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STATE POSTAL CODES (02034)

AK	ALASKA
AL	ALABAMA
AR	ARKANSAS
AZ	ARIZONA
CA	CALIFORNIA
CO	COLORADO
CT	CONNECTICUT
CZ	CANAL ZONE
DC	WASHINGTON, D.C.
DE	DELAWARE
FL	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MS	MISSISSIPPI
MT	MONTANA
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING
ZZ	OUTSIDE OF US

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FACILITY RATE SUMMARY

Iowa Department of Human Services
 Medicaid and State Supplementary Assistance FACILITY RATE SUMMARY

FACILITY TYPE	MAXIMUM PAYMENT Per Day	EFFECTIVE DATE
Nursing Facility (Prov. Type 20) Reserved Bed – 42% per diem – Suspended by Legislation	\$0.00*	December 1, 2009
Certified Skilled Facility (Prov. Type 18)		
Hospital Based	\$636.83*	July 1, 2019
Swing Bed Hospital – Skilled (Prov. Type) 18	\$636.83*	July 1, 2019
Ventilator Care Incentive		
In free standing ICF	\$636.83*	July 1, 2019
In hospital based SNF	\$636.83*	July 1, 2019
In swing bed hospital – skilled	\$636.83*	July 1, 2019
Hospital Payment for Lower Level of Care		
Skilled level	\$636.83*	July 1, 2019
Nursing facility level	\$212.00	July 1, 2019
ICF/ID (Prov. Type 25 & 27)		
Maximum	\$343.52 \$354.20 \$362.18 \$376.52 \$392.70 (80 th Percentile)	July 1, 2017 July 1, 2018 July 1, 2019 July 1, 2020 July 1, 2021
Residential Care Facility (Prov. Type 23)		
Maximum	\$30.11 \$30.60 \$31.27 \$31.66 \$32.01 \$33.53	January 1, 2017 January 1, 2018 January 1, 2019 January 1, 2020 January 1, 2021 January 1, 2022
Flat Rate	\$17.86	January 1, 2018

* Multiplied by facility casemix index

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TYPE OF HEALTH INSURANCE CODES FROM RECIP ID CARD

3RD BYTE POSITION - PRIVATE INSURANCE (09134)	4TH POSITION - OTHER RESOURCE CODE (09137)
<p>A HOSPITAL B PHYSICIAN C DENTAL D DRUGS E HOSPITAL/PHYSICIAN F HOSPITAL/PHYSICIAN/DENTAL G HOSPITAL/PHYSICIAN/DENTAL/DRUG H HOSPITAL/DENTAL I HOSPITAL/DRUG J HOSPITAL/PHYSICIAN/DRUG K PHYSICIAN/DRUG L PHYSICIAN/DENTAL M HOSPITAL/PHYSICIAN/DENTAL/DRUG/VISION N HOSPITAL/PHYSICIAN/DRUG/VISION O HOSPITAL/PHYSICIAN/VISION P HOSPITAL/PHYSICIAN/OTHER Q HOSPITAL/PHYSICIAN/DENTAL/OTHER R HOSPITAL/PHYSICIAN/DENTAL/DRUG/OTHER S HOSPITAL/DENTAL/OTHER T HOSPITAL/DRUG/OTHER U HOSPITAL/PHYSICIAN/DRUG/OTHER V VISION W PHYSICIAN/DRUG/OTHER X OTHER (INCLUDING AMBULANCE, HOME HEALTH, HOSPICE, LAB/XRAY, MEDICAL EQUIPMENT, SNF, INF, SPECIFIC DISEASE - HEART & CANCER & ANY OTHER TYPE. Y PHYSICIAN/DENTAL/OTHER Z HOSPITAL/PHYSICIAN/DENTAL/DRUG/VISION/OTHER 0 (ZERO) NONE 1 HOSPITAL/PHYSICIAN/DRUG/VISION/OTHER 2 HOSPITAL/PHYSICIAN/VISION/OTHER</p>	<p>A MEDICARE PART A B ACCIDENT G ABSENT PARENT, NON-COURT ORDERED H ABSENT PARENT, COURT ORDERED I MAJOR MEDICAL J ABSENT PARENT, MAJOR MED, NON-COURT ORDERED K ABSENT PARENT, MAJOR MED, COURT ORDERED L INDEMNITY 0 NONE 1 MEDICARE PART B 2 MEDICARE PART A & B 3 TRICARE AND VA - CHAMPVA 4 TRICARE - CHAMPUS 5 VETERANS ADMINISTRATION 6 OTHER 7 TRICARE, ABSENT PARENT, NON-COURT ORDERED 8 TRICARE, ABSENT PARENT, COURT ORDERED 9 MEDICAID TRUST</p>

TPL COVERAGE TYPES (01249)	
<p>01 BASIC HOSPITAL 02 BASIC MEDICAL 05 HOSPITAL INDEMNITY 06 MAJOR MEDICAL 07 ACCIDENT ONLY 12 MEDICARE SUPPLEMENT 13 NURSING HOME SUPPLEMENT 15 DENTAL</p>	<p>16 TRICARE - CHAMPUS 18 VETERANS ADMINISTRATOR 19 PHARMACY 20 VISION 25 CASUALTY 99 PSEUDO</p>

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MAJOR DIAGNOSTIC CATAGORIES (MDCs)

- 1 DISEASES AND DISORDERS OF THE NERVOUS SYSTEM
- 2 DISEASES AND DISORDERS OF THE EYE
- 3 DISEASES AND DISORDERS OF THE EAR, NOSE, MOUTH AND THROAT
- 4 DISEASES AND DISORDERS OF THE RESPIRATORY SYSTEM
- 5 DISEASES AND DISORDERS OF THE CIRCULATORY SYSTEM
- 6 DISEASES AND DISORDERS OF THE DIGESTIVE SYSTEM
- 7 DISEASES AND DISORDERS OF THE HEPATOBILLIARY SYSTEM AND PANCREAS
- 8 DISEASES AND DISORDERS OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE
- 9 DISEASES AND DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE AND BREAST
- 10 ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES AND DISORDERS
- 11 DISEASES AND DISORDERS OF THE KIDNEY AND URINARY TRACT
- 12 DISEASES AND DISORDERS OF THE MALE REPRODUCTIVE SYSTEM
- 13 DISEASES AND DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM
- 14 PREGNANCY, CHILDBIRTH AND THE PUERPERIUM
- 15 NEWBORNS AND OTHER NEONATES WITH CONDITIONS ORIGINATING IN THE PERINATAL PERIOD
- 16 DISEASES AND DISORDERS OF BLOOD AND BLOOD FORMING ORGANS AND IMMUNOLOGICAL DISORDERS
- 17 MYELOPROLIFERATIVE DISEASES AND DISORDERS, AND POORLY DIFFERENTIATED NEOPLASMS
- 18 INFECTIOUS AND PARASITIC DISEASES (SYSTEMIC OR UNSPECIFIED SITES)
- 19 MENTAL DISEASES AND DISORDERS
- 20 ALCOHOL/DRUG USE AND ALCOHOL/DRUG INDUCED ORGANIC MENTAL DISORDERS
- 21 INJURIES, POISONING AND TOXIC EFFECTS OF DRUGS
- 22 BURNS
- 23 FACTORS INFLUENCING HEALTH STATUS AND OTHER CONTACTS WITH HEALTH SERVICES

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CONTROL CODES – PROCEDURE (05602)	CONTROL CODES – DIAGNOSIS (05676)
D = DENY	0 = NO CONTROL
E = EPSDT-ONLY	1 = NONPAYABLE
R = REVIEW-HCF	2 = REQUIRES REVIEW
S = SUSPEND	3 = DIAG HEADER CODE
SP = NO SPECIAL CONTROL	4 = DIAG ECODE
X = SUSPEND- EXCEPTION TO POLICY REQUIRED	5 = NON SPECIFIC CODE
	9 = DOCUMENTS ATTACHED

MEDICAID ELIGIBILITY FILE FUND CODES (01094)
1 FEDERALLY ELIGIBLE ADULT
2 FEDERALLY ELIGIBLE CHILD
3 STATE ELIGIBLE ADULT
4 STATE ELIGIBLE CHILD
7 NOT ELIGIBLE FOR MEDICAID; POSSIBLE MAINTENANCE PAYMENT
9 NOT ELIGIBLE UNLESS QMB OR SLMB
A ADULT, MEDICAID ONLY
C CHILD, MEDICAID ONLY
F CONDITIONALLY ELIGIBLE
P CONDITIONALLY ELIGIBLE FOR MEDICALLY NEEDY <i>(Must meet Spenddown to become eligible)</i>
R CMAP OR FMAP CHILD UNDER 21
S RESPONSIBLE RELATIVE FOR MEDICALLY NEEDY <i>(Never Medicaid eligible with this Fund Code)</i>

PA INDICATOR (04069)	MED SERVICES RECORD TYPES (03595)
B BOTH PRIOR AUTH REQUIRED	00 IFMC HEADER RECORD
H HIGH TECH RADIOLOGY PA	40 PRE-ADMISSION
I IFMC PA REQ'D	41 PRE-PROCEDURE
R REGULAR PA	42 DAY TREATMENT
SP NO PA REQ'D	43 PARTIAL HOSPITAL
	44 SNF RESERVE BED REVIEW
	45 SNF IFMC REVIEW
	46 SNF - ACUTE (46 CONVERTS TO 45)
	47 REHAB UNIT
	48 SNF - LOWER LEVEL OF CARE
	49 ICF - LOWER LEVEL OF CARE
	50 PMIC
	51 MHI
	52 NFMI
	99 IFMC – TRAILER RECORD
	SP NON IFMC PA

EXCEPTION CODE STATUS (03722)

- 1 SUPER SUSPEND
- 2 AUTO DENY
- 3 SUSPEND
- 4 PAY/LIST
- 5 PAY

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TYPE OF BILL (04476)

****Type of Bill does not apply to TAD Claims. MMIS shows Type of Bill for this type of claims as '00'**

**00X	INTERNAL MMIS SYSTEM USE ONLY (TAD FORM)
11X	INPATIENT HOSPITAL OR XOVER
12X	INPATIENT XOVER
13X	OUTPATIENT HOSPITAL OR XOVER
14X	OUTPATIENT LAB
15X	INPATIENT XOVER 2
18X	ICF XOVER
21X	SNF INPATIENT XOVER
22X	SNF INPATIENT
23X	SNF OUTPATIENT
24X	SNF OUTPATIENT 2
28X	INPATIENT SWING BED
32X	HOME HEALTH SERVICE (OUTPAT OR XOVER)
33X	HOME HEALTH1(OUTPAT OR XOVER)
34X	HOME HEALTH (OUTPAT OR XOVER)
71X	REHAB AGENCY A
72X	REHAB AGENCY B
73X	REHAB AGENCY OTR
74X	REHAB AGENCY OTHER
75X	OUTPATIENT OXVER
81X	INPATIENT HOSPICE OR XOVER
82X	INPATIENT HOSPICE/PART B
83X	INPATIENT HOSPICE/OTHER

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IME ADDRESS LIST

MEDICAID CLAIMS

P. O. Box 150001
Des Moines, Iowa 50315

PROVIDER CORRESPONDENCE

P. O. Box 36450
Des Moines, Iowa 50315

MEDICAL PRIOR AUTHORIZATION

P.O. Box 36478
Des Moines, Iowa 50315

PHARMACY PRIOR AUTHORIZATION

800-574-2515 - Fax Only

MEMBER SERVICES

P. O. Box 36510
Des Moines, Iowa 50315

ESTATE RECOVERY AND MILLER TRUST

P. O. Box 36445
Des Moines, Iowa 50315

THIRD PARTY LIABILITY

P. O. Box 36475
Des Moines, Iowa 50315

IOWACARE

P.O. Box 10391
Des Moines, IA 50306

PROVIDER REFUND CHECKS

P.O. Box 310202
Des Moines, IA 50331-0202

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LIEN RECOVERY

P. O. Box 36446

Des Moines, Iowa 50315

DRUG REBATE (including Supplemental)

P.O. Box 310195

Des Moines, Iowa 50331-0195

ALL OTHER REFUND CHECKS

P.O. Box 310202

Des Moines, Iowa 50331-0202

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IME CONTACT INFORMATION

Mailing Address for Claims:

Iowa Medicaid Enterprise

P. O. Box 150001

Des Moines, Iowa 50315

Visit the IME Website to access even more information:

<http://dhs.iowa.gov/ime/about>

ELVS

(Eligibility Verification System)

24 Hours a Day/7 Days a Week

800-338-7752

515-323-9639 (Local)

PHARMACY Prior Authorization

Provider PA Hotline

8:00AM - 6:00PM (after-hours on-call available)

877-776-1567

515-256-4607 (Local)

Prior Authorization Requests

800-574-2515 (Fax Only)

PHARMACY POS HELP DESK

8:00AM - 5:00PM (after-hours on-call available)

877-463-7671

515-256-4608 (Local)

MEDICAL SERVICES

Medical Support

8:00 AM - 4:30 PM

800-383-1173

515-256-4626 (Local)

MEDICAL PRIOR AUTHORIZATION (PA)

8:00 am - 4:30 PM

888-424-2070

515-256-4624 (Local)

515-725-1356 (Medical PA Fax)

515-725-0938 (Dental PA Fax)

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MEMBER SERVICES

8:00 AM - 5:00 PM

800-338-8366

515-256-4606 (Local)

PROVIDER SERVICES

7:30 AM - 4:30 PM

800-338-7909

515-256-4609 (Local)

515-725-1155 (Fax)

EDI SUPPORT SERVICES

Mon, Tues, Thurs and Fri 8:00 AM - 5:00 PM

Wed 10:00 AM - 5:00 PM

800-967-7902

PROVIDER AUDITS AND RATE SETTING

8:00 AM - 5:00 PM

866-863-8610

515-256-4610 (Local)

State MAC Help Line

800-591-1183

PROVIDER INTERGRITY

8:00 AM - 5:00PM

877-446-3787

515-256-4615 (Local)

REVENUE COLLECTION

Estate Recovery

7:30 AM - 5:30 PM

877-463-7887

515-256-4618(Local)

Third Party Liability (TPL)

8:30 AM - 5:00 PM

866-810-1206

515-256-4619 (Local)

Lien Recovery

8:30 AM - 5:00 PM

888-543-6742

515-256-4620 (Local)