“B3” Manual

Iowa Medicaid

MCO Representatives

October 30, 2025

IOWA Health and Human Services

Agenda

- Brief History of “B3” Menu of Services
- Why Develop a Manual?
- How to Become a “B3” Services Provider
- Discuss Content of Manual
- Q and A

Brief History of “B3”

- CMS has authorized Iowa Medicaid to offer additional services under 1915(b)(3) section of the Social Security Act, which is where the abbreviation "B3" originates.

- These services are available exclusively through Managed Care Organizations and not through Iowa Medicaid's Fee-For-Services (FFS) program.

Why Develop a Manual?

- The manual will serve as a centralized “one-stop shop” for all policies related to B3 services.
- It is intended to be a universal resource accessible to all Managed Care Organizations (MCO's), the Department of Health and Human Services (HHS), and providers.
- The aim is to ensure consistency, transparency, and ease of reference for all stakeholders.

How to Become a Provider of ‘B3’ Services?

- Enroll as an Iowa Medicaid Provider
- Ensure your provider type and licensure is eligible to offer B3 services
- Review Member Eligibility
- Credential and Contract with MCOs

Iowa Medicaid Provider Type + License

If you want to check/confirm your current **Provider Type,** contact the Provider Services call center Monday to Friday from 8 am to 5 pm at 1-800-338-7909

If you are not currently enrolled as a provider that can bill for B3 Services, you will need to submit a new enrollment application to add the provider type based on your licensure and/or certification. The Universal Provider Application is located here: https://hhs.iowa.gov/media/4467/download?inline

If you want to confirm whether you meet the certification or license requirements to enroll as a specific provider, contact Provider Services.

What additional resources would be beneficial for you?

Member Eligibility

Eligibility requirements include:

-Full Medicaid or IA Health & Wellness Medically Exempt (IHAWP)

-Enrolled with an MCO

Not eligible:

-HAWKI members

-IA Health & Wellness Not Medically Exempt

-Fee For Service

Resources for Providers - Molina

Contact the Molina Provider Contracting department directly, at IAProviderContracts@MolinaHealthcare.com with questions such as;

- To begin the contracting and credentialing process
- To confirm the “B3” services your organization provides are in your contract
- To amend your contract to include “B3” services you are eligible to provide

Resources for Providers – Iowa Total Care

If you want to begin the credentialling and contracting process (or amend your existing contract to include more B3 services) with the MCOs, contact:

Please email ITC at NetworkManagement@IowaTotalCare.com
Or contact your Provider Relations Representative.

Please use the link below to find the contact information for your Provider Relations Representative

https://www.iowatotalcare.com/territory-maps.html

Resources for Providers - Wellpoint

Contact the WellPoint Contracting department directly, at providernetworkia@wellpoint.com with questions such as:

- To begin the contracting and credentialing process
- To confirm the “B3” services your organization provides are in your contract
- To amend your contract to include “B3” services you are eligible to provide

B3 Menu of Services / Codes

Service	Claim Form Typ	HCPCS/CPT Code	Revenue Code	Modifier(s)	Bill Typ	Service Unit
Integrated Services & Supports	CMS-1500	H2022	N/A	X1 – X5	N/A	1 Unit = 1 Day
Peer Support, Family Peer Support & Recovery Coaching	CMS-1500	H0038	N/A	No modifier required, unless provider is Therapeutic Foster Care **(See B3 Manual)**	N/A	1 Unit = 15 Minutes
Respite	CMS-1500	H0045	N/A	No modifier required, unless provider is Therapeutic Foster Care **(See B3 Manual)**	N/A	1 Unit = 1 Day
Community Support Services	CMS-1500	H0037	N/A	*Low:* No Modifier*High:* TF Modifier	N/A	1 Unit = 1 Month
Intensive Psychiatric Rehabilitation	CMS-1500	H2017	N/A	U1 – U5	N/A	1 Unit = 15 Minutes
Residential SUD Services (ASAM 3.1)	CMS-1450	H2034	906	None	Outpatient (13x, 74x, 76x, 89x)	1 Unit = 1 Day
Residential SUD Services (Hospital Based)*(ASAM 3.3/ 3.5)*	CMS-1450	H0017	906	TF	Outpatient (13x, 74x, 76x, 89x)	1 Unit = 1 Day
Residential SUD Services (Community Based)*(ASAM 3.3/3.5)*	CMS-1450	H0018	906	TF	Outpatient (13x, 74x, 76x, 89x)	1 Unit = 1 Day
Residential SUD Services (Community Based)*(ASAM 3.7)*	CMS-1450	H0018	906	TG	Outpatient (13x, 74x, 76x, 89x)	1 Unit = 1 Day

H2022 – X5

The newly published B3 services Manual increased the number of modifiers for H2022, allowing providers to negotiation rates with MCOs for each modifier to lessen the need for Single Case Agreements.

Please note, there is one modifier (X5) that may require an SCA, due to the high variability of services offered and appropriate payment.

UM Processes – Before Members receive the service

1. Check with the member's MCO to see if the B3 service requires a Prior Authorization – see next slide

2. If a prior authorization is required, please submit the prior authorization request via Availity with supporting documentation or fax the request. PA form can be found here: https://hhs.iowa.gov/media/6157/download?inline

3. Turn Around Time (TAT) for a standard request is 7 days, and 72 hours for an urgent request.

4. MCO clinical staff will perform a medical necessity review using clinical guidelines (Iowa Administrative Code, Iowa HHS Provider Policy Manual's, MCOs' Clinical Policy, MCG, ASAM), as well as referencing the member's plan benefits.

5. After a request has a medical necessity determination, a Notice of Decision (NOD) will be made available for the provider and member.

Does ____ B3 Service Have a Prior Authorization Required?

Code	WellPoint	Iowa Total Care	Molina
H2022	Yes	Yes	Yes
H0038	No	Only if Non-Par	No
H0045	No	Yes	Yes
H0037	No	Only if Non-Par	No
H2017	Yes	Yes	Yes
H2034	Yes	Yes	Yes
H0017	Yes	Yes	Yes
H0018	Yes	Yes	Yes

All MCOs have Prior Auth Look up tools on-line

Streamlining Claims- Your Key to Faster Payments

B3 Claims are processed the same way as all other Medicaid/MCO claims

Why It Matters

- Timely and accurate claims ensures faster payments and a smoother case
- Proper coding and documentation reduce denials and rework
- Understanding payer requirements helps streamline operations and improve revenue cycle efficiency

Common Pitfalls

- Incomplete or incorrect coding
- Missing documentation
- Patient or provider data mismatches
- Untimely follow-up

Have Claims/Billing Questions:

Each MCO has Provider Representatives to assist providers with any issues they may be having. Here is how to connect with your MCO:

Ways to Contact	Iowa Total Care	Molina Health Care	Wellpoint
Phone	833-404-1061	(844) 236-1464 Provider Services Center	833-731-2143
Email	ProviderRelations@IowaTotalCare.com	IAProviderRelations@MolinaHealthcare.com	ProviderSolutionsIA@wellpoint.com
Contact	Provider Engagement Account Manager or view map https://www.iowatotalcare.com/territory-maps.html	Contact your Provider Relations Rep or find your Provider Relations Representative on at: Provider Resources	Contact your Provider Relations Rep

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Case Studies

A youth who has HAWKI insurance coverage. Their parent read about the B3 services and thinks Respite would be a great help to them.

B3 is not available. Members on HAWKI are ineligible. See Introduction of Manual

A Medicaid member is served by a home health agency. The agency has recently read about IPR – Intensive Psych Rehab and think they could have a nurse do this service for a few members.

Home Health Agencies are not approved providers of IPR and therefore cannot do it

A member is at a Residential SUD treatment facility, and the organization wants to pursue delivering B3 services for the member. Can they?

Maybe. The organization needs to check and see what services are already expected / required to be delivered as part of the current reimbursement, then read the new Manual

Case Studies

Our organization does Integrated Services and Supports H2022, do we have to use the new modifiers?

Yes. The new modifiers MUST be used, or the authorization or claim will be rejected. This is a change and providers and MCOs need to adjust immediately. Providers should reach out to MCO Provider Relations to amend/update contracts

We have a member who needs help now and would benefit from immediate services, but we are not yet contracted for B3 services, can we deliver the care now and still get paid once all the contracting is done?

No. The contracting / credentialing process must be completed prior to services. Best approach – develop or amend your contract now, so you'll be ready when the need arises

We want to potentially develop some B3 services at our organization, will HHS or MCOs coach us on how to develop a new service/program?

While MCOs and HHS will be helpful partners, you may be best served by talking with a provider or association that is familiar with the B3 service to coach your organization

Case Studies

Do all B3 services require a prior authorization?

It varies by MCO, please verify with the member's MCO on which services require a prior authorization (PA)

Where can I find the B3 Services Manual?

Claims & Billing | Health & Human Services **Scroll down to Billing Updates, B3 Services, click on B3 Provider Manual**

How do I submit a question/feedback about the Manual? How will providers know if the Manual has been updated?

Please send your questions/feedback about the Manual to your MCO Provider Representatives

Questions?

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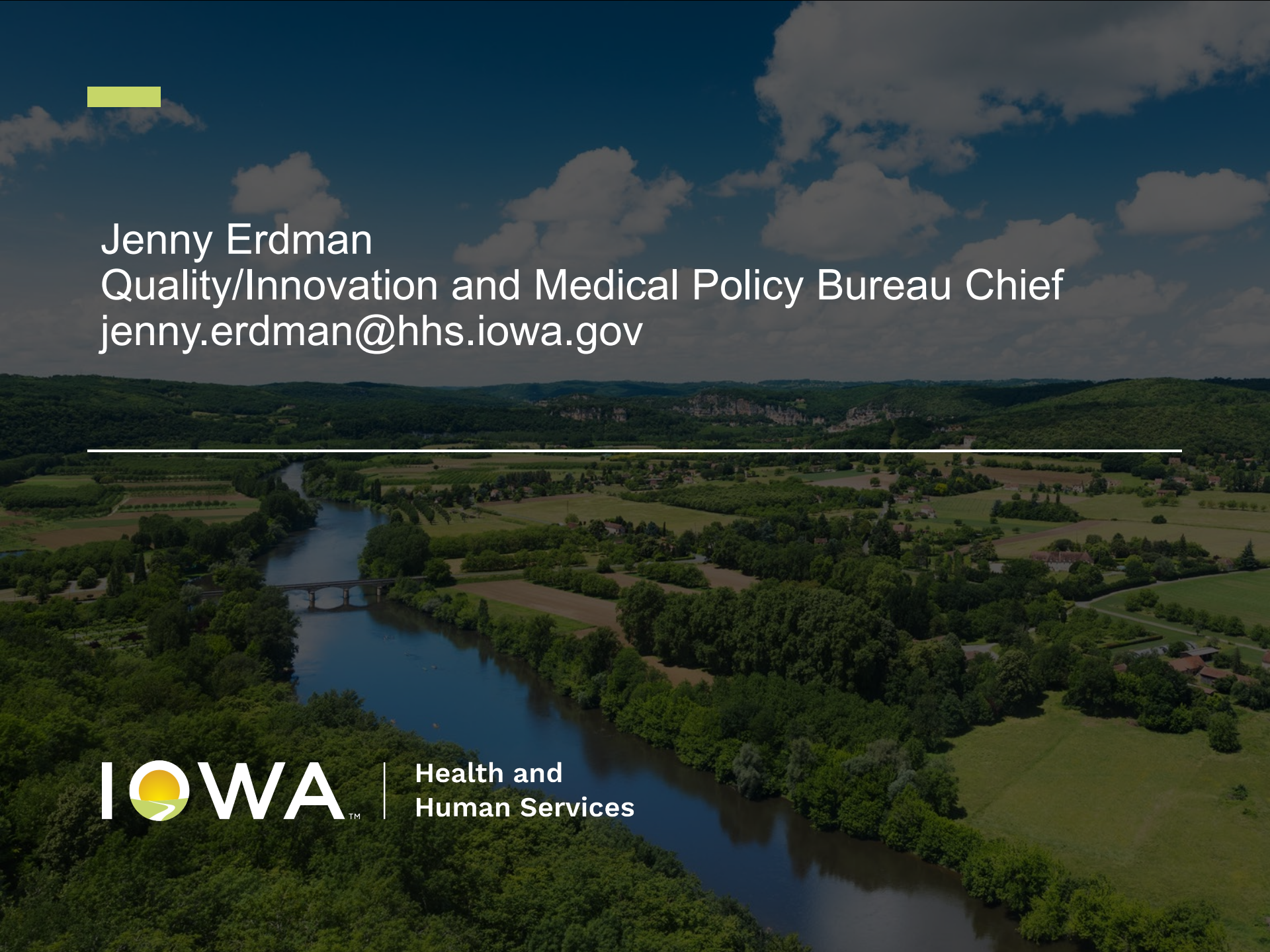

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