

Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-48
Employees' Manual, Title 8
Medicaid Appendix

March 23, 1998

AREA EDUCATION AGENCY MANUAL TRANSMITTAL NO. 98-1

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: *Area Education Agency Manual*, Table of Contents, page 4, revised; and Chapter F, pages 1 through 17, revised.

This release transmits updated billing and payment instructions.

Date Effective

Upon receipt.

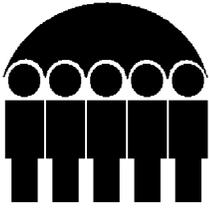
Material Superseded

Remove the following pages from the *Area Education Agency Manual* and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents (page 4)	March 1, 1996
Chapter F	
1	January 1, 1994
2	Undated
3-4	8/88
5-13	January 1, 1994
14	Undated
15-16	10/29/93
17	10/6/93
18-19	January 1, 1994

Additional Information

If any portion of this manual is not clear, please direct your inquiries to Consultec, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-119
Employees' Manual, Title 8
Medicaid Appendix

June 18, 1999

AREA EDUCATION AGENCY MANUAL TRANSMITTAL NO. 99-1

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: *Area Education Agency Manual*, Chapter E, *Coverage and Limitations*, page 21, revised.

This release corrects the local procedure codes for two audiology services to allow for correct processing by the fiscal agent. Bill direct audiological service in a group using code W1170. Bill for contracted audiological services using code W1270.

Date Effective

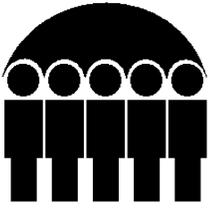
Upon receipt

Material Superseded

Remove from the *Area Education Agencies Manual*, Chapter E, page 21, dated July 1, 1997, and destroy it.

Additional Information

If any portion of this manual is not clear, please direct your inquiries to Consultec, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-150

Employees' Manual, Title 8

Medicaid Appendix

August 11, 2000

AREA EDUCATION AGENCY MANUAL TRANSMITTAL NO. 00-1

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: *Area Education Agency Manual*, Contents (page 4) revised; Chapter E, *Coverage and Limitations*, pages 20, 21, and 22, revised; and pages 23 through 29, new; Chapter F, *Billing and Payment*, pages 18 through 21, new.

This release expands area education agency services covered by Medicaid to include nursing services, social work services, and vision services.

Forms 470-3744, *Provider Inquiry*, and 470-0040, *Credit/Adjustment Request*, are added to Chapter F for provider convenience.

Date Effective

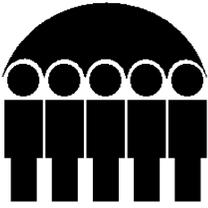
September 1, 2000

Material Superseded

Remove from the *Area Education Agency Manual*, Table of Contents (page 4), dated March 1, 1998; and Chapter E, page 20, dated March 1, 1996; page 21, dated June 1, 1999; and page 22, dated March 1, 1996, and destroy them.

Additional Information

If any portion of this manual is not clear, please direct your inquiries to Consultec, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-152

Employees' Manual, Title 8

Medicaid Appendix

October 9, 2000

AREA EDUCATION AGENCY MANUAL TRANSMITTAL NO. 00-2

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: *Area Education Agency Manual*, Chapter E, *Coverage and Limitations*, page 29, revised.

This release corrects the local procedure codes for the new services to allow for correct processing by the fiscal agent.

Date Effective

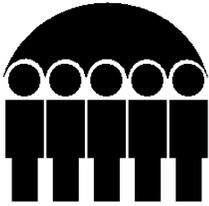
Upon receipt.

Material Superseded

Remove from the *Area Education Agency Manual*, Chapter E, page 29, dated September 1, 2000, and destroy it.

Additional Information

If any portion of this manual is not clear, please direct your inquiries to Consultec, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

For Human Services use only:
General Letter No. 8-AP-193
Employees' Manual, Title 8
Medicaid Appendix

September 10, 2002

AREA EDUCATION AGENCY MANUAL TRANSMITTAL NO. 02-1

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: *AREA EDUCATION AGENCY MANUAL*, Table of Contents, page 4, revised; Chapter E, *Coverage and Limitations*, pages 1, 2, 12, 26, 27, and 29, revised; and page 2a, new; and Chapter F, *Billing and Payment*, pages 23 and 24, new.

This release:

- ◆ Corrects the coverage of the services.
- ◆ Adds information on record requirements, including documentation required for each service encounter.
- ◆ Corrects references in physical therapy and family therapy coverage.
- ◆ Clarifies exclusions.
- ◆ Adds a group nursing code.
- ◆ Adds a reference to form 470-3828, *Medicaid Billing Remittance*.

Date Effective

Upon receipt.

Material Superseded

Remove the following pages from *Area Education Agency Manual* and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents (page 4)	September 1, 2000
Chapter E	
1, 2, 12	March 1, 1996
26, 27	September 1, 2000
29	September 2, 2000

Additional Information

The updated provider manual containing the revised pages can be found at:

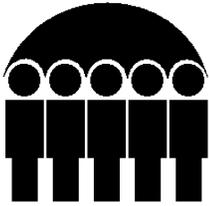
www.dhs.state.ia.us/policyanalysis

If you do not have Internet Access, you may request a paper copy of this Manual Transmittal by sending a written request to:

ACS/Consultec
Manual Transmittal Requests
PO Box 14422
Des Moines, IA 50306-3422

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to Consultec, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-219

Employees' Manual, Title 8

Medicaid Appendix

August 1, 2003

AREA EDUCATION AGENCY MANUAL TRANSMITTAL NO. 03-1

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: **AREA EDUCATION AGENCY MANUAL**, Table of Contents, page 4, revised; and page 5, new; Chapter E, *Coverage and Limitations*, pages 28 and 29, revised; and pages 30, 31 and 32, new; Chapter F, *Billing and Payment*, pages, 4, 8, 18, 19, and 21, revised; and page 8a, new.

Chapter E is updated to include a section addressing administrative simplification, as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Administrative simplification includes use of standard code sets, such as CPT codes, and elimination of local codes for Medicaid services.

This release eliminates the local codes for services. Either the new codes or the old codes will be processed through September, 2003. Contracted services are indicated with the modifier TM. The crosswalk for old to new codes can be found at www.dhshipaa.iowa.gov/hipaa.

Both chapters have been revised to replace "Consultec" to "ACS."

Chapter F has been revised to add instructions for form 470-3969, *Claim Attachment Control*, used to submit paper attachments for an electronic claim.

Date Effective

July 1, 2003

Material Superseded

Remove the following pages from **AREA EDUCATION AGENCY MANUAL** and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents (page 4)	September 1, 2002
Chapter E	
28	September 1, 2000
29	September 1, 2002
Chapter F	
4, 8	March 1, 1998
18	July 1, 2000
19 (470-3744)	4/00
21 (470-0040)	4/00

Additional Information

The updated provider manual containing the revised pages can be found at:

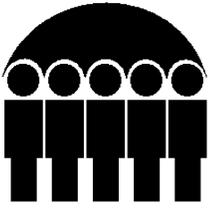
www.dhs.state.ia.us/policyanalysis

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

ACS
Manual Transmittal Requests
PO Box 14422
Des Moines, IA 50306-3422

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to ACS, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-239

Employees' Manual, Title 8

Medicaid Appendix

November 19, 2003

AREA EDUCATION AGENCY MANUAL TRANSMITTAL NO. 03-2

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: **AREA EDUCATION AGENCY MANUAL**, Table of Contents, page 4, revised, and page 5, corrected; Chapter E, *Coverage and Limitations*, pages 2, 2a, 3 through 6, 9 through 13, 15, 16, 21, 22, and 25 through 31, revised; and Chapter F, *Billing and Payment*, pages 3, 4, 7, and 8, corrected, and page 10a, new.

This release implements policy guidance on the services that are covered by the Medicaid program. The Centers for Medicare and Medicaid Services has clarified that payment for services under Medicaid is available only with the establishment of the treatment plan (IEP), that is, only after the IEP has been developed. Therefore, Medicaid does not cover initial evaluations, reevaluations, and treatment plan development. These services have been determined by CMS to be educational services.

“Before special education and related services are provided, an initial evaluation must be conducted by the state educational agency, another state agency or LEA in order to determine whether a child has a disability, and their special/specific educational needs. A re-evaluation would be a determination as to whether the child continues to be disabled and regarding the continuing educational needs of the child.

“Schools are conducting the activities listed above for the purpose of fulfilling education-related mandates under the IDEA; as such, the costs of these activities are not allowable as costs under the Medicaid program.”

-- Medicaid School-Based Administrative Claiming Guide May 2003.

Revisions related to scope of practice and code description are included. Both orientation and mobility codes will be processed through December 31, 2003.

The DHS HIPAA web site has moved to **www.dhs.state.ia.us/hipaa**

Date Effective

October 1, 2003

Material Superseded

Remove the following pages from *AREA EDUCATION AGENCY MANUAL* and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents	
4	July 1, 2003
Chapter E	
2, 2a	September 1, 2002
3-6, 9-11	March 1, 1996
12	September 1, 2002
13, 15, 16	March 1, 1996
21, 22, 25	September 1, 2000
26, 27	September 1, 2002
28-32	July 1, 2003
Chapter F *	
3	March 1, 1998
4, 7, 8	July 1, 2003
8a	7/03

* These pages are reissues due to a printing error.

Additional Information

The updated provider manual containing the revised pages can be found at:

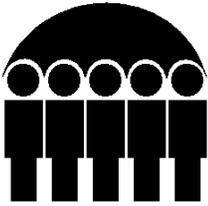
www.dhs.state.ia.us/policyanalysis

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

ACS
Manual Transmittal Requests
PO Box 14422
Des Moines, IA 50306-3422

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to ACS, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-255

Employees' Manual, Title 8

Medicaid Appendix

October 1, 2004

AREA EDUCATION AGENCY MANUAL TRANSMITTAL NO. 04-1

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: *AREA EDUCATION AGENCY MANUAL*, Chapter E, *Coverage and Limitations*, pages 2a, 3, 5, 6, 9, 10, 13, 15, 16, 20, 21, 25, 26, and 27, revised.

This release implements policy guidance on the audiological, occupational therapy, physical therapy, psychological, speech-language, nursing, social work, and vision services that are covered by the Medicaid program.

The Centers for Medicare and Medicaid Services has clarified that payment for services under Medicaid is available after the individual education plan (IEP) has been developed. However, assessments that are linked to a service in the IEP can be covered.

Date Effective

July 1, 2004

Material Superseded

Remove the following pages from *AREA EDUCATION AGENCY MANUAL* and destroy them:

<u>Page</u>	<u>Date</u>
Chapter E	
2a, 3, 5, 6, 9, 10, 13, 15, 16	October 1, 2003
20	September 1, 2000
21, 25-27	October 1, 2003

Additional Information

The updated provider manual containing the revised pages can be found at:

www.dhs.state.ia.us/policyanalysis

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

ACS
Manual Transmittal Requests
PO Box 14422
Des Moines, IA 50306-3422

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to ACS, fiscal agent for the Department of Human Services.



Medicaid Enterprise
Department of Human Services

For Human Services use only:
General Letter No. 8-AP-280
Employees' Manual, Title 8
Medicaid Appendix

November 16, 2007

AREA EDUCATION AGENCY MANUAL TRANSMITTAL NO. 07-1

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: **AREA EDUCATION AGENCY MANUAL**, Title Page, revised; Table of Contents, new; Chapter III, *Provider-Specific Policies*, Title Page, new; Table of Contents (pages 1 and 2), new; pages 1 through 43, new; and the following forms:

CMS-1500 *Health Insurance Claim Form*, revised
470-3969 *Claim Attachment Control*, revised
RA-1500 *Remittance Advice*, revised
470-3816 *Medicaid Billing Remittance*, new

Summary

Chapters on coverage and limitations and on billing and payment for family planning services are combined and revised to reflect the implementation of the Iowa Medicaid Enterprise and the reorganization of the Medicaid "All Providers" manual chapters.

Within the manual, the form samples have been removed from the numbered pages and connected to the on-line manual through hypertext links. This will make the chapters quicker to load on line and easier to read and update.

This release:

- ◆ Clarifies that a license from the Iowa Department of Public Health is required for an audiologist or speech-language pathologist to be covered by Medicaid.
- ◆ Clarifies language by eliminating references to an individual family service plan (IFSP). This program relates to individual education plan (IEP) services only.
- ◆ Clarifies that audiometrist services are not billable to Medicaid.
- ◆ Clarifies that teaching Braille is an educational service and is not covered by Medicaid.
- ◆ Reflects a change in coding for psychologist service due to revised CPT codes.
- ◆ Clarifies that the child's actual diagnosis must be submitted on the claim form.
- ◆ Transmits the revised Billing Remittance form.

Date Effective

June 1, 2007

Material Superseded

Remove the entire Chapter E and Chapter F from the **AREA EDUCATION AGENCY MANUAL** and destroy them. This includes the following:

<u>Page</u>	<u>Date</u>
Title Page	Undated
Contents (Page 4)	October 1, 2003
Contents (Page 5)	July 1, 2003
Chapter E	
1	September 1, 2002
2	October 1, 2003
2a, 3	July 1, 2004
4	October 1, 2003
5, 6	July 1, 2004
7, 8	March 1, 1996
9, 10	July 1, 2004
11, 12	October 1, 2003
13	July 1, 2004
14	March 1, 1996
15, 16	July 1, 2004
17-19	March 1, 1996
20, 21	July 1, 2004
22	October 1, 2003
23, 24	September 1, 2000
25-27	July 1, 2004
28-31	October 1, 2003
Chapter F	
1-3	March 1, 1998
4	July 1, 2003
5-7	March 1, 1998
8	July 1, 2003
9, 10 (HCFA-1500)	12/90
10a (470-3969)	7/03
11, 12	March 1, 1998
13 (Remittance Advice)	June 12, 1997
14	No date
15-17	March 1, 1998
18	July 1, 2003
19 (470-3744)	10/02
20	No date
21 (470-0040)	10/02
22	No date
23	September 1, 2002
24 (470-3828)	5/02

Additional Information

The updated provider manual containing the revised pages can be found at:

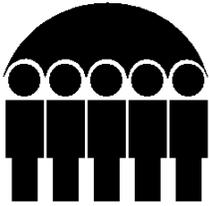
www.ime.state.ia.us/providers

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

Iowa Medicaid Enterprise
Provider Services
PO Box 36450
Des Moines, IA 50315

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to Iowa Medicaid Enterprise Provider Services Unit.



Iowa Department of Human Services

For Human Services use only:
General Letter No. 8-AP-289
Employees' Manual, Title 8
Medicaid Appendix

August 22, 2008

AREA EDUCATION AGENCY MANUAL TRANSMITTAL NO. 08-1

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: **AREA EDUCATION AGENCY MANUAL**, Chapter III, *Provider Specific Policies*, pages 3, 9, 13, 20, 27, 36, 37, 38, and 43, revised; and form 470-3816, *Medicaid Billing Remittance*, revised.

Summary

The 2008 General Assembly in House File 2679 amended Iowa Code section 256.B15(7) to mandate that 84% of the AEA's portion of the Medicaid reimbursement should be sent to the Department of Education. The billing remittance, form 470-3816, has been revised to reflect this change.

This revision also:

- ◆ Clarifies that audiologists, occupational therapists, physical therapists, and speech language pathologists must be licensed by the Iowa Department of Public Health to qualify to bill services to Medicaid.
- ◆ Clarifies that the child's diagnosis code should be used on the claim.
- ◆ Updates instructions for CMS-1500, *Health Insurance Claim Form*.

Date Effective

July 1, 2008

Material Superseded

Remove the following pages from **AREA EDUCATION AGENCY MANUAL** and destroy them:

<u>Page</u>	<u>Date</u>
3, 9, 13, 20, 27, 36-38, 43	June 1, 2007
470-3816	12/06

Note: Extra pages are added to the printed release to correct a previous printing error.

Additional Information

The updated provider manual containing the revised pages can be found at:

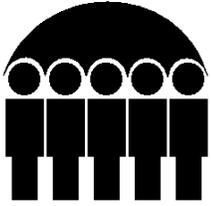
www.dhs.state.ia.us/policyanalysis

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

Iowa Medicaid Enterprise
Provider Services
PO Box 36450
Des Moines, IA 50315

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to Iowa Medicaid Enterprise Provider Services Unit.



Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-307
Employees' Manual, Title 8
Medicaid Appendix

September 24, 2010

AREA EDUCATION AGENCY MANUAL TRANSMITTAL NO. 10-1

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: **AREA EDUCATION AGENCY MANUAL**, Chapter III, *Provider-Specific Policies*, pages 40 through 43, revised; and the following forms:

Remittance Advice, revised
470-4978 *Medicaid Billing Remittance*, revised

Summary

The 2010 General Assembly in Senate File 2291 amended Iowa Code section 256.B15(7) to mandate that the nonfederal share be submitted before payment of the Medicaid claims. The payment received by the area education agency (AEA) from claims submission is then retained by the AEA. The *Medicaid Billing Remittance*, form 470-4978, has been renumbered and revised to reflect this change.

This revision also updates the sample and instructions for the *Remittance Advice*.

Date Effective

July 1, 2010

Material Superseded

This material replaces the following pages in the **AREA EDUCATION AGENCY MANUAL**:

<u>Page</u>	<u>Date</u>
40	June 1, 2007
Remittance Advice	10/19/07
41, 42	June 1, 2007
470-3816	7/08
43	July 1, 2008

Additional Information

The updated provider manual containing the revised pages can be found at:

www.dhs.state.ia.us/policyanalysis

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

Iowa Medicaid Enterprise
Provider Services
PO Box 36450
Des Moines, IA 50315

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to Iowa Medicaid Enterprise Provider Services Unit.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

For Human Services use only:

General Letter No. 8-AP-360
Employees' Manual, Title 8
Medicaid Appendix

April 18, 2014

AREA EDUCATION AGENCY MANUAL TRANSMITTAL NO. 14-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **AREA EDUCATION AGENCY MANUAL**, Title page, revised; Table of Contents (page 1), revised; Chapter III, *Provider-Specific Policies*, Title page, revised; Table of Contents (pages 1 and 2), revised; and pages 1 through 37, revised.

Summary

The **AREA EDUCATION AGENCY MANUAL** is revised to:

- ◆ Move billing and payment information and forms to Chapter IV. *Billing Iowa Medicaid*.
- ◆ Align with current policies, procedures, and terminology.
- ◆ Ensure that current contact information is provided.
- ◆ Replace forms with links to ensure that the most recent version of the form is accessible.

Date Effective

Upon receipt.

Material Superseded

This material replaces the entire **AREA EDUCATION AGENCY MANUAL**, which includes the following:

<u>Page</u>	<u>Date</u>
Title page	Undated
Contents (page 1)	June 1, 2007
Chapter III	
Title page	Undated
Contents (pages 1 and 2)	June 1, 2007

1, 2	June 1, 2007
3	July 1, 2008
4-8	June 1, 2007
9	July 1, 2008
10-12	June 1, 2007
13	July 1, 2008
14-19	June 1, 2007
20	July 1, 2008
21-26	June 1, 2007
27	July 1, 2008
28-30	June 1, 2007
CMS-1500	8/05
31-35	June 1, 2007
36-38	July 1, 2007
470-3969	7/07
39	June 1, 2007
40	July 1, 2010
Remittance Advice	Undated
41, 42	July 1, 2010
470-4978	6/10
43	July 1, 2010

Additional Information

The updated provider manual containing the revised pages can be found at:

http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Provman/aea.pdf

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Jerry R. Foxhoven
Director

For Human Services use only:

General Letter No. 8-AP-468

Employees' Manual, Title 8
Medicaid Appendix

July 14, 2017

AREA EDUCATION AGENCY MANUAL TRANSMITTAL NO. 17-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **AREA EDUCATION AGENCY MANUAL**, Chapter III, *Provider-Specific Policies*, pages 1, 3, 5, 7, 8, 11, 13 through 21, 23 through 26, 29, 30, 32, 34, 35, and 36, revised.

Summary

The **AREA EDUCATION AGENCY MANUAL** is revised to align with current policies, procedures, and terminology.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from the **AREA EDUCATION AGENCY MANUAL**:

<u>Page</u>	<u>Date</u>
Chapter III 1, 3, 5, 7, 8, 11, 13-21, 23-26, 29, 30, 32, 34-37	April 1, 2014

Additional Information

The updated provider manual containing the revised pages can be found at:

<https://dhs.iowa.gov/sites/default/files/AEA.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.