



# 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-351

Employees' Manual, Title 8  
Medicaid Appendix

October 25, 2013

### ALL PROVIDERS MANUAL TRANSMITTAL NO. 13-3

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **ALL PROVIDERS MANUAL**, Chapter IV, *Billing Iowa Medicaid*, Title page, new; Contents (pages 1, 2, and 3), new; pages 1 through 160, new; and the following forms:

470-3969	<i>Claim Attachment Control</i>
UB-04	<i>Claim Form (CMS-1450)</i>
CMS-1500	<i>Health Insurance Claim Form</i>
	<i>ADA 2012 Dental Claim Form</i>
470-0039	<i>Iowa Medicaid Long Term Care Claim</i>
470-4708	<i>Medicare Crossover Invoice (Professional)</i>
470-4707	<i>Medicare Crossover Invoice (Institutional)</i>
470-2486	<i>Claim for Targeted Medical Care</i>
470-0829	<i>Request for Prior Authorization</i>
470-3970	<i>Prior Authorization Attachment Control</i>
470-3744	<i>Provider Inquiry</i>
470-0040	<i>Adjustment Request</i>
470-4987	<i>Recoupment Request</i>

### Summary

**ALL PROVIDERS MANUAL**, Chapter IV. *Billing Iowa Medicaid*, is added to:

- ◆ Align with current policies, procedures, and terminology.
- ◆ Replace forms with links to ensure that the most recent version of the form is accessible.
- ◆ Ensure that current contact information is provided.

### Date Effective

Immediately.

### Material Superseded

None.

### **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/all-iv.pdf](http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Provman/all-iv.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](mailto:imeproviderservices@dhs.state.ia.us).



# 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-379**

Employees' Manual, Title 8  
Medicaid Appendix

May 16, 2014

**ALL PROVIDERS MANUAL TRANSMITTAL NO. 14-2**

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **ALL PROVIDERS MANUAL**, Chapter IV, *Billing Iowa Medicaid*, Contents (page 1), revised; pages 2, 10, 18, 35 through 62, 69, 78, 84, 87, 88, 89, 96, 103, 110, 117, 123, 128, 133, 140, 146, 153, and 159, revised; and the following form:

CMS-1500 *Health Insurance Claim Form*, revised

**Summary**

**ALL PROVIDERS MANUAL**, Chapter IV. *Billing Iowa Medicaid*, is revised to:

- ◆ Update the inpatient codes for the UB-04, *Claim Form* (CMS-1450).
- ◆ Update CMS-1500, *Health Insurance Claim Form*, and the instructions.
- ◆ Remove personal health information from the *Remittance Advice* samples.

**Date Effective**

Upon receipt.

**Material Superseded**

This material replaces the following pages in the **ALL PROVIDERS MANUAL**:

<u>Page</u>	<u>Date</u>
<b>Chapter IV</b>	
Contents (page 1)	October 1, 2013
2, 10, 18, 35, 36	October 1, 2013
CMS-1500	8/05
37-62, 69, 78, 84, 87-89, 96, 103, 110, 117, 123, 128, 133, 140, 146, 153, 159	October 1, 2013

### **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/all-iv.pdf](http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Provman/all-iv.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](mailto:imeproviderservices@dhs.state.ia.us).



# 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-407**  
Employees' Manual, Title 8  
Medicaid Appendix

January 9, 2015

## ALL PROVIDERS MANUAL TRANSMITTAL NO. 15-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **ALL PROVIDERS MANUAL**, Chapter IV, *Billing Iowa Medicaid*, Contents (pages 1, 2, and 3), revised; and pages 1 through 61, 77, 78, 83, 84, 88, 89, and 91, revised.

### Summary

**ALL PROVIDERS MANUAL**, Chapter IV. *Billing Iowa Medicaid*, is revised to:

- ◆ Provide a general introduction to the manual (Section A).
- ◆ Disclose specific information for Indian Health Services providers.
- ◆ Re-paginate the manual based on Section A additions.

### Date Effective

Upon receipt.

### Material Superseded

This material replaces the following pages in the **ALL PROVIDERS MANUAL**:

<u>Page</u>	<u>Date</u>
<b>Chapter IV</b>	
Contents (page 1)	May 1, 2014
Contents (pages 2 and 3)	October 1, 2013
1	October 1, 2013
2	May 1, 2014
3-9	October 1, 2013
10	May 1, 2014
11-17	October 1, 2013
18	May 1, 2014
19-34	October 1, 2013
35-61	May 1, 2014
77	October 1, 2013
78	May 1, 2014
83	October 1, 2013
84, 88, 89	May 1, 2014
91	October 1, 2013

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
<http://dhs.iowa.gov/sites/default/files/All-IV.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](mailto:imeproviderservices@dhs.state.ia.us).



# 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-441**  
Employees' Manual, Title 8  
Medicaid Appendix

May 6, 2016

## ALL PROVIDERS MANUAL TRANSMITTAL NO. 16-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **ALL PROVIDERS MANUAL**, Chapter IV, *Billing Iowa Medicaid*, Contents (page 1), revised; and pages 1 through 4, 17, 19, 43, 44, 56, 61, 65, 71 through 76, and 85, revised.

### Summary

**ALL PROVIDERS MANUAL**, Chapter IV. *Billing Iowa Medicaid*, is revised to:

- ◆ Align with current IA Health Link policies, procedures, and terminology.
- ◆ Align with current ICD-10 policies, procedures, and terminology.

### Effective Date

January 1, 2016

### Material Superseded

This material replaces the following pages in the **ALL PROVIDERS MANUAL**:

<u>Page</u>	<u>Date</u>
<b>Chapter IV</b>	
Contents (page 1)	January 1, 2015
1-4, 17, 19, 43, 44, 56, 61	January 1, 2015
65, 71-76, 85	October 1, 2013

### Additional Information

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

<http://dhs.iowa.gov/sites/default/files/All-IV.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](mailto: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-476

Employees' Manual, Title 8  
Medicaid Appendix

February 9, 2018

### ALL PROVIDERS MANUAL TRANSMITTAL NO. 18-2

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **All Providers Manual**, Chapter IV, *Billing Iowa Medicaid*, Contents (pages 1 and 2), revised; and pages 2 through 15, revised.

#### Summary

**All Providers Manual**, Chapter IV. *Billing Iowa Medicaid*, is revised to:

- ◆ Align with current policies, procedures, and terminology.
- ◆ Replace forms with links to ensure that the most recent version of the form is accessible.

#### Effective Date

Immediately.

#### Material Superseded

This material replaces the following pages in the **All Providers Manual**:

<u>Page</u>	<u>Date</u>
<b>Chapter IV</b>	
Contents (page 1)	January 1, 2016
Contents (page 2)	January 1, 2015
2-4	January 1, 2016
5-16	January 1, 2015
17	January 1, 2016
18	January 1, 2015
19	January 1, 2016
20-42	January 1, 2015
43, 44	January 1, 2016
45-55	January 1, 2015
56	January 1, 2016
57-60	January 1, 2015
61	January 1, 2016



62	May 1, 2014
63, 64	October 1, 2013
65	January 1, 2016
66-68	October 1, 2013
69	May 1, 2014
70	October 1, 2013
71-76	January 1, 2016
77, 78	January 1, 2015
79-82	October 1, 2013
83, 84	January 1, 2015
85	January 1, 2016
86	October 1, 2013
87	May 1, 2014
88	January 1, 2015

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
<http://dhs.iowa.gov/sites/default/files/All-IV.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](mailto:imeproviderservices@dhs.state.ia.us).