

May 16, 1994

For Human Services Use Only

General Letter No. 8-A-AP(II)-515

Subject: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

ALL PROVIDERS MANUAL TRANSMITTAL NO. 94-1

Subject: All Providers Manual, Contents, page 3b, revised; Chapter B, "About The Program," pages 5 and 13, revised; Chapter C, "Recipient Eligibility," pages 9, and 52 through 56, revised; and Chapter D, "General Program Policies," pages 1 through 6, revised.

Chapter B is revised to reflect that home health agency services for persons aged 20 or under have been expanded to include personal care and private duty nursing.

The revision to Chapter C explains that the Medical Assistance Eligibility Card is green, the Individual Medical Assistance Eligibility Card is yellow, and the Medicaid Managed Health Care Card is pink.

Also, as a result of legislation effective March 1, 1994, the 50% work incentive deduction is no longer allowed when determining presumptive eligibility for Medicaid. Form 470-2629, Income Calculation Work Sheet for Presumptive Medicaid Eligibility Determinations, has been revised to reflect this change. Additionally, the figures on the work sheet have been revised to reflect the new federal poverty guidelines.

Chapter D is revised to add EPSDT private duty nursing and personal care services provided by a home health agency to the prior authorization list and clarifies when recipient notices are issued for denied prior authorization.

Date Effective

Chapter B: April 1, 1994

Chapter C: Elimination of the 50% work incentive deduction is effective March 1, 1994.

The changes to the poverty guidelines is effective April 1, 1994.

Medical card changes are effective May 1, 1994.

Chapter D: April 1, 1994

Material Superseded

Remove from All Providers Manual and destroy:

<u>Page</u>	<u>Date</u>
Contents, page 3b	November 1, 1993
Chapter B, pages 5 and 13	December 1, 1992
Chapter C, pages 9 and 52 through 56	November 1, 1993
Chapter D, pages 1 through 6	November 1, 1993

Additional Information

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

IOWA DEPARTMENT OF HUMAN SERVICES
Charles M. Palmer, Director

Donald W. Herman, Administrator
DIVISION OF MEDICAL SERVICES

July 11, 1994

For Human Services Use Only

General Letter No. 8-A-AP(II)-522

Subject: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

ALL PROVIDERS MANUAL TRANSMITTAL NO. 94-2

Subject: All Providers Manual, Chapter B, "General Information About The Program," pages 46 through 48, revised.

Chapter B is revised to reflect the July 1, 1994, adjustments to reimbursement.

Date Effective

July 1, 1994

Material Superseded

Remove from All Providers Manual and destroy: Chapter B, pages 46 through 48, dated December 1, 1992.

Additional Information

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

IOWA DEPARTMENT OF HUMAN SERVICES
Charles M. Palmer, Director

Donald W. Herman, Administrator
DIVISION OF MEDICAL SERVICES

January 10, 1995

For Human Services Use Only

General Letter No. 8-A-AP(II)-542

Subject: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

ALL PROVIDERS MANUAL TRANSMITTAL NO. 95-1

Subject: All Providers Manual, Table of Contents, pages 1, 2, 3, and 3a, revised, and Chapter B, "General Information About the Program," pages 1 through 48, revised, and pages 49 through 58, new.

Chapter B is revised to update the list of diagnosis codes used to determine the emergency exemption from copayment. This list is also used for exemption for emergency services for Medipass and outpatient hospital services.

Date Effective

October 1, 1994

Material Superseded

Remove from All Providers Manual and destroy:

<u>Page</u>	<u>Date</u>
Table of Contents, pages 1 and 2	December 1, 1992
Table of Contents, pages 3 and 3a	November 1, 1993
Table of Contents, page 3b	April 1, 1994
Chapter B:	
1 through 4, 4a	December 1, 1992
4b	January 1, 1993
4c	December 1, 1992
5	April 1, 1994
6 through 12	December 1, 1992
13	April 1, 1994
14	December 1, 1992
15, 15a	June 1, 1993
16 through 45	March 1, 1991
46 through 48	July 1, 1994

Additional Information

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

IOWA DEPARTMENT OF HUMAN SERVICES
Charles M. Palmer, Director

Donald W. Herman, Administrator
DIVISION OF MEDICAL SERVICES

March 8, 1995

For Human Services Use Only

General Letter No. 8-A-AP(II)-549

Subject: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

ALL PROVIDERS MANUAL TRANSMITTAL NO. 95-2

Subject: All Providers Manual, Chapter C, "Recipient Eligibility," pages 55 and 56, revised; and Chapter D, "General Program Policies," pages 2 and 5, revised.

Chapter C is revised to reflect the correct income limits as a result of the new federal poverty guidelines. Form 470-2629, Presumptive Medicaid Income Calculation, is revised to update the limits.

Chapter D is revised to reflect the most current federal regulations for Section 504 of the Rehabilitation Act of 1973 and to refer to the Clozapine Prior Authorization Certification, form 470-2879.

Date Effective

Chapter C: April 1, 1995

Chapter D: March 1, 1995

Material Superseded

Remove from All Providers Manual and destroy: Chapter C, pages 55 and 56, dated April 1, 1994, Chapter D, pages 2 and 5, dated April 1, 1994.

Additional Information

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

IOWA DEPARTMENT OF HUMAN SERVICES
Charles M. Palmer, Director

Donald W. Herman, Administrator
DIVISION OF MEDICAL SERVICES

June 26, 1995

For Human Services Use Only

General Letter No. 8-A-AP(II)-554

Subject: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

ALL PROVIDERS MANUAL TRANSMITTAL NO. 95-3

Subject: All Providers Manual, Chapter B, "General Information About the Program," page 14, revised; Chapter C, "Recipient Eligibility," pages 3, 4, 7 through 10, 23, and 24, revised; and Chapter D, "General Program Policies," pages 7 and 8, revised.

Revisions have been made to Chapter B to explain that a client who currently has Medicare may be later determined to be eligible for Medicaid. Therefore, there may be a delay in the payment from Medicaid.

Revisions have been made to Chapter C as follows:

- ◆ Submitting the Medical Expense Verification Form promptly will speed up the eligibility determination and result in quicker payment to providers for expenses that are not used to meet spenddown.
- ◆ A person with a spenddown may not have a current Medical Assistance Eligibility Card at the time service is requested, but may have met the spenddown at the time service is requested, or may be determined to be retroactively eligible at a later date.
- ◆ It is possible that a person does or will have Medicaid coverage, but does not have a current eligibility card. Persons who have applied for Medicaid benefits may have Form 470-2979, Proof of Application for Medicaid. This form verifies that as of the date the form is completed the person has applied for Medicaid benefits, but eligibility has not been determined, and if determined eligible, the person may be eligible only after meeting a spenddown.
- ◆ Persons with a Medically Needy spenddown obligation who do not have an eligibility card, and for whom REVS indicates ineligibility for Medicaid, may be determined to be retroactively eligible at a later date.
- ◆ For persons who have a Medical Assistance Eligibility Card but REVS does not indicate eligibility yet, call the worker to verify eligibility. It generally takes REVS two to three days to update.

Revisions have been made to Chapter D to clarify how to submit a Medicaid claim, for persons who become eligible after service is provided, when payment has been made by the patient. To do this, the payment is to be refunded to the patient before the Medicaid claim is submitted.

Date Effective

Upon receipt.

Material Superseded

Remove from Chapter B page 14, dated October 1, 1994; from Chapter C pages 3, 4, 7, and 8, dated November 1, 1993; page 9, dated May 1, 1994; and pages 10, 23, and 24, dated November 1, 1993; and from Chapter D, pages 7 and 8, dated November 3, 1993, and destroy.

Additional Information

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

IOWA DEPARTMENT OF HUMAN SERVICES
Charles M. Palmer, Director

Donald W. Herman, Administrator
DIVISION OF MEDICAL SERVICES

May 28, 1996

For Human Services Use Only

General Letter No. 8-A-AP(II)-597

Subject: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

ALL PROVIDERS MANUAL TRANSMITTAL NO. 96-1

Subject: *All Providers Manual*, Table of Contents, Page 3, revised; Chapter B, "General Information About the Program," pages 15 and 56, revised; Chapter C, "Recipient Eligibility," pages 17, 18, 39-44, 55, and 56, revised.

This information implements a requirement to limit benefits to certain eligibles who have disposed of resources or assets for less than fair market value. Skilled nursing facility, home health claims, and waiver services claims may be denied because of new edits in the system.

Form 470-2927, *Health Services Application*, has been revised.

The federal poverty levels have increased. Form 470-2629, *Presumptive Medicaid Income Calculation*, has been revised to increase the income limit.

Date Effective

May 1, 1996

Material Superseded

Remove from *All Providers Manual* and destroy Contents, page 3, dated October 1, 1994; Chapter B, pages 15 and 56-58, dated October 1, 1994; and Chapter C, pages 17 and 18, dated November 1, 1993; pages 39-44 (form 470-2927), dated 1/93, and pages 55 and 56 (form 470-2629), dated 4/95.

Additional Information

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

IOWA DEPARTMENT OF HUMAN SERVICES
Charles M. Palmer, Director

Donald W. Herman, Administrator
DIVISION OF MEDICAL SERVICES

January 24, 1997

For Human Services Use Only

General Letter No. 8-AP-12

Subject: Employees' Manual, Title 8, Medicaid Appendix

ALL PROVIDERS MANUAL TRANSMITTAL NO. 97-1

Subject: *All Providers Manual*, Table of Contents (page 3), revised; Chapter C, *Recipient Eligibility*, pages 5 through 14 and 19, revised; and page 14a, new; Chapter D, *General Program Policies*, pages 1, 2, 3, and 5, revised.

Currently, the Department of Human Services issues three different-colored medical assistance eligibility cards. Effective February 1, 1997, the Department of Human Services will begin issuing four different-colored eligibility cards:

- Pink: Managed care (for recipients in HMOs or MediPass)
- Green: Fee-for-service (non-managed care)
- Violet: Limited benefits (qualified Medicare beneficiaries or legal aliens)
- Blue: Lock-in (for recipients restricted to a specific provider)

Previously, a yellow card was used for both limited benefits and the lock-in program. The yellow card will be completely discontinued as of March 1, 1997.

Note: Cards for February 1997 are actually printed and issued in January. Therefore, for most of the recipients, the February cards will be the old versions. Only new applicants and recipients who are reinstated after February 1, 1997, will receive the new identification cards in February.

Eligibility cards issued on or after February 1, 1997, will be formatted differently. The size and style of the new cards will be similar to that of a private health insurer. The same information is contained on the card, but it may be located in a different place.

Changes are made in Chapter D to update the list of services requiring prior approval and to note that Medicaid does not cover services provided to persons who are inmates of nonmedical public institutions, such as jails or juvenile detention centers.

Effective Date

February 1, 1997

Material Superseded

Remove from *All Providers Manual*, and destroy:

<u>Page</u>	<u>Date</u>
Table of Contents (page 3)	May 1, 1996
Chapter C:	
5, 6	November 1, 1993
7-10	July 1, 1995
11-14, 19	November 1, 1993
Chapter D:	
1-3	April 1, 1994
5	March 1, 1995

Additional Information

If any portion of this material is not clear, please direct your inquiries to Unisys Corporation, fiscal agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES
Charles M. Palmer, Director

Donald W. Herman, Administrator
DIVISION OF MEDICAL SERVICES



For Human Services Use Only:

General Letter No. 8-AP-32
Employees' Manual, Title 8
Medicaid Appendix

Medicaid Fiscal Agent for the Iowa Department of Human Services

August 22, 1997

ALL PROVIDERS MANUAL TRANSMITTAL NO. 97-2

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

SUBJECT: *All Providers Manual*, Table of Contents, pages 1, 2, 3, and 3a, revised; Chapter B, *General Information About the Program*, pages 1, 2, 6 through 12, 13, and 16, revised; and page 12a, new; Chapter C, *Recipient Eligibility*, pages 5, 6, 9, 19 through 22, 27, 34, 38, 55 through 57, 59, and 60 revised; and Chapter D, *General Program Policies*, pages 5 through 14, revised.

This release:

- ◆ Corrects language on MediPASS cards.
- ◆ Clarifies prior approval for HMOs.
- ◆ Notes the phone numbers and address for the new Medicaid fiscal agent, Consultec, Inc.
- ◆ Reflects the change to the American Dental Association claim form.
- ◆ Adds lead investigation agencies as covered providers

Date Effective

Coverage of lead investigation services is effective September 1, 1997. All other changes are effective July 1, 1997.

Material Superseded

Remove the following pages from *All Providers Manual* and destroy them:

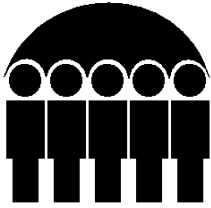
<u>Page</u>	<u>Date</u>
Table of Contents (pages 1 and 2)	October 1, 1994
Table of Contents (page 3)	February 1, 1997
Table of Contents (page 3a)	October 1, 1994
Chapter B:	
1, 2, 6-12	October 1, 1994
15	May 1, 1996
16	October 1, 1994

Material Superseded (Cont.)

Chapter C:	
5, 6, 9, 19	February 1, 1997
20, 21, 22, 27, 34, 38	November 1, 1993
55, 56	April 1996
57	November 1, 1993
59, 60	July 1991
Chapter D:	
5	February 1, 1997
6	April 1, 1994
7, 8	July 1, 1995
9-16	November 1, 1993

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-60

Employees' Manual, Title 8

Medicaid Appendix

May 1, 1998

ALL PROVIDERS MANUAL TRANSMITTAL NO. 98-1

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

SUBJECT: *All Providers Manual*, Table of Contents (page 3a), revised; Chapter D, *General Program Policies*, page 10, revised; and page 10a, new.

This release incorporates Iowa Administrative Code rule changes into provider manual for requirements on maintenance of clinical and fiscal records. These changes strengthen the requirements for Medicaid provider documentation of services. This chapter now defines the minimum documentation required to support the medical necessity of a service and its reimbursement. The basis of the changes is the American Medical Association's Principles of Documentation modified to fit other providers.

Date Effective

June 1, 1998

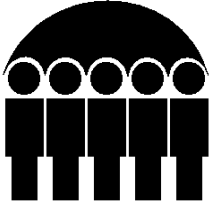
Material Superseded

Remove the following pages from *All Providers Manual* and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents (page 3a)	September 1, 1997
Chapter D 10	July 1, 1997

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-104
Employees' Manual, Title 8
Medicaid Appendix

April 2, 1999

ALL PROVIDERS MANUAL TRANSMITTAL NO. 99-1

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

SUBJECT: *All Providers Manual*, Chapter C, *Recipient Eligibility*, pages 39 through 44, revised; Chapter D, *General Program Policies*, pages 3, 4, 5, and 14, revised; *Appendix*, pages 1 through 8, revised.

This release:

- ◆ Adds the prior authorization requirement for male sexual dysfunction drugs.
- ◆ Deletes the dental prior authorization requirement for oral prophylaxis more frequently than every six months.
- ◆ Includes the revised *Health Services Application*.
- ◆ Updates the directory of the Department's county offices.

Date Effective

Deletion of the dental prior authorization requirement was effective on July 1, 1998. The drug prior authorization requirement is effective on March 1, 1999. Directory and form changes are effective upon receipt.

Material Superseded

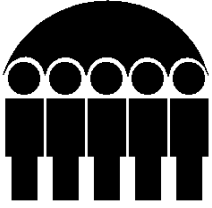
Remove the following pages from *All Providers Manual* and destroy them:

<u>Page</u>	<u>Date</u>
Chapter C 39-44	2/96
Chapter D 3	February 1, 1997
4	April 1, 1994
14	July 1, 1997
Appendix 1-8	November 1, 1995

Additional Information

Providers who determine presumptive eligibility should use up remaining supplies of the *Health Services Application* before reordering.

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-116
Employees' Manual, Title 8
Medicaid Appendix

May 29, 1999

ALL PROVIDERS MANUAL TRANSMITTAL NO. 99-2

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

SUBJECT: *All Providers Manual*, Table of Contents (page 3), revised; Chapter B, *General Information About the Program*, pages 2, 6, 7, 8, and 9, revised; Chapter C, *Recipient Eligibility*, pages 1 through 4, 25, 26, 55, 56, 59 and 60, revised; and page 4a, new; Chapter D, *General Program Policies*, page 5, revised.

This release:

- ◆ Removes the prior authorization requirement for binaural hearing aids.
- ◆ Updates descriptions of groups eligible for Medicaid.
- ◆ Clarifies provider responsibilities in relation to claims for Medically Needy recipients.
- ◆ Updates the sample of the *Medical Expense Verification*, form MA-4069.
- ◆ Updates the sample of the *Presumptive Medicaid Income Calculation*, form 470-2629.
- ◆ Updates the samples of the *Presumptive Medicaid Eligibility Notice of Decision*, form 470-2580.

Increases the limit on coverage for independently practicing physical therapists to \$1500 in an individual case in calendar year 1999, in order to remain consistent with Medicare.

Date Effective

June 1, 1999

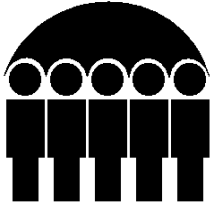
Material Superseded

Remove the following pages from *All Providers Manual* and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents (page 3)	September 1, 1997
Chapter B	
2, 6-8	July 1, 1997
9	September 1, 1997
Chapter C	
1, 2	November 1, 1993
3, 4	July 1, 1995
25, 26	7/95
55, 56	6/97
59, 60	7/97
Chapter D	
5	March 1, 1999

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-171

Employees' Manual, Title 8

Medicaid Appendix

July 23, 2001

ALL PROVIDERS MANUAL TRANSMITTAL NO. 01-1

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

SUBJECT: ***ALL PROVIDERS MANUAL***, Table of Contents (pages 1, 2, 3, and 3a), revised; Chapter B, *General Information About the Program*, pages 3 through 12, 12a, and 13 through 18, revised; Chapter C, *Recipient Eligibility*, page 6, 7, 8, 9, 17, 18, 19, 26 through 34, 38, 51, and 55 through 60, revised, and pages 6a through 6e, new; and *Appendix*, pages 1 through 20, revised.

Summary

This letter transmits:

- ◆ Updates to the list of Medicaid provider types.
- ◆ Additions to the list of Medicaid coverage groups, including new groups for:
 - Employed people with disabilities.
 - Women who need treatment for breast or cervical cancer or a pre-cancerous condition.
- ◆ A description of the presumptive eligibility determination process for women in the new cancer treatment coverage group.
- ◆ Clarification of the recipient eligibility information available through REVS.
- ◆ Clarification that not all mental health services are covered under fee-for-service reimbursement and that there is a preauthorization process for recipients enrolled in the Iowa Plan.
- ◆ New forms for authorizing providers to do presumptive eligibility determinations for women needing treatment for breast or cervical cancer.
- ◆ An updated form 470-2629, *Presumptive Medicaid Income Calculation*, reflecting current income limits. The 4/01 version of the form must be used to get a correct eligibility determination. Supplies of the previous version should be destroyed.
- ◆ A revised form 470-2580, *Presumptive Eligibility Notice of Decision*, reflecting the new group of women who can be presumptively eligible for Medicaid. Supplies of this version of the form will be distributed to the new group of qualified providers. Qualified providers for pregnant women should continue to use the previous version of the form until supplies are exhausted.
- ◆ An updated list of Social Security Administration offices.

Date Effective

July 1, 2001

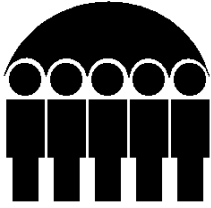
Material Superseded

Remove the following pages from the *Medicaid All Providers Manual* and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents (pp. 1 and 2)	September 1, 1997
Table of Contents (pp. 3 and 3a)	February 1, 2000
Chapter B	
3-6	October 1, 1994
7-9	June 1, 1999
10-12, 12a, 13	September 1, 1997
14	July 1, 1995
15	May 1, 1996
16	July 1, 1997
17, 18	October 1, 1994
Chapter C	
6-9, 17-19, 26-33	February 1, 2000
34, 38	July 1, 1997
51	November 1, 1993
55, 56	4/00
57	July 1, 1997
58	November 1, 1993
59, 60	12/99
Appendix	
1	March 1, 1999
2-20	February 1, 2000

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-194
Employees' Manual, Title 8
Medicaid Appendix

September 20, 2002

ALL PROVIDERS MANUAL TRANSMITTAL NO. 02-1

ISSUED BY: Division of Financial, Health, and Work Supports
Bureau of Long Term Care

SUBJECT: *ALL PROVIDERS MANUAL*, Table of Contents, pages 3 and 3a, revised; Chapter C, *Recipient Eligibility*, pages 1, 23, 24, 38 through 50, 55, and 56, revised; and pages 22a and 22b, new; Chapter D, *General Program Policies*, pages 3 through 9, 12, 13, and 14, revised; and Appendix, pages 1 through 8, revised.

Summary

Chapter C is revised to:

- ◆ Reflect the income limit for pregnant women, which increased to 200% of the federal poverty level effective July 1, 2000.
- ◆ Add form 470-3931, *Medically Needy Expense Deletion Request*, which is to be used when a prescription is filled and billed for a potentially eligible Medically Needy recipient, but the recipient doesn't pick up the prescription.
- ◆ Update form 470-2927, *Health Services Application*, and its Spanish translation, form 470-2927(S), and instructions. Qualified providers may continue to use the previous version of the *Health Services Application* until supplies are exhausted.
- ◆ Update form 470-2629, *Presumptive Medicaid Income Calculation*, to include the amount of income to use when calculating presumptive Medicaid eligibility for households with more than six people.

Chapter D is revised to:

- ◆ Update the list of services that require prior approval.
- ◆ Update the address of the Department of Human Services Appeals Section.
- ◆ Revise the hours that the Drug Prior Authorization and Providers Relations units can be contacted by telephone.
- ◆ Correct and update the provider form request.

The Appendix is revised to update the list of Department of Human Services local offices. Due to restructuring, many Department offices are open less than full time. Phone calls and mail should be directed to the full time office housing the staff for those counties.

Date Effective

Changes in services that require prior approval were effective July 1, 1999, and August 1, 2001. Changes regarding the forms *Health Services Application* were effective January 1, 2002. Changes regarding the *Presumptive Medicaid Income Calculation* were effective April 1, 2002. All other changes were effective July 1, 2002.

Material Superseded

Remove the following pages from *ALL PROVIDERS MANUAL* and destroy them:

<u>Page</u>	<u>Date</u>
Contents	
3, 3a	July 1, 2001
Chapter C	
1, 23, 24	February 1, 2000
38	July 1, 2001
39-50	1/00
55, 56	4/01
Chapter D	
3, 4	March 1, 1999
5	June 1, 1999
6-9, 12, 13	July 1, 1997
14	March 1, 1999
Appendix	
1-8	July 1, 2001

Additional Information

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

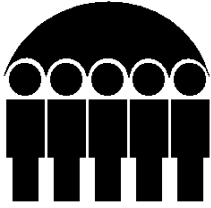
www.dhs.state.ia.us/policyanalysis

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-238

Employees' Manual, Title 8

Medicaid Appendix

November 19, 2003

ALL PROVIDERS MANUAL TRANSMITTAL NO. 03-1

ISSUED BY: Division of Medical Services

SUBJECT: **ALL PROVIDERS MANUAL**, Table of Contents, pages 1, 2, and 3a, revised; Chapter B, *General Information About the Program*, pages 1 through 12, 12a, and 13 through 18, revised, and page 12b, new; Chapter C, *Recipient Eligibility*, pages 18, 55, and 56, revised; Chapter D, *General Program Policies*, pages 4 through 8, 12, and 13, revised; and Appendix, pages 1 through 20, revised.

Summary

Chapter B is updated to reflect:

- ◆ Restructuring of Department field offices.
- ◆ Changes in coverage for advanced registered nurse practitioner services.
- ◆ The additions of interim medical monitoring and treatment to the home- and community-based services brain injury waiver.
- ◆ The addition of adult day care, prevocational, and transportation services to the home- and community-based services mental retardation waiver.
- ◆ Current copayment policies for prescription drugs and physician services.

Chapter C is updated to reflect:

- ◆ Changes to REVS that require entry of dates with eight digits instead of six (MMDDYYYY).
- ◆ The current version of form 470-2629, *Presumptive Medicaid Income Calculation*. Form 470-2629 is revised annually due to changes in the federal poverty guidelines.

Chapter D is updated to:

- ◆ Update the revised list of services requiring prior approval. This revision adds the following services requiring prior approval:
 - Dental services: more than two porcelain crowns in a 12-month period.
 - Medical equipment and supplies: augmentative communication systems and enteral products, pumps and supplies.
- ◆ Reflect new procedures for the electronic submission of claims.
- ◆ Revise the hours the Drug Prior Authorization department can be reached by telephone.

All chapters are revised to change the name of the fiscal agent from ‘Consultec’ to ‘ACS.’ The appendix is revised to update addresses and phone numbers.

Date Effective

Changes regarding services that require prior approval were effective July 1, 2002.
Changes regarding presumptive eligibility for pregnant women were effective April 1, 2003.
Changes to waiver services, copayment, and claim submission were effective July 1, 2003.
Changes regarding REVS were effective October 1, 2003.
Changes regarding advanced registered nurse practitioners are effective December 1, 2003.

Material Superseded

Remove the following pages from *ALL PROVIDERS MANUAL* and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents	
1, 2	July 1, 2001
3a	July 1, 2002
Chapter B	
1	July 1, 1997
2	June 1, 1999
3-12, 12a, 13-18	July 1, 2001
Chapter C	
18	July 1, 2001
55, 56	4/02
Chapter D	
4-8, 12, 13	July 1, 2002
Appendix	
1-8	September 1, 2002
9-20	July 1, 2001

Additional Information

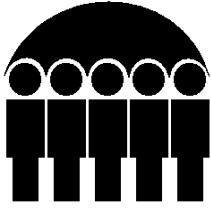
The updated provider manual containing the revised pages can be found at:
www.dhs.state.ia.us/policyanalysis.

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 Request
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-244

Employees' Manual, Title 8

Medicaid Appendix

March 18, 2004

ALL PROVIDERS MANUAL TRANSMITTAL NO. 04-1

ISSUED BY: Division of Financial, Health and Work Supports
Bureau of Financial Support Programs

SUBJECT: *ALL PROVIDERS MANUAL*, Table of Contents, page 2, revised; Chapter A, *Description of Manual*, page 1, revised, and page 2, new; Chapter B, *General Information About the Program*, pages 15 and 16, revised, and page 16a, new; Chapter C, *Recipient Eligibility*, pages 22, 23, 24, 26, 27, 28, 51, 53, 55, and 56, revised.

Summary

Chapter A is updated to reflect the transition to Internet publishing of the provider manuals.

Chapter B is revised to clarify Medicaid payment responsibility when a provider has entered into a "preferred provider agreement" or a "preferred patient care agreement." Medicaid covers only the portion of charges that a recipient has the legal obligation to pay. Language is also added to reinforce the expectation that providers will submit the "Explanation of Medicare Benefits" along with the claim for services provided to a recipient who also has Medicare coverage.

Chapter C is updated to reflect:

- ◆ A clarification that ambulatory prenatal care does not include a miscarriage.
- ◆ The correct Division name.
- ◆ A clarification that funds must be received direct and not through a sub-contract.
- ◆ A new question about Indian Health Services on form 470-2579, *Application for Authorization to Make Presumptive Medicaid Eligibility Determinations*.
- ◆ The 2004 revision of form 470-2629, *Presumptive Medicaid Income Calculation*. This form will no longer be available from Iowa Prison Industries at Anamosa.

Date Effective

April 1, 2004

Material Superseded

Remove the following pages from *ALL PROVIDERS MANUAL* and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents 2	December 1, 2003
Chapter A 1	October 1, 1979
Chapter B 15, 16	July 1, 2003
Chapter C 22	February 1, 2000
23, 24	July 1, 2002
26	July 1, 2001
27	12/90
28, 51	July 1, 2001
53	March 1, 1994
55, 56	4/03

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 Request
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.



July 1, 2005

ALL PROVIDERS MANUAL TRANSMITTAL NO. 05-2

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

SUBJECT: **ALL PROVIDERS MANUAL:**

Chapter I, **General Program Policies**, Title Page, new; Table of Contents, page 1, new; pages 1 through 60, new; and the following forms:

- 470-4166 *Iowa Medicaid Provider Form Request*, revised
- 470-3744 *Provider Inquiry*, revised
- 470-0040 *Credit/Adjustment Request*, revised

Chapter II, **Member Eligibility**, Title Page, new; Table of Contents, pages 1 and 2, new; pages 1 through 33, new; and the following forms:

- 470-2213 *Medical Assistance Eligibility Card (Managed Care)*, revised
- 470-1911 *Medical Assistance Eligibility Card (Fee for Service)*, revised
- 470-2188 *Medical Assistance Eligibility Card (Limited Benefits)*, revised
- 470-3348 *Medical Assistance Eligibility Card (Lock-In)*, revised
- 470-2580 *Presumptive Medicaid Eligibility Notice of Decision*, revised
- 470-2927 *Health Services Application*, revised
- 470-2927(S) *Health Services Application (Spanish)*, revised
- 470-3931 *Medically Needy Expense Deletion Request*, revised
- 470-2448 *Request for Verification of Diagnosis*, unchanged
- 470-2579 *Application for Authorization to Make Presumptive Medicaid Eligibility Determinations*, unchanged
- 470-2582 *Memorandum of Understanding Between the Iowa Department of Human Services and the Qualified Provider*, unchanged
- 470-2629 *Presumptive Medicaid Income Calculation*, unchanged
- 470-3864 *Application for Authorization to Make Presumptive Medicaid Eligibility Determinations (BCCT)*, unchanged
- 470-3865 *Memorandum of Understanding With a Qualified Provider for Breast or Cervical Cancer Treatment*, unchanged

Summary

The Medicaid Provider Manual has been revised to reflect the implementation of the Iowa Medicaid Enterprise and reformatted to make the manual easier to maintain and easier to use on line.

This transmittal issues the updated sections of the All Providers Manual. Former All Providers Chapter A, "Description of Manual," Chapter B, "General Information About the Program," and Chapter D, "General Program Policies," have been combined into new Chapter I.

New Chapter I consolidates information about Iowa Medicaid administration, coverage, and reimbursement that applies to all provider types. The forms used to investigate or correct problem claims have been moved to this chapter from Chapter D, since they are used identically for all providers.

Former All Providers Chapter B, "Recipient Eligibility," has been reissued as Chapter II.

Chapters E on Coverage and Limitations and F on Billing and Payment will be updated and reissued for each provider type as Chapters III and IV.

Within the manuals, 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.

Date Effective

July 1, 2005

Material Superseded

Remove the entire Chapters A, B, C and D from the ***ALL PROVIDERS MANUAL***, and destroy them. This includes the following:

<u>Page</u>	<u>Date</u>
Title Page	Undated
Contents (p. 1)	December 1, 2003
Contents (p. 2)	April 1, 2004
Contents (pp. 3, 3a)	July 1, 2002
Chapter A	
1, 2	April 1, 2004
Chapter B	
1, 2	July 1, 2003
3-12, 12a, 12b	December 1, 2003
13, 14	July 1, 2003
15, 16, 16a	April 1, 2004
17, 18	July 1, 2003
19-55	October 1, 1994
56	May 1, 1996
Chapter C	
1	July 1, 2002
2	April 8, 2005
3, 4	February 1, 2000
5	April 8, 2005
6, 6a-6e, 7, 8	July 1, 2001
9	April 8, 2005

10	February 1, 2000
11-14, 14a	February 1, 1997
15, 16	November 1, 1993
17	July 1, 2001
18	April 8, 2005
19	July 1, 2001
20	April 8, 2005
21	February 1, 2000
22	April 1, 2004
22a (470-3931)	9/02
22b	July 1, 2002
23, 24	July 16, 2003
25 (470-2448)	6/88
26	April 1, 2004
27 (470-2579)	2/04
28	April 1, 2004
29 (470-3864)	7/01
30	July 1, 2001
31-33 (470-3865)	7/01
34	July 1, 2001
35-37 (470-2582)	1/90
38	July 1, 2002
39-43 (470-2927)	3/05
45-49 (470-2927(S))	10/04
51	April 8, 2005
52	March 1, 1994
53	April 8, 2005
54	March 1, 1994
55, 56 (470-2629)	4/05
57, 58	July 1, 2001
59, 60 (470-2580)	6/01
Chapter D	
1, 2	February 1, 1997
3	July 1, 2002
4-8	July 1, 2003
9	July 1, 2002
10, 10a	June 1, 1998
11	July 1, 1997
12, 13	July 1, 2003
14	July 1, 2002

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.



Medicaid Enterprise
Department of Human Services

For Human Services use only:
General Letter No. 8-AP-260
Employees' Manual, Title 8
Medicaid Appendix

February 3, 2006

ALL PROVIDERS MANUAL TRANSMITTAL NO. 06-1

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

SUBJECT: ***ALL PROVIDERS MANUAL:***

Chapter I, ***General Program Policies***, pages 3, 4, 6, 13, 15, 18, 22, 28, and 57, revised;

Chapter II, ***Member Eligibility***, Table of Contents, page 1, revised; pages 3 and 21, revised; and pages 20a through 20d, new;

Appendix, Title Page, new; Table of Contents, page 1, revised; and pages 1 through 18, revised.

Summary

All Providers Manual, Chapter I, has been updated to:

- ◆ Correct references to the IME Provider Cost Audits and Rate Setting Unit.
- ◆ Clarify information on accessing Provider Manuals and reflect the decision to combine former chapters E and F into one Chapter III that contains all of the provider-specific information.
- ◆ Correct descriptions of covered infant and toddler services and transportation services.

All Providers Manual, Chapter II, has been updated to include the new Medicaid coverage group called Iowa Family Planning Network. Services covered are limited to family planning and family planning-related services as listed in this chapter. Member eligibility will be identified on the *Medicaid Assistance Eligibility Card (Limited Benefits)*.

The following contact information has been updated in the All Providers Manual, Appendix:

- ◆ Local Human Services offices
- ◆ Social Security Administration offices
- ◆ Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Care Coordination offices

Date Effective

February 1, 2006

Material Superseded

Remove the following pages from the **ALL PROVIDERS MANUAL**, and destroy them:

<u>Page</u>	<u>Date</u>
Chapter I	
3, 4, 6, 13, 15, 18, 22, 28	July 1, 2005
57	June 30, 2005
Chapter II	
Contents (p. 1)	June 30, 2005
3, 21	June 30, 2005
Appendix	
Contents (p. 1)	February 1, 2000
1-20	October 1, 2003

Additional Information

The updated provider manual containing the revised pages can be found at:
www.ime.state.ia.us/

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.



Medicaid Enterprise
Department of Human Services

For Human Services use only:
General Letter No. 8-AP-283
Employees' Manual, Title 8
Medicaid Appendix

February 22, 2008

ALL PROVIDERS MANUAL TRANSMITTAL NO. 08-1

ISSUED BY: Division of Medical Supports, Division of Financial, Health and Work Supports

SUBJECT: **ALL PROVIDERS MANUAL**, Chapter I, **General Program Policies**, Contents (page 1), revised; Contents (pages 2 and 3), new; pages 5, 6, and 8 through 44, revised; and the following forms:

RC-0113 *List of Emergency Diagnosis Codes*, new
470-3744 *Provider Inquiry*, revised
470-0040 *Credit/Adjustment Request*, revised

Chapter II, **Member Eligibility**, Contents (page 1), revised; pages 1 through 21, revised; and the following forms:

470-1911 *Medical Assistance Eligibility Card*, revised
470-2580 *Presumptive Medicaid Eligibility Notice of Decision*, revised
470-4164 *IowaCare Medical Card*, new
470-2927 *Health Services Application*, revised
470-2927(S) *Health Services Application (Spanish)*, revised

Summary

Chapter I is revised to:

- ◆ Update addresses for the Revenue Collection Unit.
- ◆ Add an explanation of the Children's Mental Health Waiver and the Iowa Plan for Behavioural Health.
- ◆ Remove references to the monthly medical card as verification of Medicaid eligibility.
- ◆ Add instructions to verify Medicaid eligibility of all members through the Eligibility Verification System (ELVS) or the IME web portal for every encounter or monthly for persons receiving services on a monthly basis.
- ◆ Add information for lock-in and Medipass that was previously in Chapter II.
- ◆ Include "pay and chase" requirements for situations where a woman is pregnant, a child has insurance through the absent parent, or a child is provided preventative pediatric services with certain diagnosis codes. "Pay and chase" refers to the IME paying a provider of services despite third-party insurance coverage, then billing the insurance company for the amount that was paid.
- ◆ Include instructions for Medicare paper claims.
- ◆ Update forms used to report problems with submitted claims, which have been revised to reflect the use of the national provider identifier (NPI).

Chapter II is revised to:

- ◆ Replace information about paper Medicaid cards with an explanation of the annual issuance of plastic cards.
- ◆ Add that IowaCare members may receive routine preventative medical examinations from a network provider or any physician, advanced registered nurse practitioner or physician assistant who participates in Medicaid.
- ◆ Update forms used in determining and demonstrating eligibility.

Date Effective

Upon receipt.

Material Superseded

Remove the following pages from the **ALL PROVIDERS MANUAL**, Chapters I and II, and destroy them:

<u>Page</u>	<u>Date</u>
Chapter I	
Contents (page 1)	July 1, 2005
5	July 1, 2005
6	February 1, 2006
8-12	July 1, 2005
13	February 1, 2006
14	July 1, 2005
15	February 1, 2006
16, 17	July 1, 2005
18	February 1, 2006
19-21	July 1, 2005
22	February 1, 2006
23-27	July 1, 2005
28	February 1, 2006
29-56	July 1, 2005
470-3744	07/05
57	February 1, 2006
470-0040	05/05
58-60	July 1, 2005
Chapter II	
Contents (page 1)	April 1, 2007
1, 2	June 30, 2005
470-2213	3/06
470-1911	3/06
470-2188	3/06
3	February 1, 2006
470-3348	3/06
4-13 *	June 30, 2005
470-2580	07/05

470-2927	03/05
470-2927(S)	05/05
14 *	April 1, 2007
15	June 30, 2005
16	April 1, 2007
17	June 30, 2005
18, 19	July 1, 2006
20	June 30, 2005
20a-20d	February 1, 2006
20e, 20f, 21	April 1, 2007

* Because of changes in the layout of the manual, the following form samples in Chapter II need to be refilled:

- ◆ Move form 470-3931, *Medically Needy Expense Deletion Request*, to follow page 12 instead of page 16.
- ◆ Move form 470-4299, *Verification of Emergency Health Care Services*, to follow page 14 instead of page 18.

Additional Information

The updated provider manual containing the revised pages can be found at:
www.ime.state.ia.us/

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.



Medicaid Enterprise
Department of Human Services

For Human Services use only:
General Letter No. 8-AP-298
Employees' Manual, Title 8
Medicaid Appendix

May 1, 2009

ALL PROVIDERS MANUAL TRANSMITTAL NO. 09-1

ISSUED BY: Bureau of Medical Supports,
Division of Financial, Health and Work Supports

SUBJECT: **ALL PROVIDERS MANUAL**,
Chapter I, **General Program Policies**, page 40, revised, and form
470-3744, *Provider Inquiry*, revised;
Chapter II, **Member Eligibility**, page 4, revised, and form 470-2629,
Presumptive Medicaid Income Calculation, revised.

Summary

This manual is revised to:

- ◆ Transmit an updated sample of the *Provider Inquiry*, which has been revised to clarify that it can be used to request policy interpretation as well as to inquire about claim issues.
- ◆ Correct the phone numbers for the Eligibility Verification System (ELVS). In the Des Moines area or from outside Iowa, call 515-323-9639; from inside Iowa, use the Iowa WATTS number, 1-800-338-7752.
- ◆ Update the *Presumptive Medicaid Income Calculation* with income guidelines based on the federal poverty level guidelines for 2009.

Date Effective

April 1, 2009

Material Superseded

Remove the following form and pages from the **ALL PROVIDERS MANUAL**, Chapter I and Chapter II, and destroy them:

<u>Page</u>	<u>Date</u>
Chapter I	
40	March 1, 2008
470-3744 (before p. 41)	5/07
Chapter II	
4	April 1, 2007
470-2629 (after p. 24)	4/08

Additional Information

The updated provider manual containing the revised pages can be found at:
www.ime.state.ia.us/

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 provider identifier, 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.



Medicaid Enterprise
Department of Human Services

For Human Services use only:
General Letter No. 8-AP-300
Employees' Manual, Title 8
Medicaid Appendix

January 29, 2010

ALL PROVIDERS MANUAL TRANSMITTAL NO. 10-1

ISSUED BY: Bureau of Medical Supports,
Division of Adult, Child, and Family Services

SUBJECT: **ALL PROVIDERS MANUAL**,
Chapter I, **General Program Policies**, Contents (pages 1, 2, and 3),
revised; pages 4, 5, 10 through 18, and 19, revised; and page 18a,
new;
Chapter II, **Member Eligibility**, page 15, revised.

Summary

Chapter I is revised to:

- ◆ Update local phone numbers for the Iowa Medicaid Enterprise, which went in service beginning January 25, 2010.
- ◆ Add coverage descriptions for behavioral health services and independently practicing occupational therapists.
- ◆ Add the consumer choices option as a covered service under each of the home- and community-based services (HCBS) waivers.
- ◆ Reflect the change in the name of the HCBS mental retardation waiver to the intellectual disabilities waiver.
- ◆ Reflect that service coordination is no longer a covered service for local education agencies.

Chapter II is revised to update the resource limits for the Qualified Medicare Beneficiary coverage group, to \$6,600 for an individual and \$9,910 for a couple.

Date Effective

January 1, 2010

Material Superseded

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

<u>Page</u>	<u>Date</u>
Chapter I	
Contents (pages 1, 2, and 3)	March 1, 2008
4	February 1, 2006
5, 10-19	March 1, 2008
Chapter II	
15	July 1, 2009

Additional Information

The updated provider manual containing the revised pages can be found at:
www.ime.state.ia.us/

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 provider identifier, 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.



Medicaid Enterprise
Department of Human Services

For Human Services use only:
General Letter No. 8-AP-305
Employees' Manual, Title 8
Medicaid Appendix

September 3, 2010

ALL PROVIDERS MANUAL TRANSMITTAL NO. 10-2

ISSUED BY: Division of Medical Services

SUBJECT: **ALL PROVIDERS MANUAL**, Chapter I, **General Program Policies**, Contents (pages 1 and 2), revised; pages 13 through 18, 18a, 24, 29, 32, and 34, revised.

Summary

Chapter I is revised to:

- ◆ Correct information about the HCBS children's mental health waiver.
- ◆ Inform providers that enrollment in the Iowa Plan for Behavior Health will include persons age 65 and over beginning July 1, 2010.
- ◆ Clarify the prior authorization procedure for pharmacies requesting approval for medical equipment or medical supply items.
- ◆ Update Medicaid policy for provider release of claims paid by Medicaid. Providers may release duplicates of claims billed to or paid by Medicaid to the member or the member's representative without IME approval. Notification to the IME Revenue Collections Unit is required only for requests involving an accident or trauma claim.
- ◆ Update the phone number of the IME Revenue Collections Unit.

Date Effective

July 1, 2010

Material Superseded

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

<u>Page</u>	<u>Date</u>
Chapter I	
Contents (pages 1 and 2)	January 1, 2010
13-18, 18a	January 1, 2010
24, 29, 32, 34	March 1, 2008

Additional Information

The updated provider manual containing the revised pages can be found at:
www.ime.state.ia.us/

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 general letter number of the transmittal that you are requesting (found at the top right corner of the transmittal).

If any portion of this manual is not clear, please direct your inquiries to Iowa Medicaid Enterprise, Provider Services at 800-338-7909.



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-327
Employees' Manual, Title 8
Medicaid Appendix

September 2, 2011

ALL PROVIDERS MANUAL TRANSMITTAL NO. 11-5

ISSUED BY: Bureau of Adult and Children's Medical Programs,
Division of Medical Services

SUBJECT: **ALL PROVIDERS MANUAL**, Chapter I, **General Program Policies**,
Title page, revised; Contents (pages 1, 2, and 3), revised; pages 1
through 44, revised; pages 45 through 55, new; and the following
forms:

470-4708 *Medicare Crossover Invoice (Professional)*, new
470-4707 *Medicare Crossover Invoice (Institutional)*, new

Summary

All Providers Manual Chapter I is revised to:

- ◆ Update organizational names and duties in the Iowa Medicaid Enterprise.
- ◆ Change the name of remedial services to behavioral health intervention and provide a new service description.
- ◆ Add instructions for billing services to Iowa Medicaid that were originally billed to Medicare and did not electronically cross over from Medicare, with the following forms:
 - 470-4708, *Medicare Crossover Invoice (Professional)*
 - 470-4707, *Medicare Crossover Invoice (Institutional)*
- ◆ Reference a new \$3 member copayment requirement for emergency room services when the services provided are not emergency services and the member is not admitted to the hospital.

Date Effective

September 1, 2011

Material Superseded

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

<u>Page</u>	<u>Date</u>
Chapter I	
Title page	Undated
Contents (pp. 1, 2)	July 1, 2010
Contents (p. 3)	January 1, 2010
1, 2	July 1, 2005
3	February 1, 2006
4, 5	January 25, 2010
6	March 1, 2008
7	July 1, 2005
8, 9	March 1, 2008
10-12	January 1, 2010
13-18, 18a	July 1, 2010
19	January 1, 2010
20-23	March 1, 2008
24	July 1, 2010
25-28	March 1, 2008
29	July 1, 2010
30, 31	March 1, 2008
32	July 1, 2010
33	March 1, 2008
34	July 1, 2010
35-39	March 1, 2008
40	April 1, 2009
41-44	March 1, 2008

Additional Information

The updated provider manual containing the revised pages can be found at:
www.ime.state.ia.us/providers

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

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

For Human Services use only:

General Letter No. 8-AP-380

Employees' Manual, Title 8
Medicaid Appendix

May 16, 2014

ALL PROVIDERS MANUAL TRANSMITTAL NO. 14-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **ALL PROVIDERS MANUAL**, Chapter I, **General Program Policies**, Table of Contents (pages 1, 2, and 3), revised; pages 1 through 50, revised; and the following forms:

- 470-5047 *Certificate of Medical Necessity for Waiver Assistive Devices*, new
- 470-5048 *Certificate of Medical Necessity for Consumer-Directed Attendant Care*, new
- 470-5049 *Certificate of Medical Necessity for Environmental Modification*, new
- 470-5050 *Certificate of Medical Necessity for Home and Vehicle Modification*, new
- 470-5051 *Certificate of Medical Necessity for Prevocational Services*, new

Summary

ALL PROVIDERS MANUAL Chapter I. *General Program Policies*, 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 following pages in the ***ALL PROVIDERS MANUAL***:

<u>Page</u>	<u>Date</u>
Chapter I	
Contents (pages 1-3)	September 1, 2011
1-38	September 1, 2011
470-4708	9/11
470-4707	9/11
39-50	September 1, 2011
470-3744	5/09
51, 52	September 1, 2011
470-0040	5/07
53-55	September 1, 2011

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-i.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

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

For Human Services use only:

General Letter No. 8-AP-453
Employees' Manual, Title 8
Medicaid Appendix

July 22, 2016

ALL PROVIDERS MANUAL TRANSMITTAL NO. 16-3

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **ALL PROVIDERS MANUAL**, Chapter I, **General Program Policies**, Contents (pages 1, 2, and 3), revised; and pages 1 through 48, revised.

Summary

ALL PROVIDERS MANUAL Chapter I. *General Program Policies*, is revised to:

- ◆ Align with current IA Health Link policies, procedures, and terminology.
- ◆ Align with current ICD-10 policies, procedures, and terminology.
- ◆ Update links due to the Department's new website.

Effective Date

January 1, 2016

Material Superseded

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

<u>Page</u>	<u>Date</u>
Chapter I	
Contents (pages 1-3)	May 1, 2014
1-50	May 1, 2014

Additional Information

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

<https://dhs.iowa.gov/sites/default/files/All-I.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-477

Employees' Manual, Title 8
Medicaid Appendix

February 9, 2018

ALL PROVIDERS MANUAL TRANSMITTAL NO. 18-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **All Providers Manual**, Chapter I, *General Program Policies*, Contents (page 3), revised; and pages 2, 3, 36, and 40 through 47, revised.

Summary

All Providers Manual, Chapter I. *General Program Policies*, is revised to align with current policies, procedures, and terminology.

Effective Date

Immediately.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Chapter I	
Contents (page 3)	June 1, 2016
2, 3, 36, 40-48	June 1, 2016

Additional Information

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

<https://dhs.iowa.gov/sites/default/files/All-I.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.

For Human Services use only:

General Letter No. 8-AP-495
Employees' Manual, Title 8
Medicaid Appendix

April 23, 2021

ALL PROVIDERS MANUAL TRANSMITTAL NO. 21-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **All Providers Manual**, Chapter I., *General Program Policies*, page 38,
revised.

Summary

All Providers Manual, Chapter I., *General Program Policies*, is revised to align with current policies, procedures, and terminology.

Date Effective

Immediately

Material Superseded

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

<u>Page</u>	<u>Date</u>
Chapter I 38	June 1, 2016

Additional Information

The updated provider manual containing the revised pages can be found at:
<http://dhs.iowa.gov/sites/default/files/All-I.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.

For Health and Human Services use only:

GENERAL LETTER NO. 8-AP-507
**Employees' Manual, Title 8
Medicaid Appendix**

July 5, 2024

ALL PROVIDERS MANUAL TRANSMISSION NO. 24-1

ISSUED BY: Iowa Medicaid

SUBJECT: **All Providers Manual**, Chapter I., *General Program Policies*, revised.

Summary

All Providers Manual, Chapter I., *General Program Policies*, is revised to update information related to copays for prescription drugs and copay exemptions.

Effective Date

Immediately.

Material Superseded

This material replaces the existing **All Providers Manual**.

Additional Information

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

<https://hhs.iowa.gov/media/4303>

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.