

March 15, 1996

For Human Services Use Only

General Letter No. 8-A-AP(II)-581

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

AMBULANCE SERVICES MANUAL TRANSMITTAL NO. 96-1

Subject: *Ambulance Services Manual*, Table of Contents, page 4, revised; Chapter E, *Coverage and Limitations*, pages 1 through 6, revised; and page 7, new.

Chapter E transmits revisions reflecting updated format, limitations on paramedic services, and updated procedure codes and service descriptions for billing for ambulance transportation.

Date Effective

March 1, 1996

Material Superseded

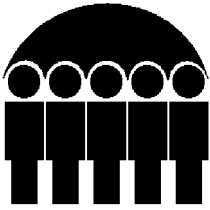
Remove from the Ambulance Services Manual, Table of Contents, pages 4 and 5, dated March 1, 1994, and Chapter E, pages 1 through 6, dated April 1, 1991.

Additional Information

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

DEPARTMENT OF HUMAN SERVICES
Charles M. Palmer, Director

Donald W. Herman, Administrator
DIVISION OF MEDICAL SERVICES



Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-65
Employees' Manual, Title 8
Medicaid Appendix

May 22, 1998

AMBULANCE SERVICES MANUAL TRANSMITTAL NO. 98-1

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

SUBJECT: *Ambulance Services Manual*, Table of Contents (page 4), revised; Chapter F, *Billing and Payment*, pages 1 through 19, revised; and page 20, new.

Chapter F is revised to update billing and payment instructions.

Date Effective

Upon receipt.

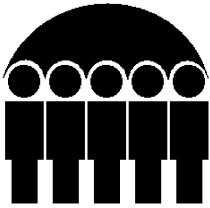
Material Superseded

Remove the following pages from the *Ambulance Services Manual*, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 4)	March 1, 1996
Chapter F	
1, 2	March 1, 1994
3, 4	2/93
5-11	March 1, 1994
12	Undated
13-15	09/30/79
16-18	March 1, 1994
19	3/94

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-133
Employees' Manual, Title 8
Medicaid Appendix

February 18, 2000

AMBULANCE SERVICES MANUAL TRANSMITTAL NO. 00-1

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

SUBJECT: *Ambulance Services Manual*, Table of Contents (page 4), revised; Chapter E, *Coverage and Limitations*, pages 1 through 7, revised; and pages 8 and 9, new; Chapter F, *Billing and Payment*, pages 1 and 2, revised, and page 2a, new.

Chapter E is updated to:

- ◆ Explain the basic and advanced life support services.
- ◆ Expand the definition of medical necessity.
- ◆ Break out medical necessity for emergency and nonemergency medical transportation.
- ◆ Stress the importance for the ambulance provider to provide adequate documentation on claims in order to receive payment.
- ◆ Remove form MA-3003-6, *Authorization for Medical Assistance*, as this form is obsolete.
- ◆ Update the procedure codes to conform to HCPCS coding.
- ◆ List modification codes for ambulance providers.

The changes from current codes to new codes are listed below:

<u>New Code</u>	<u>Current Code</u>	<u>New Code</u>	<u>Current Code</u>
A0360	A0010	A0398	A0215
A0362	A0010	A0420	A0060
A0364	A0220	A0424	Y0012
A0366	A0220	A0422	A0070
A0368	A0220	A0380	A0020
A0370	A0220	A0390	A0020
A0382	A0215		

Chapter F is revised to add a list of diagnosis codes for which the fiscal agent accepts electronic ambulance billing.

Date Effective

February 1, 2000

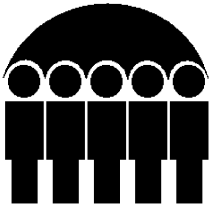
Material Superseded

Remove the following pages from the *Ambulance Services Manual*, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 4)	May 1, 1998
Chapter E 1-7	March 1, 1996
Chapter F 1, 2	May 1, 1998

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-165
Employees' Manual, Title 8
Medicaid Appendix

March 16, 2001

AMBULANCE SERVICES MANUAL TRANSMITTAL NO. 01-1

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

SUBJECT: **AMBULANCE SERVICES MANUAL**, Table of Contents (page 4), revised; Chapter E, *Coverage and Limitations*, pages 8 and 9, revised; and Chapter F, *Billing and Payment*, pages 21 through 25, new.

Chapter E is updated to reflect reorganization and renumbering of ambulance service codes:

- ◆ Codes for advanced life support with and without specialized services have been combined.
- ◆ Separate codes are identified for ground mileage, fixed-wing air transport mileage, and rotary-wing air transport mileage.

The changes from current codes to new codes are listed below:

Current Code	New Code	Current Code	New Code
A0030	A0430	A0368	A0427
A0040	A0431	A0370	A0427
A0360	A0428	A0380	A0425
A0362	A0429	A0390	A0425
A0364	A0428	W0109	A0435 or
A0366	A0426		A0436

Chapter F is revised to update billing and payment instructions by providing for an inquiry process for denied claims or if claim payment was not in the amount expected. Two forms are added: 470-3744, *Provider Inquiry*; and 470-0040, *Credit/Adjustment Request*.

Complete the *Provider Inquiry* if you wish to inquire about a denied claim or if claim payment was not as expected. Complete the *Credit/Adjustment Request* to notify Consultec that: a paid claim amount needs to be changed; or funds need to be credited back; or an entire *Remittance Advice* should be canceled.

Date Effective

January 1, 2001

Material Superseded

Remove from the *AMBULANCE SERVICES MANUAL*, Table of Contents, page 4, and Chapter E, pages 8 and 9, all dated January 1, 2000, 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

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

For Human Services use only:

General Letter No. 8-AP-370

Employees' Manual, Title 8
Medicaid Appendix

April 25, 2014

AMBULANCE SERVICES MANUAL TRANSMITTAL NO. 14-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **AMBULANCE SERVICES MANUAL**, Title page, new; Table of Contents (page 1), new; Chapter III, *Provider-Specific Policies*, Title page, new; Table of Contents (page 1), new; and pages 1 through 14, new.

Summary

The **AMBULANCE SERVICES MANUAL** is revised to:

- ◆ Reformat and revise the chapters on coverage and limitations and billing and payment to reflect the implementation of the Iowa Medicaid Enterprise and the reorganization of the Medicaid "All Providers" manual chapters. This includes:
 - Removing Chapter E. Information on coverage and limitations is now included in Chapter III. *Provider-Specific Policies*.
 - Removing Chapter F. Billing and payment information and forms are now included in Chapter IV. *Billing Iowa Medicaid*.
- ◆ Align with current policies, procedures, and terminology.
- ◆ Ensure that current contact information is provided.
- ◆ 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 sure that the most recent version of the form is accessible.

Date Effective

Upon receipt.

Material Superseded

This material replaces the entire Chapter E and Chapter F from **AMBULANCE SERVICES MANUAL**, which includes the following:

<u>Page</u>	<u>Date</u>
Title page	Undated
Contents (page 4)	January 1, 2001
Chapter E	
1-7	February 1, 2000
8, 9	January 1, 2001
Chapter F	
1, 2, 2a	February 1, 2000
3-8	May 1, 1998
9, 10 (HCFA-1500)	12/90
11, 12	May 1, 1998
13 (Remittance Advice)	6/12/97
15-17	May 1, 1998
19, 20 (470-0385)	5/98
21, 22	January 1, 2001
23 (470-3744)	4/00
25 (470-0040)	4/00

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/amb.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-435

Employees' Manual, Title 8
Medicaid Appendix

November 13, 2015

AMBULANCE SERVICES MANUAL TRANSMITTAL NO. 15-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **AMBULANCE SERVICES MANUAL**, Chapter III, *Provider-Specific Policies*, Contents (page 1), revised; pages 1 through 14, revised; and page 15, new.

Summary

The **AMBULANCE SERVICES MANUAL** is revised to:

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

Effective Date

October 1, 2015

Material Superseded

This material replaces the following pages from the **AMBULANCE SERVICES MANUAL**:

<u>Page</u>	<u>Date</u>
Chapter III	
Contents (page 1)	April 1, 2014
1-14	April 1, 2014

Additional Information

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

<https://dhs.iowa.gov/sites/default/files/Amb.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-459

Employees' Manual, Title 8
Medicaid Appendix

February 10, 2017

AMBULANCE SERVICES MANUAL TRANSMITTAL NO. 17-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **AMBULANCE SERVICES MANUAL**, Chapter III, *Provider-Specific Policies*, page 11, revised.

Summary

The **AMBULANCE SERVICES MANUAL** is revised to align with current policies, procedures, and terminology.

Effective Date

Immediately.

Material Superseded

This material replaces the following page from the **AMBULANCE SERVICES MANUAL**:

<u>Page</u>	<u>Date</u>
Chapter III 11	October 1, 2015

Additional Information

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

<https://dhs.iowa.gov/sites/default/files/Amb.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.