



Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-180

Employees' Manual, Title 8

Medicaid Appendix

February 13, 2002

AMBULATORY SURGICAL CENTERS MANUAL TRANSMITTAL NO. 02-1

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

SUBJECT: *AMBULATORY SURGICAL CENTERS MANUAL*, Table of Contents (page 4), revised; Table of Contents (page 5), new; Chapter E, *Coverage and Limitations*, pages 5, 6, and 17, revised; pages 6a and 6b, new; and Chapter F, *Billing and Payment*, pages 18 through 21, new.

Summary

Chapter E is revised to:

- ◆ Clarify abortion-related coverage under Medicaid.
- ◆ Update the sample of the *Consent for Sterilization*, form 470-0835.

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

February 1, 2002

Material Superseded

Remove the following pages from *AMBULATORY SURGICAL SERVICES MANUAL* and destroy them:

| <u>Page</u> | <u>Date</u> |
|----------------------------|-----------------|
| Table of Contents (page 4) | January 1, 2000 |
| Chapter E | |
| 5, 6 | January 1, 1999 |
| 17 (470-0835) | 1/87 |

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

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

For Human Services use only:

General Letter No. 8-AP-338

Employees' Manual, Title 8
Medicaid Appendix

July 27, 2012

AMBULATORY SURGICAL CENTERS MANUAL TRANSMITTAL NO. 12-1

ISSUED BY: Division of Medical Services, Iowa Medicaid Enterprise

SUBJECT: **AMBULATORY SURGICAL CENTERS**, Chapter E, *Coverage and Limitations*, pages 15 and 16, revised.

Summary

This letter transmits revised form 470-0836, *Certification Regarding Abortion*, to reflect the informational letter of July 2011.

Date Effective

Upon receipt.

Material Superseded

This material replaces the following pages from Chapter E of the ***Ambulatory Surgical Centers Manual***:

| <u>Page</u> | <u>Date</u> |
|-------------|-------------|
| 15, 16 | 1/99 |

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-363

Employees' Manual, Title 8
Medicaid Appendix

April 18, 2014

AMBULATORY SURGICAL CENTER MANUAL TRANSMITTAL NO. 14-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **AMBULATORY SURGICAL CENTER MANUAL**, Title page, new; Table of Contents (page 1), new; Chapter III, *Provider-Specific Policies*, Title page, new; Table of Contents (page 1), new; pages 1 through 19, new; and the following forms:

470-0836 *Certification Regarding Abortion*, unchanged
470-0835 *Consent for Sterilization*, revised
470-0835S *Consent for Sterilization (Spanish)*, revised

Summary

The **AMBULATORY SURGICAL CENTER 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 **AMBULATORY SURGICAL CENTER MANUAL**, which includes the following:

| <u>Page</u> | <u>Date</u> |
|--------------------------|------------------|
| Title page | Undated |
| Contents (pages 4 and 5) | February 1, 2002 |
| Chapter E | |
| 1-4 | January 1, 1999 |
| 5, 6, 6a, 6b | February 1, 2002 |
| 7-9 | January 1, 1999 |
| 10-14 | January 1, 2000 |
| 15, 16 (470-0836) | 7/11 |
| 17 (470-0835) | 7/97 |
| 18 (470-0835S) | 7/97 |
| Chapter F | |
| 1-8 | January 1, 1999 |
| 9, 10 (HCFA-1500) | 12/90 |
| 11, 12 | January 1, 1999 |
| 13 (Remittance Advice) | 6/12/97 |
| 15-17 | January 1, 1999 |
| 18 | February 1, 2002 |
| 19 (470-3744) | 4/00 |
| 21 (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/ambusurg.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-434

Employees' Manual, Title 8
Medicaid Appendix

November 13, 2015

AMBULATORY SURGICAL CENTER MANUAL TRANSMITTAL NO. 15-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **AMBULATORY SURGICAL CENTER MANUAL**, Chapter III, *Provider-Specific Policies*, pages 2, 3, and 19, revised; and pages 2a, 2b, and 2c, new.

Summary

The **AMBULATORY SURGICAL CENTER 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 **AMBULATORY SURGICAL CENTER MANUAL**:

| <u>Page</u> | <u>Date</u> |
|--------------------------------|---------------|
| Chapter III 2, 3, 19 | April 1, 2014 |

Additional Information

The updated provider manual containing the revised pages can be found at:
<http://dhs.iowa.gov/sites/default/files/Ambusurg.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-450
Employees' Manual, Title 8
Medicaid Appendix

July 1, 2016

AMBULATORY SURGICAL CENTER MANUAL TRANSMITTAL NO. 16-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **AMBULATORY SURGICAL CENTER MANUAL**, Chapter III, *Provider-Specific Policies*, Contents (page 1), revised; and pages 2, 3, 4, 5, and 13, revised.

Summary

The **AMBULATORY SURGICAL CENTER MANUAL** is revised to align with current IA Health Link policies, procedures, and terminology.

Effective Date

January 1, 2016

Material Superseded

This material replaces the following pages from the **AMBULATORY SURGICAL CENTER MANUAL**:

| <u>Page</u> | <u>Date</u> |
|--------------------|-----------------|
| Chapter III | |
| Contents (page 1) | April 1, 2014 |
| 2, 2a, 2b, 2c, 3 | October 1, 2015 |
| 4, 5, 13 | April 1, 2014 |

Additional Information

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

<http://dhs.iowa.gov/sites/default/files/Ambusurg.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.