

Iowa Department of Human Services

For Human Services use only:

**General Letter No. 8-AP-76**  
Employees' Manual, Title 8  
Medicaid Appendix

July 20, 1998

## **CASE MANAGEMENT MANUAL TRANSMITTAL NO. 98-1**

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

**SUBJECT:** *Case Management Manual*, Table of Contents (page 4), revised; Chapter E, *Coverage and Limitations*, pages 1 through 5, revised; pages 6 and 7, new; and Chapter F, *Billing and Payment*, pages 1 through 18, revised.

Chapter E is revised to incorporate billing code W0574 for children in the waiver program and to delete language referring to case management as a waiver.

Chapter F is revised to update billing and payment instructions.

### **Date Effective**

Upon receipt.

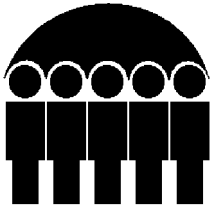
### **Material Superseded**

Remove the following pages from the *Case Management Manual* and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 4)	October 1, 1989
Contents (page 5)	January 1, 1989
<b>Chapter E</b>	
1-5	January 1, 1989
<b>Chapter F</b>	
1	October 1, 1989
2	10/89
3, 3a-3f, 4	October 1, 1989
5, 6	10/89
7, 8	October 1, 1989
9-11	January 1, 1989
12	Undated
13-15	09/30/79
16-18	January 1, 1989

### **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-86**  
Employees' Manual, Title 8  
Medicaid Appendix

October 30, 1998

**CASE MANAGEMENT MANUAL TRANSMITTAL NO. 98-2**

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

SUBJECT: *Case Management Manual*, Chapter F, *Billing and Payment*, page 2, revised.

Chapter F is revised to correct the instructions for submitting the *Report for Enhanced Services*, form 470-2464. Rather than send the white copy to Quality Assurance in Central Office it is to be sent to the county office of the Department.

**Date Effective**

Upon receipt.

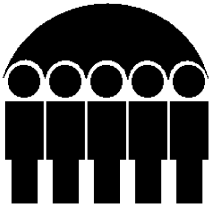
**Material Superseded**

Remove the following page from the *Case Management Manual* and destroy it:

<u>Page</u>	<u>Date</u>
<b>Chapter F</b> 2	July 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-236**

Employees' Manual, Title 8

Medicaid Appendix

October 20, 2003

**MR/CMI/DD CASE MANAGEMENT MANUAL TRANSMITTAL NO. 03-1**

ISSUED BY: Bureau of Long-Term Care, Division of Medical Services

SUBJECT: ***MR/CMI/DD CASE MANAGEMENT MANUAL***, Title page, revised; Table of Contents, page 4, revised; Table of Contents, page 5, new; Chapter E, *Coverage and Limitations*, pages 1 through 7, and page 8, new; Chapter F, *Billing and Payment*, pages 1 through 18, revised; and pages 19 through 32, new.

Chapter E is revised to:

- ◆ Add requirements for service authorization.
- ◆ Incorporate billing code W0579 for CMI special circumstances.

Chapter F is revised to:

- ◆ Update form 470-2486, *Claim for Targeted Medical Care*.
- ◆ Add form 470-3756, *MR/CMI/DD Case Management Service Authorization Request*.
- ◆ Add instructions for form 470-3969, *Claim Attachment Control*, used to submit paper attachments for an electronic claim.
- ◆ Add form 470-3744, *Provider Inquiry*. Complete this form if you wish to inquire about a denied claim or if claim payment was not as expected.
- ◆ Add form 470-0040, *Credit/Adjustment Request*. Complete this form to notify ACS that.
  - A paid claim amount needs to be changed; or
  - Funds need to be credited back; or
  - An entire *Remittance Advice* should be canceled.

Both chapters are revised to change references from “Consultec” to “ACS.”

**Date Effective**

Upon receipt.

## Material Superseded

Remove the following pages from *CASE MANAGEMENT MANUAL* and destroy them:

<u>Page</u>	<u>Date</u>
Title page	Undated
Table of Contents (page 4)	July 1, 1998
<b>Chapter E</b>	
1-7	July 1, 1998
<b>Chapter F</b>	
1	July 1, 1998
2	October 1, 1998
3	4/90
5-10	July 1, 1998
11, 12	4/98
13, 14	July 1, 1998
15	6/12/97
17, 18	July 1, 1998

## Additional Information

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

[www.dhs.state.ia.us/policyanalysis](http://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

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

For Human Services use only:

**General Letter No. 8-AP-365**  
Employees' Manual, Title 8  
Medicaid Appendix

April 25, 2014

## TARGETED CASE MANAGEMENT MANUAL TRANSMITTAL NO. 14-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **TARGETED CASE MANAGEMENT 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 17, new; and the following forms:

470-4694 *Targeted Case Management Comprehensive Assessment*,  
new  
470-2486 *Claim for Targeted Medical Care*, revised

### Summary

The **TARGETED CASE MANAGEMENT MANUAL** is revised to:

- ◆ Rename the manual from **MR/CMI/DD CASE MANAGEMENT** to **TARGETED CASE MANAGEMENT**.
- ◆ 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 **TARGETED CASE MANAGEMENT MANUAL**, which includes the following:

<u>Page</u>	<u>Date</u>
Title page	Undated
Contents (pages 4 and 5)	January 1, 2003
<b>Chapter E</b>	
1-8	January 1, 2003
<b>Chapter F</b>	
1	January 1, 2003
2 (470-2464)	4/90
3-12	January 1, 2003
13 (470-3956)	5/03
14-20	January 1, 2003
21, 22 (470-2486)	10/02
23	January 1, 2003
24 (470-3969)	7/03
25, 26	January 1, 2003
27 (Remittance Advice)	6/12/97
28-30	January 1, 2003
31 (470-3744)	10/02
32 (470-0040)	10/02

## 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/casemgm.pdf](http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Provman/casemgm.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  
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Lt. Governor

Charles M. Palmer  
Director

For Human Services use only:

**General Letter No. 8-AP-443**  
Employees' Manual, Title 8  
Medicaid Appendix

May 6, 2016

## **TARGETED CASE MANAGEMENT MANUAL TRANSMITTAL NO. 16-1**

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **TARGETED CASE MANAGEMENT MANUAL**, Chapter III, *Provider-Specific Policies*, Contents (page 1), revised; and pages 1 through 15, revised.

### **Summary**

The **TARGETED CASE MANAGEMENT MANUAL** is revised to:

- ◆ Align with current IA Health Link 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 from the **TARGETED CASE MANAGEMENT MANUAL**:

<u>Page</u>	<u>Date</u>
<b>Chapter III</b>	
Contents (page 1)	April 1, 2014
1-17	April 1, 2014

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
<http://dhs.iowa.gov/sites/default/files/CaseMgm.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-478

Employees' Manual, Title 8  
Medicaid Appendix

May 4, 2018

### TARGETED CASE MANAGEMENT, CASE MANAGEMENT, AND CARE COORDINATION MANUAL TRANSMITTAL NO. 18-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **Targeted Case Management, Case Management, and Care Coordination**, Title page, revised; Contents (page 1), revised; Chapter III, *Provider-Specific Policies*, Contents (page 1), revised; pages 1 through 15, revised; and pages 16 and 17, new.

#### Summary

The **Targeted Case Management, Case Management, and Care Coordination Manual** is revised to:

- ◆ Change the provider manual's name from **Targeted Case Management**.
- ◆ Align with current policies, procedures, and terminology.

#### Effective Date

Immediately.

#### Material Superseded

This material replaces the following pages in the **Targeted Case Management Manual**:

<u>Page</u>	<u>Date</u>
Title page	Undated
Contents (page 1)	April 1, 2014
<b>Chapter III</b>	
Contents (page 1)	January 1, 2016
1-15	January 1, 2016



### **Additional Information**

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