

March 5, 1996

For Human Services Use Only

General Letter No. 8-A-AP(II)-582

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

COMMUNITY MENTAL HEALTH CENTER MANUAL TRANSMITTAL NO. 96-1

Subject: *Community Mental Health Center Manual*, Contents (page 5), revised; Chapter E, *Coverage and Limitations*, pages 7, 8, and 13 through 18, revised.

The prior authorization system for day treatment services through the Iowa Foundation for Medical Care (IFMC) is discontinued. The vast majority of these services are currently authorized under managed care arrangements.

Date Effective

March 1, 1996

Material Superseded

Remove from *Community Mental Health Center Manual*, Chapter E, pages 7, 8, and 13 through 18, dated June 1, 1993, and destroy them.

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

October 21, 1996

For Human Services Use Only

General Letter No. 8-AP-3

Subject: Employees' Manual, Title 8, Appendix

COMMUNITY MENTAL HEALTH CENTER MANUAL TRANSMITTAL NO. 96-2

Subject: *Community Mental Health Center Manual*, Chapter E, *Coverage and Limitations*, pages 25 and 26, revised.

This revision:

- ◆ Adds the CPT code for psychological testing. The previous code of W0929 will be discontinued.
- ◆ Adds local codes for services for mental retardation and drug administration.

Date Effective

October 1, 1996

Material Superseded

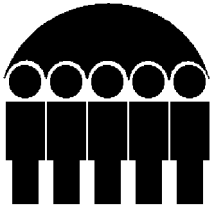
Remove from *Community Mental Health Center Manual*, Chapter E, pages 25 and 26, dated September 1, 1994, and destroy them.

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



Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-92
Employees' Manual, Title 8
Medicaid Appendix

December 21, 1998

COMMUNITY MENTAL HEALTH CENTER MANUAL TRANSMITTAL NO. 98-1

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

SUBJECT: *Community Mental Health Center Manual*, Table of Contents (pages 4 and 5), revised; Chapter F, *Billing and Payment*, pages 1 through 28, revised.

Chapter F is revised to update billing and payment instructions.

Date Effective

Upon receipt.

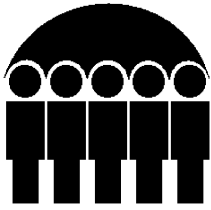
Material Superseded

Remove the following pages from the *Community Mental Health Center Manual* and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 4)	September 1, 1994
Contents (page 5)	March 1, 1996
Chapter F	
1, 2	June 1, 1993
3, 4	12/90
5-14	June 1, 1993
15	Undated
16-18	03/19/93
19-32	June 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-212

Employees' Manual, Title 8

Medicaid Appendix

May 14, 2003

COMMUNITY MENTAL HEALTH CENTER MANUAL TRANSMITTAL NO. 03-1

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

SUBJECT: *COMMUNITY MENTAL HEALTH CENTER MANUAL*, Table of Contents, page 4, revised; Chapter E, *Coverage and Limitations*, pages 1 and 2, revised; Chapter F, *Billing and Payment*, page 16, revised; and pages 29 through 33, new.

Summary

The revisions to Chapter E are being made to agree with changes made to 441 Iowa Administrative Code 78.16(1)“b,” 78.16(2), and 78.16(3). Changes to these rules were made consistent with 2002 Iowa Acts, Chapter 1120, section 13. These revisions address the following:

- ◆ Under the heading “Centers Eligible to Participate,” the reference to “Division of Mental Health, Mental Retardation, and Developmental Disabilities” is replaced with this division’s current title of “Division of Behavioral, Developmental and Protective Services for Families, Adults and Children (BDPS).”
- ◆ Under the subheading “Conditions of Payment”:
 - Changes to paragraph 1 replace the requirement that CMHCs conduct an initial patient staffing by a psychiatrist with an initial staffing by a mental health professional, as defined under Iowa Code Section 228.1, with a referral to a psychiatrist if needed.
 - Changes to paragraph 2 replace the requirement for a four-week staffing to occur involving a psychiatrist with ongoing reviews that are part of the CMHC’s peer review process.
 - Changes to paragraph 3 replace the requirement for a four-month staffing involving a psychiatrist with ongoing reviews conducted by appropriate staff, as required by the CMHC’s peer review process, and evaluation and revision of the patient’s treatment plan as necessary.
 - Changes to paragraph 4 replace references to the four-week and four-month patient staffings with ongoing reviews under the CMHC’s peer review process, relative to such reviews not being separately payable services under Iowa Medicaid. However, the requirement under this paragraph that these reviews must be documented and are subject to review by the Department is retained.

The revisions to Chapter F:

- ◆ 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.
- ◆ Change references from “Consultec” to “ACS.”

Date Effective

February 1, 2003

Material Superseded

Remove the following pages from *COMMUNITY MENTAL HEALTH CENTER MANUAL* and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents (page 4)	December 1, 1998
Chapter E 1, 2	June 1, 1993
Chapter F 16	December 1, 1998

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 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-383

Employees' Manual, Title 8
Medicaid Appendix

May 30, 2014

COMMUNITY MENTAL HEALTH CENTERS MANUAL TRANSMITTAL NO. 14-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **COMMUNITY MENTAL HEALTH CENTERS MANUAL**, Title page, revised; Table of Contents (page 1), new; Chapter III, *Provider-Specific Policies*, Title page, new; Table of Contents (page 1), new; pages 1 through 23, new; and the following form:

470-4419 *Community Mental Health Center (CMHC) Financial and Statistical Report*, new

Summary

The **COMMUNITY MENTAL HEALTH CENTERS 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 the **COMMUNITY MENTAL HEALTH CENTER MANUAL**, which includes the following:

<u>Page</u>	<u>Date</u>
Title page	Undated
Contents (page 4)	February 1, 2003
Contents (page 5)	December 1, 1998
Chapter E	
1, 2	February 1, 2003
3-6	June 1, 1993
7, 8	March 1, 1996
9-12	June 1, 1993
13-18	March 1, 1996
19-22	June 1, 1993
23, 24	September 1, 1994
25, 26	October 1, 1996
27-29	September 1, 1994
Chapter F	
1, 2	December 1, 1998
3 (470-2464)	4/90
5-15	December 1, 1998
16	February 1, 2003
17-20	December 1, 1998
21, 22 (HCFA-1500)	12/90
23, 24	December 1, 1998
25 (Remittance Advice)	6/12/97
27, 28	December 1, 1998
29, 30	February 1, 2003
31 (470-3744)	10/02
33 (470-0040)	10/02

Additional Information

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

http://dhs.iowa.gov/sites/default/files/cmhc_0.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-432

Employees' Manual, Title 8
Medicaid Appendix

November 13, 2015

COMMUNITY MENTAL HEALTH CENTERS MANUAL TRANSMITTAL NO. 15-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **COMMUNITY MENTAL HEALTH CENTERS MANUAL**, Chapter III,
Provider-Specific Policies, pages 22 and 23, revised.

Summary

The **COMMUNITY MENTAL HEALTH CENTERS 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 **COMMUNITY MENTAL HEALTH CENTERS MANUAL**:

<u>Page</u>	<u>Date</u>
Chapter III 22, 23	May 1, 2014

Additional Information

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

<http://dhs.iowa.gov/sites/default/files/CMHC.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-452
Employees' Manual, Title 8
Medicaid Appendix

July 22, 2016

COMMUNITY MENTAL HEALTH CENTERS MANUAL TRANSMITTAL NO. 16-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **COMMUNITY MENTAL HEALTH CENTERS MANUAL**, Chapter III,
Provider-Specific Policies, pages 20 through 23, revised.

Summary

The **COMMUNITY MENTAL HEALTH CENTERS 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 **COMMUNITY MENTAL HEALTH CENTERS MANUAL**:

<u>Page</u>	<u>Date</u>
Chapter III	
20, 21	May 1, 2014
22, 23	October 1, 2015

Additional Information

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