

October 5, 1992

PARAMAX
A Unisys Company

For Human Services Use Only

General Letter No. 8-A-AP(II)-438

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

FAMILY PLANNING SERVICES MANUAL TRANSMITTAL NO. 92-1

Subject: Family Planning Services, Table of Contents, page 4, revised, and page 5, new; Chapter E, "Coverage and Limitations," page 1, revised, pages 2 through 12, new; Chapter F, "Billing and Payment," pages 1 through 16, revised, and pages 17 through 19, new.

The manual implements the 1992 General Assembly mandate to establish a fee schedule for clinics and adds Medicaid policies on sterilization.

The changes in Chapter F reflect the claim completion instructions for the newly revised HCFA-1500 claim form.

Date Effective

October 1, 1992

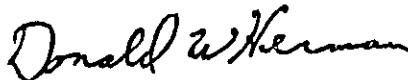
Material Superseded

Family Planning Services Manual, Table of Contents, page 4, dated July 1, 1986; Chapter E, page 1, dated January 1, 1988; Chapter F, pages 1 through 7, 9, 9a, 9b, and 9c, dated July 1, 1986; page 8, dated January 1, 1988, and pages 10 through 16, dated October 1, 1979, shall be removed from the manual and destroyed.

Additional Information

If any portion of this material is not clear, please direct your inquiries to PARAMAX 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

March 1, 1993

PARAMAX

A Unisys Company

For Human Services Use Only

General Letter No. VIII-A-AP(II)-463

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

FAMILY PLANNING SERVICES MANUAL TRANSMITTAL NO. 93-1

Subject: Family Planning Services, Chapter E, "Coverage and
Limitations," page 6, revised.

This material adds a reimbursement code for cervical caps.

Date Effective

December 1, 1992

Material Superseded

Family Planning Services Manual, Chapter E, page 6, dated October
1, 1992, should be removed from the manual and destroyed.

Additional Information

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

DEPARTMENT OF HUMAN SERVICES
Charles M. Palmer, Director

Donald W. Herman

Donald W. Herman, Administrator
DIVISION OF MEDICAL SERVICES

April 23, 1993

PARAMAX
A Unisys Company

For Human Services Use Only

General Letter No. VIII-A-AP(II)-470

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

FAMILY PLANNING SERVICES MANUAL TRANSMITTAL NO. 93-2

Subject: Family Planning Services, Chapter E, "Coverage and
Limitations," page 6, revised.

This revision adds coverage for Depo-provera as a family planning
service.

Date Effective

Immediately

Material Superseded

Family Planning Services Manual, Chapter E, page 6, dated December
1, 1992, should be removed from the manual and destroyed.

Additional Information

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

DEPARTMENT OF HUMAN SERVICES
Charles M. Palmer, Director

Donald W. Herman

Donald W. Herman, Administrator
DIVISION OF MEDICAL SERVICES

September 20, 1993

For Human Services Use Only

General Letter No. VIII-A-AP(II)-489

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

FAMILY PLANNING SERVICES MANUAL TRANSMITTAL NO. 93-3

Subject: Family Planning Services, Table of Contents, page 4,
revised; Chapter E, "Coverage and Limitations," pages 6
and 7, revised.

This material adds reimbursement codes for diagnostic ultrasound
and Nickerson test for yeast.

Date Effective

July 1, 1993

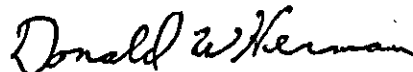
Material Superseded

Family Planning Services Manual, Chapter E, page 6, dated April 1,
1993, and page 7, dated October 1, 1992, should be removed from the
manual and destroyed.

Additional Information

If any portion of this material 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

UNISYS

January 3, 1994

For Human Services Use Only

General Letter No. VIII-A-AP(II)-499

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

FAMILY PLANNING SERVICES MANUAL TRANSMITTAL NO. 93-4

Subject: Family Planning Services, Chapter E, "Coverage and
Limitations," pages 7 and 8, revised.

This revision adds a reimbursement code for the intradermal
tuberculosis test.

Date Effective

December 1, 1993

Material Superseded

Remove from the Family Planning Services Manual and destroy,
Chapter E, page 7, dated July 1, 1993; and page 8, dated October
1, 1992.

Additional Information

If any portion of this material 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

Donald W. Herman, Administrator
DIVISION OF MEDICAL SERVICES

UNISYS

February 23, 1995

For Human Services Use Only

General Letter No. 8-A-AP(II)-547

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

FAMILY PLANNING SERVICES MANUAL TRANSMITTAL NO. 95-1

Subject: Family Planning Services Manual, Chapter E, "Coverage and Limitations," pages 9 and 10, revised.

This revision adds a modifier of GN when a preventive medicine code is used to allow the code to pay. All preventive medicine claims for patients aged 20 or under must include a modifier code. Counsel patients aged 20 or under receiving preventive services, that this service does not replace a complete EPSDT "Care for Kids" screen, and that they should obtain the screen.

Date Effective

February 1, 1995

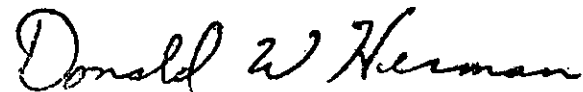
Material Superseded

Remove from Family Planning Services Manual, Chapter E, pages 9 and 10, dated October 1, 1992, and destroy them.

Additional Information

If any portion of this material 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

UNISYS

May 3, 1995

For Human Services Use Only

General Letter No. 8-A-AP(II)-551

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

FAMILY PLANNING SERVICES MANUAL TRANSMITTAL NO. 95-2

Subject: Family Planning Services Manual, Table of Contents, page 4, revised; Chapter E, "Coverage and Limitations," page 11, revised; and page 13 new.

A Spanish translation of form XIX(PHY-3), the consent form for sterilization, is included in the manual. This form is not available from Unisys. Photocopy supplies as needed from the copy in the manual.

Date Effective

April 1, 1995

Material Superseded

Remove from the Family Planning Services Manual, Table of Contents, page 3, dated July 1, 1993, and page 4, dated October 1, 1992; Chapter E, page 11, dated October 1, 1992, and destroy them.

Additional Information

If any portion of this material 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

UNISYS

April 5, 1996

For Human Services Use Only

General Letter No. 8-A-Ap(II)-592

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

FAMILY PLANNING SERVICES MANUAL TRANSMITTAL NO. 96-1

Subject: *Family Planning Services Manual*, Chapter E, *Coverage and Limitations*, page 7, revised.

The HCPC code for the Koh test, 87220, is added to the manual.

Date Effective

April 1, 1996

Material Superseded

Remove from *Family Planning Services Manual*, and destroy.

Page

Date

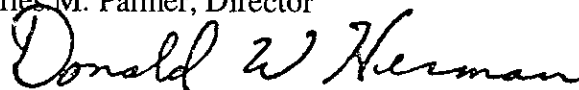
7

December 1, 1993

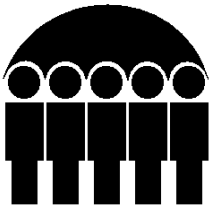
Additional Information

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-53

Employees' Manual, Title 8
Medicaid Appendix

April 3, 1998

FAMILY PLANNING SERVICES MANUAL TRANSMITTAL NO. 98-1

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

SUBJECT: *Family Planning Services Manual*, Table of Contents (page 4), revised;
Chapter E, *Coverage and Limitations*, pages 11 and 12, revised; pages 13 and
14, new; and Chapter F, *Billing and Payment*, pages 1 through 17, revised.

Chapter E is revised to add the HCPCS codes for the Hepatitis B immunization and to update the sterilization consent forms.

Chapter F is revised to update billing and payment instructions.

Date Effective

April 1, 1998

Material Superseded

Remove the following pages from *Family Planning Services Manual* and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 4)	April 1, 1995
Chapter E	
11	April 1, 1995
12	1/87
Chapter F	
1	October 1, 1992
2	Undated
3, 4	12/90
5-13	October 1, 1992
14	Undated
15	09/04/92
16	09/11/92
17	09/18/92
18, 19	October 1, 1992

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.



March 3, 2006

FAMILY PLANNING SERVICES MANUAL TRANSMITTAL NO. 06-1

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

SUBJECT: **Family Planning Services Manual**, Title Page, revised; Chapter III, *Provider-Specific Policies*, Title Page, new; Table of Contents (pages 1 and 2), new; pages 1 through 54, new; and the following forms:

- 470-0835 *Consent for Sterilization*, revised
- 470-0835S *Consent for Sterilization (Spanish)*, revised
- CMS-1500 *Claim Form*, revised
- Remittance Advice*, unchanged

Summary

Chapters on coverage and limitations and on billing and payment for family planning services are combined and revised to reflect the implementation of the Iowa Medicaid Enterprise and the reorganization of the Medicaid "All Providers" manual chapters.

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 the chapters quicker to load on line and easier to read and update.

Instructions for determining eligibility for coverage under the Iowa Family Planning Network (IFPN) are also included. Designated family planning agencies and clinics can process Medicaid applications for women under the IFPN coverage group.

Date Effective

February 1, 2006

Material Superseded

Remove the entire Chapter E and Chapter F from **Family Planning Services Manual** and destroy them. This includes the following:

<u>Page</u>	<u>Date</u>	<u>_____</u>
Title Page		Undated
Contents (p. 4)		April 1, 1998
Chapter E		
1-5	October	1, 1992
6		July 1, 1993
7		April 1, 1996
8		December 1, 1993
9, 10		February 1, 1995
11, 12		April 1, 1998
13 (470-0835)		1/87
14 (470-0835S)		7/97

Chapter F

1-8	April 1, 1998
9, 10 (HCFA-1500)	Undated
11, 12	April 1, 1998
13 (Remittance Advice)	Undated
15-17	April 1, 1998

Additional Information

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

www.ime.state.ia.us/providers

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 Unit.



Medicaid Enterprise
Department of Human Services

For Human Services use only:
General Letter No. 8-AP-269
Employees' Manual, Title 8
Medicaid Appendix

March 30, 2007

FAMILY PLANNING SERVICES MANUAL TRANSMITTAL NO. 07-1

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

SUBJECT: *Family Planning Services Manual*, Chapter III, *Provider-Specific Policies*, page 19, revised.

Summary

This chapter is revised to update the 200% income limits chart for the Iowa Family Planning Network due to an increase in the the federal poverty levels for 2007.

Date Effective

April 1, 2007

Material Superseded

Remove from *Family Planning Services Manual*, Chapter III, *Provider-Specific Policies*, page 19, and destroy it.

Additional Information

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

www.ime.state.ia.us/providers

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 Unit.



Medicaid Enterprise
Department of Human Services

For Human Services use only:
General Letter No. 8-AP-312
Employees' Manual, Title 8
Medicaid Appendix

November 12, 2010

FAMILY PLANNING SERVICES MANUAL TRANSMITTAL NO. 10-1

ISSUED BY: Bureau of Financial, Health and Work Supports,
Division of Adult, Children and Family Services

SUBJECT: *Family Planning Services Manual*, Table of Contents (page 1), new; Chapter III, *Provider-Specific Policies*, Table of Contents (pages 1 and 2), revised; pages 4 and 13 through 54, revised; pages 55 through 81, new; and the following forms:

RC-0033	<i>Desk Aid</i> , new
470-4314	<i>Election of Iowa Family Planning Network</i> , new
470-4073	<i>Iowa Family Planning Network Worksheet</i> , new
470-4071	<i>Family Planning Medicaid Review</i> , new
CMS-1500	<i>Health Insurance Claim Form</i> , revised
	<i>Remittance Advice</i> , revised
	<i>Medicare Part B Crossover Remittance Advice</i> , new

Summary

This chapter is revised to:

- ◆ Provide that Medicaid sterilization consent forms from another state can be used as long as they meet Iowa requirements.
- ◆ Add information to the Iowa Family Planning Network (IFPN) section on the "grace period" policy that allows an applicant's eligibility to be determined without a new application if the applicant provides the missing information or proof within 14 days of cancellation.
- ◆ Clarify that women eligible for Medically Needy coverage with a spenddown or eligible for a Medicare Savings Program may also be eligible for IFPN benefits.
- ◆ Update the list of IFPN agencies.
- ◆ Add samples of the forms used to determine and document IFPN eligibility.
- ◆ Clarify that IFPN may be certified for less than 12 months if a woman will meet the age limit before 12 months or the woman's alien status and age requires a shorter certification period.
- ◆ Update the IFPN income limits chart to 200% of the federal poverty level for 2010.
- ◆ Add information about countable income and methods of projecting income for IFPN eligibility determination and correct income examples.
- ◆ Add detailed information about acceptable documentation of citizenship and identity.
- ◆ Update the chart of income needed for an alien to earn a qualifying quarter.

- ◆ Update the chart of acceptable documentation of alien status.
- ◆ Add lists of the service and diagnosis codes that may be covered under IFPN.
- ◆ Update the sample and instructions for the CMS-1500, *Health Insurance Claim Form*.
- ◆ Update the sample and instructions for the *Remittance Advice* used for most CMS-1500 claims and add a sample and instructions for the *Remittance Advice* issued for Medicare Part B crossover claims.

Date Effective

May 1, 2010

Material Superseded

This material replaces the following pages in the ***FAMILY PLANNING SERVICES MANUAL***:

<u>Page</u>	<u>Date</u>
Chapter III	
Contents (pp. 1 and 2)	February 1, 2006
4	February 1, 2006
13-54	October 1, 2007
CMS-1500	8/88
Remittance Advice	6/12/97



Additional Information

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

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 Unit.



Medicaid Enterprise
Department of Human Services

For Human Services use only:
General Letter No. 8-AP-321
Employees' Manual, Title 8
Medicaid Appendix

April 8, 2011

FAMILY PLANNING SERVICES MANUAL TRANSMITTAL NO. 11-1

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

SUBJECT: **Family Planning Services Manual**, Chapter III, *Provider-Specific Policies*, page 22, revised; and RC-0033, *Desk Aid*, revised.

Summary

This chapter is revised to:

- ◆ Update the family planning income limits.
- ◆ Update the *Desk Aid*, RC-0033, to:
 - Reflect the 2011 federal poverty guidelines.
 - Increase the resource limits for QMB, SLMB, and E-SLMB.

Date Effective

April 1, 2011

Material Superseded

This material replaces the following page in the **FAMILY PLANNING SERVICES MANUAL**:

<u>Page</u>	<u>Date</u>
Chapter III	
RC-0033	1/11
22	May 1, 2010

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.



Medicaid Enterprise
Department of Human Services

For Human Services use only:
General Letter No. 8-AP-322
Employees' Manual, Title 8
Medicaid Appendix

May 13, 2011

FAMILY PLANNING SERVICES MANUAL TRANSMITTAL NO. 11-2

ISSUED BY: Division of Adult, Children and Family Services
Iowa Department of Human Services

SUBJECT: **Family Planning Services Manual**, Chapter III, *Provider-Specific Policies*, pages 31, 32, 33, 43 through 48, and 49, revised; and pages 48a and 48b, new.

Summary

This chapter is revised to incorporate eligibility changes from Public Law 111-3, Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). The changes broadened the definition of "lawfully residing" alien children under the age of 21 who are eligible for Medicaid benefits. If you become aware of a child who was adversely affected by the more narrow definition, restore IFPN eligibility.

Date Effective

The CHIPRA changes are effective retroactively to July 1, 2009.

Material Superseded

This material replaces the following page in the **Family Planning Services Manual**:

<u>Page</u>	<u>Date</u>
Chapter III 31-33, 43-49	May 1, 2010

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-330
Employees' Manual, Title 8
Medicaid Appendix

February 24, 2012

FAMILY PLANNING SERVICES MANUAL TRANSMITTAL NO. 12-1

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: **FAMILY PLANNING SERVICES MANUAL**, Title Page, revised; Table of Contents (page 1), revised; Chapter III, **Provider-Specific Policies**, Title Page, revised; Table of Contents (pages 1 and 2), revised; pages 1 through 81, revised; and pages 82 through 91, new.

Summary

This chapter is revised to:

- ◆ Implement a mandate from 2010 Iowa Acts, chapter 1192 (House File 2526) to expand Iowa Family Planning Network (IFPN) waiver to cover the following:
 - Persons that are underinsured or have health insurance coverage that does not include coverage for benefits provided under IFPN.
 - Persons that are at least 12 and under 55 years of age.
 - Persons that have income up to 300% of the federal poverty level.
 - Men who meet the IFPN income, age, and insurance coverage requirements.
- ◆ Update the 300% income limits chart for the Iowa Family Planning Network due to an increase in the federal poverty levels for 2012.
- ◆ Add a new process for verifying citizenship and identity through an automated Security Validation Enumerations System (SVES) match with the Social Security Administration. This new process:
 - Offers an alternative verification method which supplements but does not replace the current acceptable forms of documentation.
 - Adds system-generated forms and system calculations of the 90-day reasonable opportunity period.
 - Provides methods for handling SVES matches that are either "consistent" or "inconsistent" as well as situations when no match can be made with the Social Security Administration.
- ◆ Add confirmation of citizenship made via an SVES automated data match as a primary (level 1) form of citizenship and identity documentation.

- ◆ Implement policies from the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3, and guidance from the Centers of Medicare and Medicaid Services (CMS). These policies state that Medicaid shall be approved for otherwise eligible persons during a 90-day “reasonable opportunity period” for supplying proof of citizenship and identity. Conditions include the following:
 - Medicaid shall be approved for otherwise eligible persons during the reasonable opportunity period.
 - The reasonable opportunity period begins when a written request for proof of citizenship and identity is issued and continues for 90 days.
 - A person shall be allowed to receive Medicaid benefits during only one 90-day reasonable opportunity period.
 - Medicaid shall not be approved for a person who has already received benefits during a reasonable opportunity period until proof of citizenship and identity is provided.

Date Effective

Effective **immediately**, apply the reasonable opportunity period when processing applications.

The federal poverty level increases are effective April 1, 2012.

Material Superseded

This material replaces the following pages in the *Family Planning Services Manual*:

<u>Page</u>	<u>Date</u>
Title page	Undated
Contents (page 1)	May 1, 2010
Chapter III	
Title page	Undated
Contents (pages 1 and 2)	May 1, 2010
1-3	February 1, 2006
4	May 1, 2010
5-12	February 1, 2006
13-21	May 1, 2010
22	April 1, 2011
23-30	May 1, 2010
31-33	May 1, 2011
34-42	May 1, 2010
43-48, 48a, 48b, 49	May 1, 2011
50-81	May 1, 2010

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-342

Employees' Manual, Title 8
Medicaid Appendix

September 21, 2012

FAMILY PLANNING SERVICES MANUAL TRANSMITTAL NO. 12-2

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **FAMILY PLANNING SERVICES MANUAL**, Chapter III, *Provider-Specific Policies*, Contents (page 1), revised; and pages 1 through 5, revised.

Summary

The Family Planning Services Manual is revised to:

- ◆ Update the manual and
- ◆ Reflect the change that the Iowa Family Planning Network Waiver is a separate manual.

Date Effective

Upon receipt.

Material Superseded

This material replaces the following pages from Chapter III of the **Family Planning Services Manual**:

<u>Page</u>	<u>Date</u>
Contents (pages 1 and 2)	January 1, 2012
Chapter III	
1-16	January 1, 2012
RC-0033	4/11
470-4314	3/06
17-20	January 1, 2012
21	April 1, 2012
22	January 1, 2012
470-4073	6/05
23-70	January 1, 2012
470-4071	12/07

71-86	January 1, 2012
Remittance Advice	Undated
87, 88	January 1, 2012
Medicare Part B Crossover	Undated
Remittance Advice	
89-91	January 1, 2012

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-368

Employees' Manual, Title 8
Medicaid Appendix

April 25, 2014

FAMILY PLANNING SERVICES MANUAL TRANSMITTAL NO. 14-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **FAMILY PLANNING SERVICES MANUAL**, Table of Contents (page 1), revised; Chapter III, *Provider-Specific Policies*, Title page, revised; Contents (page 1), revised; pages 1 through 5, revised; and pages 6 through 10, new.

Summary

The **FAMILY PLANNING SERVICES MANUAL** is revised to:

- ◆ Align with current policies, procedures, and terminology.
- ◆ Ensure that current contact information is provided.

Date Effective

Upon receipt.

Material Superseded

This material replaces the following pages from the **FAMILY PLANNING SERVICES MANUAL**:

<u>Page</u>	<u>Date</u>
Contents (page 1)	January 1, 2012
Chapter III	
Title page	Undated
Contents (page 1)	July 1, 2012
1-4	July 1, 2012
CMS-1500	8/05
5	July 1, 2012

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/famplan.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-415
Employees' Manual, Title 8
Medicaid Appendix

July 24, 2015

FAMILY PLANNING SERVICES MANUAL TRANSMITTAL NO. 15-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **FAMILY PLANNING SERVICES MANUAL**, Chapter III, *Provider-Specific Policies*, Contents (page 1), revised; and pages 1 through 5, 9, and 10, revised.

Summary

The **FAMILY PLANNING SERVICES MANUAL** is revised to:

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

Date Effective

Immediately.

Material Superseded

This material replaces the following pages from the **FAMILY PLANNING SERVICES MANUAL**:

<u>Page</u>	<u>Date</u>
Chapter III	
Contents (page 1)	April 1, 2014
1-5, 9, 10	April 1, 2014

Additional Information

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

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