

Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-164
Employees' Manual, Title 8
Medicaid Appendix

February 23, 2001

INFANT AND TODDLER PROGRAM MANUAL TRANSMITTAL NO. 01-1

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

SUBJECT: *Infant and Toddler Program Manual*, Title page, new; Table of Contents (pages 1 through 6), new; Chapter A, *Description of Manual*, page 1, new; Chapter B, *General Information About the Program*, pages 1 through 55, new; Chapter C, *Recipient Eligibility*, pages 1 through 60, new; Chapter D, *General Program Policies*, pages 1 through 14, new; Chapter E, *Coverage and Limitations*, pages 1 through 36, new; Chapter F, *Billing and Payment*, pages 1 through 24, new, and *Appendix*, pages 1 through 14, new.

This letter transmits new manual for Medicaid coverage of services provided by infant and toddler programs.

Date Effective

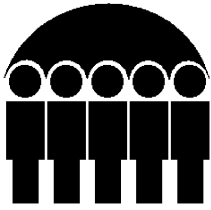
March 1, 2001

Material Superseded

None

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-187
Employees' Manual, Title 8
Medicaid Appendix

July 31, 2002

INFANT AND TODDLER PROGRAM MANUAL TRANSMITTAL NO. 02-1

ISSUED BY: Iowa Department of Human Services

SUBJECT: *Infant and Toddler Program Manual*, Table of Contents, pages 4 and 5, revised; Chapter E, *Coverage and Limitations*, pages 1, 7 through 10, 11 through 14, 17, 18, 21, 23, 25, 27, 30, 31, and 34, revised; pages 10a, 10b, and 30a, new.

This letter transmits revised manual for Medicaid coverage of services provided by infant and toddler programs. Changes include clarification of providers of developmental and service coordination services, a description of family training, and correction of typographical errors.

Date Effective

Upon receipt.

Material Superseded

Remove the following pages from *Infant and Toddler Program Manual* and destroy them:

| <u>Page</u> | <u>Date</u> |
|------------------------------------------------|---------------|
| Table of Contents (pages 4-5) | March 1, 2001 |
| Chapter E | |
| 1, 7-14, 17, 18, 21, 23, 25, 27, 30, 31, 34 | March 1, 2001 |

Additional Information

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

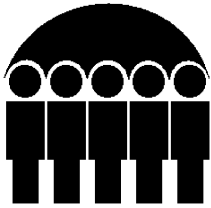
www.dhs.state.ia.us/policyanalysis

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

For Human Services use only:
General Letter No. 8-AP-218
Employees' Manual, Title 8
Medicaid Appendix

August 1, 2003

INFANT AND TODDLER PROGRAM MANUAL TRANSMITTAL NO. 03-1

ISSUED BY: Bureau of Long-Term Care, Iowa Department of Human Services

SUBJECT: *INFANT AND TODDLER PROGRAM MANUAL*, Chapter E, *Coverage and Limitations*, pages 33 through 36, revised; and pages 37 and 38, new; Chapter F, *Billing and Payment*, pages 4, 8, 18, 19, and 21, revised; and page 10a, new.

Summary

Chapter E is updated to include a section addressing administrative simplification, as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Administrative simplification includes use of standard code sets, such as CPT codes, and elimination of local codes for Medicaid services.

This release replaces the local codes with national codes. The crosswalk from old to new codes can be found at www.dhshipaa.iowa.gov/hipaa. Both codes can be used until September 30, 2003.

Contracted services will be indicated with a TL modifier.

Chapter F is revised to:

- ◆ Change the name of the fiscal agent from Consultec to ACS.
- ◆ Add instructions for form 470-3969, *Claim Attachment Control*, used to submit paper attachments for an electronic claim.

Date Effective

July 1, 2003

Material Superseded

Remove the following pages from *INFANT AND TODDLER PROGRAM MANUAL* and destroy them:

| <u>Page</u> | <u>Date</u> |
|------------------|---------------|
| Chapter E | |
| 33 | March 1, 2001 |
| 34 | July 1, 2002 |
| 35, 36 | March 1, 2001 |

Chapter F

4, 8, 18

March 1, 2001

19 (470-3744)

4/00

21 (470-0040)

4/00

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

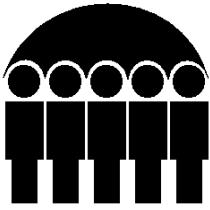
Manual Transmittal Requests

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

For Human Services use only:

General Letter No. 8-AP-241
Employees' Manual, Title 8
Medicaid Appendix

January 6, 2003

INFANT AND TODDLER PROGRAM MANUAL TRANSMITTAL NO. 04-1

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

SUBJECT: ***INFANT AND TODDLER PROGRAM MANUAL***, Chapter E, *Coverage and Limitations*, pages 2, 4, 7, 9, 11, 14, 15, 18, 21, 23, 25, 26, 28, 31 through 34, and 38, revised.

Summary

This release implements policy guidance on the services that are covered by the Medicaid program. The federal Centers for Medicare and Medicaid Services (CMS) has clarified that payment for services under Medicaid is available only with the establishment of the IFSP, that is, **only** after the IFSP has been developed. Therefore, Medicaid does not cover initial evaluations, reevaluations, and IFSP development. These services have been determined by CMS to be educational services.

“Before special education and related services are provided, an initial evaluation must be conducted by the state educational agency, another state agency of LEA in order to determine whether a child has a disability, and their special/specific educational needs. A reevaluation would be a determination as to whether the child continues to be disabled, and regarding the continuing educational needs of the child. Schools are conducting the activities listed above or the purpose of fulfilling education-related mandates under the IDEA; as such, the costs of these activities are not allowable as costs under the Medicaid program.”

“In accordance with the IDEA statute, schools conduct child find activities to identify children with disabilities who need special education and related services. Regardless of whether the child find activities result in finding eligible children for who an IEP/IFSP is developed the child find costs are not allowed under Medicaid.”

Medicaid School-Based Administrative Claiming Guide May 2003.

This release also:

- ◆ Eliminates code 97116, occupational therapy gait training, to comply with scope of practice.
- ◆ Replaces code 97533 for orientation and mobility with code 97139. Both codes will be processed through March 31, 2004.

Date Effective

October 1, 2003

Material Superseded

Remove the following pages from *INFANT AND TODDLER PROGRAM MANUAL* and destroy them:

| <u>Page</u> | <u>Date</u> |
|------------------|---------------|
| Chapter E | |
| 2, 4 | March 1, 2001 |
| 7, 9, 11, 14 | July 1, 2002 |
| 15 | March 1, 2001 |
| 18, 21, 23, 25 | July 1, 2002 |
| 26, 28 | March 1, 2001 |
| 31 | July 1, 2002 |
| 32 | March 1, 2001 |
| 33, 34, 38 | July 1, 2003 |

Additional Information

Note that the DHS HIPAA web site has moved to **www.dhs.ia.us/hipaa**.

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

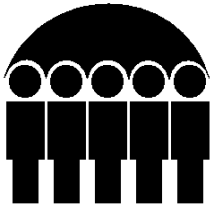
www.dhs.state.ia.us/policyanalysis

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

For Human Services use only:

General Letter No. 8-AP-254
Employees' Manual, Title 8
Medicaid Appendix

September 24, 2004

INFANT AND TODDLER PROGRAM MANUAL TRANSMITTAL NO. 04-2

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

SUBJECT: *INFANT AND TODDLER PROGRAM MANUAL*, Chapter E, *Coverage and Limitations*, pages 3, 4, 7, 9, 10b, 11, 14, 15, 18, 21, 22, 23, 25, 28, 31 and 32, revised.

Summary

This release:

- ◆ Implements policy guidance on the audiological, developmental, family training, nursing, occupational therapy, physical therapy, psychological, speech-language, social work, and vision services that are covered by the Medicaid program.

The Centers for Medicare and Medicaid Services (CMS) has clarified that payment for services under Medicaid is available after the individual family service plan (IFSP) has been developed. Assessments that are linked to a service in the IFSP can be covered.

- ◆ Clarifies coverage of service coordination.

Date Effective

July 1, 2004

Material Superseded

Remove the following pages from *INFANT AND TODDLER PROGRAM MANUAL* and destroy them:

| <u>Page</u> | <u>Date</u> |
|--------------------|-----------------|
| Chapter E | |
| 3 | March 1, 2001 |
| 4, 7, 9 | October 1, 2003 |
| 10b | July 1, 2002 |
| 11, 14 | October 1, 2003 |
| 15 | July 1, 2002 |
| 18 | October 1, 2003 |
| 21 | July 1, 2002 |
| 22 | March 1, 2001 |
| 23, 25, 28, 31, 32 | October 1, 2003 |

Additional Information

Note that the DHS HIPAA web site has moved to **www.dhs.ia.us/hipaa**.

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.



Medicaid Enterprise
Department of Human Services

For Human Services use only:
General Letter No. 8-AP-270
Employees' Manual, Title 8
Medicaid Appendix

April 13, 2007

INFANT AND TODDLER PROGRAM MANUAL TRANSMITTAL NO. 07-1

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

SUBJECT: **Infant and Toddler Program Manual**, Title Page, revised; Chapter III, *Provider-Specific Policies*, Title Page, new; Table of Contents, pages 1, 2, and 3, new; pages 1 through 52, new; and the following forms:

- CMS-1500 *Claim Form*, revised
- 470-3969 *Claim Attachment Control*, revised
- Remittance Advice*, unchanged
- 470-3816 *Medicaid Billing Remittance*, revised

Summary

Chapters on coverage and limitations and on billing and payment for infant and toddler 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.

This release transmits a revised code for psychological services and transmits the reissued Medical Billing Remittance. It also reflects a change in the frequency of face-to-face contacts.

Date Effective

April 1, 2007

Material Superseded

Remove the entire Chapter E and Chapter F from the **Infant and Toddler Program Manual** and destroy them. This includes the following:

| <u>Page</u> | <u>Date</u> |
|---------------------|--------------|
| Title Page | Undated |
| Contents (pp. 4, 5) | July 1, 2002 |
| Contents (p. 6) | July 1, 2003 |

Chapter E

| | |
|---------|-----------------|
| 1 | July 1, 2002 |
| 2 | October 1, 2003 |
| 3, 4 | July 1, 2004 |
| 5, 6 | March 1, 2001 |
| 7 | July 1, 2004 |
| 8 | July 1, 2002 |
| 9 | July 1, 2004 |
| 10, 10a | July 1, 2002 |
| 10b, 11 | July 1, 2004 |
| 12, 13 | July 1, 2002 |
| 14, 15 | July 1, 2004 |
| 16 | March 1, 2001 |
| 17 | July 1, 2002 |
| 18 | July 1, 2004 |
| 19, 20 | March 1, 2001 |
| 21-23 | July 1, 2004 |
| 24 | March 1, 2001 |
| 25 | July 1, 2004 |
| 26 | October 1, 2003 |
| 27 | July 1, 2002 |
| 28 | July 1, 2004 |
| 29 | March 1, 2001 |
| 30, 30a | July 1, 2002 |
| 31, 32 | July 1, 2004 |
| 33, 34 | October 1, 2003 |
| 35-37 | July 1, 2003 |
| 38 | October 1, 2003 |

Chapter F

| | |
|------------------------|---------------|
| 1-3 | March 1, 2001 |
| 4 | July 1, 2003 |
| 5-7 | March 1, 2001 |
| 8 | July 1, 2003 |
| 9, 10 (HCFA-1500) | 12/90 |
| 10a (470-3969) | 7/03 |
| 11, 12 | March 1, 2001 |
| 13 (Remittance Advice) | Undated |
| 15-17 | March 1, 2001 |
| 18 | July 1, 2003 |
| 19 (470-3744) | 10/02 |
| 21 (470-0040) | 10/02 |
| 23 | March 1, 2001 |
| 24 (470-3816) | 3/01 |

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-297
Employees' Manual, Title 8
Medicaid Appendix

March 13, 2009

INFANT AND TODDLER PROGRAM MANUAL TRANSMITTAL NO. 09-1

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

SUBJECT: ***Infant and Toddler Program Manual***, Table of Contents, page 1, new; Chapter III, *Provider-Specific Policies*, Table of Contents (pages 1, 2, and 3), revised; pages 1, 2, 3, 12 through 16, and 22 through 52, revised; pages 53 and 54, new; and *Remittance Advice*, revised.

Summary

This release:

- ◆ Clarifies that notes that support each date of service are required.
- ◆ Clarifies that audiometrist services are not covered.
- ◆ Adds nutritional conditions that can be referred to a dietician.
- ◆ Adds the requirement that as of September 1, 2008, speech-language pathologists and audiologists must be licensed by the Iowa Department of Public Health to be covered by Medicaid.
- ◆ Expands the section on service coordination to:
 - Clarify requirements for service coordination in compliance with federal regulations.
 - Caution against billing services related to a direct care service as a service coordination service.
 - Eliminate one of the service coordination codes. All service coordination shall be billed in 15-minute units.
- ◆ Updates instructions for completing the claim form.
- ◆ Updates the *Remittance Advice* sample and explanation.
- ◆ Reorganizes services and procedure codes for them by alphabetical order.

Date Effective

February 1, 2009.

Material Superseded

Remove the following pages from the *Infant and Toddler Program Manual* and destroy them:

| <u>Page</u> | <u>Date</u> |
|---------------------|---------------|
| Contents (pp. 1-3) | April 1, 2007 |
| 1-3, 12-16, 22-48 * | April 1, 2007 |
| Remittance Advice | 6/21/97 |
| 49-52 * | April 1, 2007 |

* Due to renumbering pages to accommodate new material, those filing in printed manuals should refile the form samples as follows:

- ◆ Move form CMS-1500 to follow page 42 instead of page 38.
- ◆ Move form 470-3969 to follow page 50 instead of page 46.
- ◆ Move form 470-3816 to follow page 54 instead of page 52.

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 inquires to Iowa Medicaid Enterprise Provider Services Unit.



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-367
Employees' Manual, Title 8
Medicaid Appendix

April 25, 2014

INFANTS AND TODDLERS PROGRAM MANUAL TRANSMITTAL NO. 14-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **INFANTS AND TODDLERS PROGRAM MANUAL**, Title page, revised; Table of Contents (page 1), revised; Chapter III, *Provider-Specific Policies*, Title page, revised; Table of Contents (pages 1, 2, and 3), revised; and pages 1 through 48, revised.

Summary

The **INFANTS AND TODDLERS PROGRAM MANUAL** is revised to:

- ◆ Move billing and payment information and forms to Chapter IV. *Billing Iowa Medicaid.*
- ◆ Align with current policies, procedures, and terminology.
- ◆ Ensure that current contact information is provided.
- ◆ Replace forms with links to ensure that the most recent version of the form is accessible.

Date Effective

Upon receipt.

Material Superseded

This material replaces the entire **INFANTS AND TODDLERS PROGRAM MANUAL**, which includes the following:

| <u>Page</u> | <u>Date</u> |
|----------------------|------------------|
| Title page | Undated |
| Contents (page 1) | March 13, 2009 |
| Chapter III | |
| Title page | Undated |
| Contents (pages 1-3) | February 1, 2009 |
| 1-3 | February 1, 2009 |
| 4-11 | April 1, 2007 |
| 12-16 | February 1, 2009 |

| | |
|-------------------|------------------|
| 17-21 | April 1, 2007 |
| 22-42 | February 1, 2009 |
| CMS-1500 | 8/05 |
| 43-50 | February 1, 2009 |
| 470-3969 | 7/05 |
| Remittance Advice | 10/19/07 |
| 51-54 | February 1, 2009 |
| 470-3816 | 12/06 |

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/inftodd.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-416
Employees' Manual, Title 8
Medicaid Appendix

July 24, 2015

INFANTS AND TODDLERS PROGRAM MANUAL TRANSMITTAL NO. 15-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **INFANTS AND TODDLERS PROGRAM MANUAL**, Chapter III, *Provider-Specific Policies*, Contents (page 2), revised; and pages 1, 27, 30, 36, 38, 47, and 48, revised.

Summary

The **INFANTS AND TODDLERS PROGRAM 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 **INFANTS AND TODDLERS PROGRAM MANUAL**:

| <u>Page</u> | <u>Date</u> |
|---------------------------|---------------|
| Chapter III | |
| Contents (page 2) | April 1, 2014 |
| 1, 27, 30, 36, 38, 47, 48 | April 1, 2014 |

Additional Information

The updated provider manual containing the revised pages can be found at:
<http://dhs.iowa.gov/sites/default/files/InfTodd.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
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Charles M. Palmer
Director

For Human Services use only:

General Letter No. 8-AP-458

Employees' Manual, Title 8
Medicaid Appendix

February 10, 2017

INFANTS AND TODDLERS PROGRAM MANUAL TRANSMITTAL NO. 17-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **INFANTS AND TODDLERS PROGRAM MANUAL**, Chapter III, *Provider-Specific Policies*, Contents (page 3), revised; and pages 3, 13, 20 through 27, 32, and 39 through 47, revised.

Summary

The **INFANTS AND TODDLERS PROGRAM MANUAL** is revised to align with current policies, procedures, and terminology.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from the **INFANTS AND TODDLERS PROGRAM MANUAL**:

| <u>Page</u> | <u>Date</u> |
|--------------------|---------------|
| Chapter III | |
| Contents (page 3) | April 1, 2014 |
| 3, 13, 20-26 | April 1, 2014 |
| 27 | July 1, 2015 |
| 32, 39-46 | April 1, 2014 |
| 47, 48 | July 1, 2015 |

Additional Information

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

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