

December 15, 1995

For Human Services Use Only

General Letter No. 8-A-AP(II)-577

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

INDEPENDENT LABORATORY SERVICES MANUAL TRANSMITTAL NO. 95-1

Subject: Independent Laboratory Services Manual, Chapter F, Billing and Payment, pages 9 and 10, revised.

This General Letter is revised to add Independent Laboratory POS code 81 to the Place of Service code on Line 24B of the HCFA-1500 Health Insurance Claim Form and to correct spelling errors.

Date Effective

December 1, 1995

Material Superseded

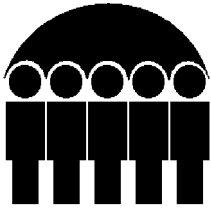
Independent Laboratory Services Manual, Chapter F, pages 9 and 10, dated September 1, 1993, shall be removed from the manual and destroyed.

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-68
Employees' Manual, Title 8
Medicaid Appendix

May 22, 1998

INDEPENDENT LABORATORY SERVICES MANUAL TRANSMITTAL NO. 98-1

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

SUBJECT: *Independent Laboratory Services Manual*, Table of Contents (page 4), revised, and Chapter F, *Billing and Payment*, pages 1 through 17, revised.

Chapter F is revised to update billing and payment instructions.

Date Effective

Upon receipt.

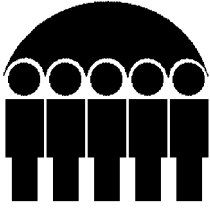
Material Superseded

Remove the following pages from the *Independent Laboratory Services Manual*, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 4)	September 1, 1993
Chapter F	
1	September 1, 1993
2	Undated
3, 4	12/90
5-8	September 1, 1993
9, 10	December 1, 1995
11-13	September 1, 1993
14	Undated
15-17	06/18/93
18, 19	September 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-144

Employees' Manual, Title 8
Medicaid Appendix

June 15, 2000

INDEPENDENT LABORATORY SERVICES MANUAL TRANSMITTAL NO. 00-1

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

SUBJECT: *Independent Laboratory Services Manual*, Table of Contents (page 4), revised; Chapter E, *Coverage and Limitations*, page 1, revised; and Chapter F, *Billing and Payment*, pages 18 through 21, new.

Chapter E is revised to:

- ◆ Include medically necessary services.
- ◆ Clarify the basis of payment.
- ◆ Update the CPT reference.

Forms 470-3744, *Provider Inquiry*, and 470-0040, *Credit/Adjustment Request*, are added to Chapter F for provider convenience.

Date Effective

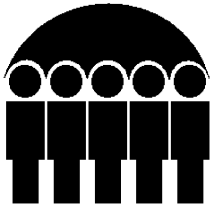
July 1, 2000

Material Superseded

Remove from *Independent Laboratory Services Manual*, Table of Contents (page 4), dated May 1, 1998; and Chapter E, page 1, dated January 1, 1998, and destroy them.

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-230

Employees' Manual, Title 8

Medicaid Appendix

August 26, 2003

INDEPENDENT LABORATORY SERVICES MANUAL TRANSMITTAL NO. 03-1

ISSUED BY: Bureau of Managed Care and Clinical Services

SUBJECT: ***INDEPENDENT LABORATORY SERVICES MANUAL***, Table of Contents, page 4, revised; Chapter E, *Coverage and Limitations*, page 1, revised; Chapter F, *Billing and Payment*, pages 4, 8, 18, 19, and 21, revised; and page 10a, new.

This revision changes the modifiers to standardized HCPCS modifiers in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as follows:

EP Service as the result of a Care for Kids (Early and Periodic Screening. Diagnosis and Treatment) physical
FP Family planning service

Chapter F has been revised to add instructions for form 470-3969, *Claim Attachment Control*, used to submit paper attachments for an electronic claim.

Both chapters have been revised to replace reference to "Consultec" with "ACS."

Date Effective

July 1, 2003

Material Superseded

Remove from ***INDEPENDENT LABORATORY SERVICES MANUAL***, and destroy them.

<u>Page</u>	<u>Date</u>
Table of Contents (page 4)	July 1, 2000
Chapter E	
1	July 1, 2000
Chapter F	
4, 8	May 1, 1998
18	July 1, 2000
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

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

For Human Services use only:

General Letter No. 8-AP-377

Employees' Manual, Title 8
Medicaid Appendix

May 9, 2014

INDEPENDENT LABORATORY MANUAL TRANSMITTAL NO. 14-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **INDEPENDENT LABORATORY MANUAL**, Title page, revised; Table of Contents (page 1), new; Chapter III, *Provider-Specific Policies*, Title page, new; Table of Contents (page 1), new; and pages 1 and 2, new.

Summary

The **INDEPENDENT LABORATORY 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 ***INDEPENDENT LABORATORY MANUAL***, which includes the following:

<u>Page</u>	<u>Date</u>
Title page	Undated
Contents (page 4)	July 1, 2003
Chapter E	
1	July 1, 2003
Chapter F	
1-3	May 1, 1998
4	July 1, 2003
5, 6	May 1, 1998
7, 8	July 1, 2003
9, 10 (HCFA-1500)	12/90
10a (470-3969)	7/03
11, 12	May 1, 1998
13 (Remittance Advice)	6/12/97
15-17	May 1, 1998
18	July 1, 2003
19 (470-3744)	10/02
21 (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/lab.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.

For Human Services use only:

General Letter No. 8-AP-499
Employees' Manual, Title 8
Medicaid Appendix

November 12, 2021

**INDEPENDENT LABORATORY MANUAL
TRANSMITTAL NO. 21-1**

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **Independent Laboratory**, Chapter III., **Provider-Specific Policies**, Title Page, Contents Page i, Title Page 2, Contents Page 1, pages 1-2, revised.

Summary

The Independent Laboratory manual is revised to:

- ◆ Update references to ICD9 diagnostic, changing them to ICD10
- ◆ Update language, style, and formatting throughout.

Date Effective

Immediately.

Material Superseded

This material replaces the following pages from the **Independent Laboratory** manual:

<u>Page</u>	<u>Date</u>
Chapter III	
Title Page	
Contents Page i	May 1, 2014
Title Page 2	
Contents Page 1	May 1, 2014
1-2	May 1, 2014

Additional Information

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

<http://dhs.iowa.gov/sites/default/files/Lab.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 improviderservices@dhs.state.ia.us.