

Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-46
Employees' Manual, Title 8
Medicaid Appendix

March 23, 1998

LEAD INVESTIGATION AGENCY MANUAL TRANSMITTAL NO. 98-1

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

SUBJECT: *Lead Investigation Agency Manual*, Title Page, new; Table of Contents, page 4, new; Chapter E, *Coverage and Limitations*, pages 1 through 3, new; and Chapter F, *Billing and Payment*, pages 1 through 17, new.

This letter transmits the manual for coverage of lead investigation agencies.

Date Effective

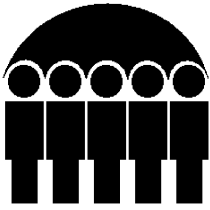
September 1, 1997

Material Superseded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-185
Employees' Manual, Title 8
Medicaid Appendix

April 26, 2002

LEAD INVESTIGATION AGENCY MANUAL TRANSMITTAL NO. 02-1

ISSUED BY: Bureau of Long-Term Care

SUBJECT: **LEAD INVESTIGATION AGENCY 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.

Summary

This letter transmits revisions to:

- ◆ Correct a cross reference to Iowa Department of Public Health rules.
- ◆ Add two forms to provide for an inquiry process for denied claims or if claim payment was not in the amount expected:
 - Complete form 470-3744, *Provider Inquiry*, if you wish to inquire about a denied claim or if claim payment was not as expected.
 - Complete form 470-0040, *Credit/Adjustment Request*, to notify Consultec that a paid claim amount needs to be changed, funds need to be credited back, or an entire *Remittance Advice* should be canceled.

Date Effective

Upon receipt.

Material Superseded

Remove from *Lead Investigation Agency Manual*, Table of Contents (page 4) and Chapter E, page 1, dated September 1, 1997, and destroy them.

Additional Information

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

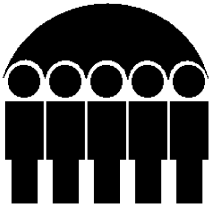
www.dhs.state.ia.us/policyanalysis

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 ACS/Consultec, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-201

Employees' Manual, Title 8

Medicaid Appendix

January 28, 2003

LEAD INVESTIGATION AGENCY MANUAL TRANSMITTAL NO. 03-1

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

SUBJECT: *LEAD INVESTIGATION AGENCY MANUAL*, Chapter E, *Coverage and Limitations*, page 3, revised; Chapter F, *Billing and Payment*, pages 4, 18, 19, and 21, revised.

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 eliminates the local code for lead investigation. Both the new code, T1029, and the old code, W1450, will be processed through August 31, 2003.

Chapter F is revised to change the name of the fiscal agent from Consultec to ACS.

Date Effective

March 1, 2003

Material Superseded

Remove the following pages from *LEAD INVESTIGATION AGENCY MANUAL* and destroy them:

<u>Page</u>	<u>Date</u>
Chapter E	
3	September 1, 1997
Chapter F	
4	September 1, 1997
18	February 1, 2002
19, 21	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.



June 2, 2006

LEAD INVESTIGATION AGENCY MANUAL TRANSMITTAL NO. 06-1

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

SUBJECT: **Lead Investigation Agency Manual**, Title Page, revised; Chapter III, *Provider-Specific Policies*, Title Page, new; Table of Contents, page 1, new; pages 1 through 13, new; and the following forms:

CMS-1500 *Claim Form*, new
Remittance Advice, unchanged

Summary

Chapters on coverage and limitations and on billing and payment for lead investigation agencies 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.

Chapter III is updated to add the Iowa Department of Public Health as a provider and clarify the date to be used as the date of service for the Medicaid program.

Date Effective

July 1, 2006

Material Superseded

Remove the entire Chapter E and Chapter F from **Lead Investigation Agency Manual** and destroy them. This includes the following:

<u>Page</u>	<u>Date</u>
Title Page	Undated
Contents (p. 4)	February 1, 2002
Chapter E	
1	February 1, 2002
2	September 1, 1997
3	March 1, 2003
Chapter F	
1-3	September 1, 1997
4	March 1, 2003
5-8	September 1, 1997
9, 10 (HCFA-1500)	Undated

11, 12	September 1, 1997
13 (Remittance Advice)	Undated
15-17	September 1, 1997
18	March 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:

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-272
Employees' Manual, Title 8
Medicaid Appendix

May 11, 2007

LEAD INVESTIGATION AGENCY MANUAL TRANSMITTAL NO. 07-1

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

SUBJECT: *Lead Investigation Agency Manual*, Chapter III, *Provider-Specific Policies*, Table of Contents (page 1), revised; pages 3 through 13, revised; pages 14, 15, and 16, new; and CMS-1500, *Health Insurance Claim Form*, revised.

Summary

This letter transmits a revised CMS-1500 claim form sample and revised instructions.

Date Effective

May 1, 2007

Material Superseded

Remove the following pages from Chapter III from *Lead Investigation Agency Manual* and destroy them. This includes the following:

<u>Page</u>	<u>Date</u>
Table of Contents (page 1)	July 1, 2006
3-10	July 1, 2006
CMS-1500	12/90
11-13	July 1, 2006

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-306
Employees' Manual, Title 8
Medicaid Appendix

September 24, 2010

LEAD INVESTIGATION AGENCY MANUAL TRANSMITTAL NO. 10-1

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

SUBJECT: **LEAD INVESTIGATION AGENCY MANUAL**, Table of Contents, new;
Chapter III, *Provider-Specific Policies*, pages 2, 14, 15, and 16, revised;
and the *Remittance Advice*, revised.

Summary

This letter revises the instructions on the diagnosis codes. The V code is not payable as a primary diagnosis code.

This revision also updates the sample and instructions for the *Remittance Advice*.

Date Effective

Upon receipt.

Material Superseded

This material replaces the following pages in the **LEAD INVESTIGATION AGENCY MANUAL**:

<u>Page</u>	<u>Date</u>
2	July 1, 2006
14-16	May 1, 2007
Remittance Advice	10/19/07

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.



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-376

Employees' Manual, Title 8
Medicaid Appendix

May 9, 2014

LEAD INVESTIGATION AGENCY MANUAL TRANSMITTAL NO. 14-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **LEAD INVESTIGATION AGENCY MANUAL**, Title page, revised; Table of Contents (page 1), revised; Chapter III, *Provider-Specific Policies*, Title page, revised; Table of Contents (page 1), revised; and pages 1 through 4, revised.

Summary

The **LEAD INVESTIGATION AGENCY 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 **LEAD INVESTIGATION AGENCY MANUAL**, which includes the following:

<u>Page</u>	<u>Date</u>
Title page	Undated
Contents (page 1)	February 1, 2010
Chapter III	
Title page	Undated
Contents (page 1)	May 1, 2007
1	July 1, 2006
2	February 1, 2010

3-12	May 1, 2007
HCFA-1500	8/05
13	May 1, 2007
14	February 1, 2010
Remittance Advice	Undated
15, 16	February 1, 2010

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/lead.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-421

Employees' Manual, Title 8
Medicaid Appendix

September 25, 2015

LEAD INVESTIGATION AGENCY MANUAL TRANSMITTAL NO. 15-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **LEAD INVESTIGATION AGENCY MANUAL**, Chapter III, *Provider-Specific Policies*, page 4, revised.

Summary

The **LEAD INVESTIGATION AGENCY 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 page from the **LEAD INVESTIGATION AGENCY MANUAL**:

<u>Page</u>	<u>Date</u>
Chapter III 4	May 1, 2014

Additional Information

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