

Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-163

Employees' Manual, Title 8
Medicaid Appendix

February 19, 2001

LOCAL EDUCATION AGENCY MANUAL TRANSMITTAL NO. 01-1

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

SUBJECT: *Local Education Agency Manual*, Title page, new; Table of Contents (pages 4 through 7), new; Chapter A, *Description of Manual*; Chapter B, *General Information About the Program*; Chapter C, *Recipient Eligibility*; Chapter D, *General Program Policies*; Chapter E, *Coverage and Limitations*, pages 1 through 105, new; and Chapter F, *Billing and Payment*, pages 1 through 24, new.

This letter transmits new manual for Medicaid coverage of services provided by local education agencies.

Date Effective

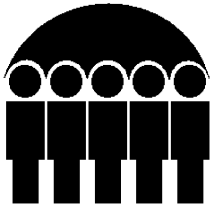
March 1, 2001

Material Superseded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-199
Employees' Manual, Title 8
Medicaid Appendix

January 28, 2003

LOCAL EDUCATION AGENCY MANUAL TRANSMITTAL NO. 03-1

ISSUED BY: Iowa Department of Human Services

SUBJECT: **LOCAL EDUCATION AGENCY MANUAL**, Chapter E, *Coverage and Limitations*, pages 5, 10, 11, 14, 21, 24, 31, 32, 40, 100, 103, and 105, revised; Chapter F, *Billing and Payment*, pages 4, 18, 19, and 21, revised.

This letter transmits revised manual for Medicaid coverage of services provided by local education agencies. Chapter E changes provide clarification of providers of service coordination services, add a code for nursing services to a group, and correct errors. Chapter F revisions change the name of the Medicaid fiscal agent from Consultec to ACS

Date Effective

Upon receipt

Material Superseded

Remove the following pages from **LOCAL EDUCATION AGENCY MANUAL** and destroy them:

<u>Page</u>	<u>Date</u>
Chapter E	
5, 10, 11, 14, 21, 24, 31, 32, 40, 100, 103, 105	March 1, 2001
Chapter F	
4, 18, 19, 21	March 1, 2001 4/00

Additional Information

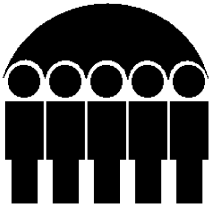
The updated provider manual containing the revised pages can be found at:
www.dhs.state.ia.us/policyanalysis

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-217

Employees' Manual, Title 8

Medicaid Appendix

August 1, 2003

LOCAL EDUCATION AGENCY MANUAL TRANSMITTAL NO. 03-2

ISSUED BY: Iowa Department of Human Services

SUBJECT: **LOCAL EDUCATION AGENCY MANUAL**, Table of Contents, page 6, revised; Chapter E, *Coverage and Limitations*, pages 16, 17, 57, 58, 61, 62, 66, through 70, 79, and 82 through 99, revised; Chapter F, *Billing and Payment*, page 8, 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 eliminates the local codes for services. Either code will be processed through September 30, 2003. The crosswalk for old to new codes can be found at www.dhshipaa.iowa.gov/hipaa.

Contracted services are indicated by a TM modifier.

- ◆ Revises the content describing the activities in a Care for Kids screen.

Chapter F has been revised to 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 *LOCAL EDUCATION AGENCY MANUAL* and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents (page 6)	March 1, 2001
Chapter E	
16, 17, 57-62, 66-70, 79, 82-99	March 1, 2001
100	February 1, 2003
101, 102	March 1, 2001
103	February 1, 2003
104	March 1, 2001
105	February 1, 2003
Chapter F	
8	March 1, 2001

Additional Information

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

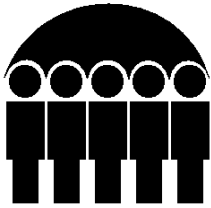
www.dhs.state.ia.us/policyanalysis

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

ACS
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-240

Employees' Manual, Title 8

Medicaid Appendix

January 6, 2004

LOCAL EDUCATION AGENCY MANUAL TRANSMITTAL NO. 04-1

ISSUED BY: Division of Medical Services

SUBJECT: **LOCAL EDUCATION AGENCY MANUAL**, Table of Contents, page 5, revised; Chapter E, *Coverage and Limitations*, pages 5, 6, 12, 17, 18, 22, 26 through 38, 96, and 98, revised; and Chapter F, *Billing and Payment*, pages 19 and 21, corrected

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 IEP, that is, only after the IEP has been developed.

Therefore, Medicaid does not cover initial evaluations, reevaluations, and IEP development. CMS has determined these services 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.”

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.
- ◆ Corrects the samples of the *Provider Inquiry* and *Credit Adjustment Request*.

Date Effective

October 1, 2003

Material Superseded

Remove the following pages from *LOCAL EDUCATION AGENCY MANUAL* and destroy them:

<u>Page</u>	<u>Date</u>
Contents	
5	March 1, 2001
Chapter E	
5	February 1, 2003
6, 12	March 1, 2001
17	July 1, 2003
18, 22, 26-30	March 1, 2001
32	February 1, 2003
33-39	March 1, 2001
40	February 1, 2003
96, 98	July 1, 2003
Chapter F	
19, 21	10/02

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:

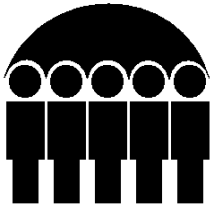
www.dhs.state.ia.us/policyanalysis

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-253

Employees' Manual, Title 8
Medicaid Appendix

September 24, 2004

LOCAL EDUCATION AGENCY MANUAL TRANSMITTAL NO. 04-2

ISSUED BY: Division of Medical Services

SUBJECT: **LOCAL EDUCATION AGENCY MANUAL**, Contents (page 4), revised; and Chapter E, *Coverage and Limitations*, pages 6, 7, 8, 11, 12, 17, 18, 21, 22, 25, 26, 30, 31, 36, 37, 70 through 78, 86, 87, 88, and 95, revised.

Summary

This release implements policy guidance on the audiological, nursing, occupational therapy, physical therapy, psychological, social work and counseling, speech-language therapy, and vision 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 an individual education plan (IEP). These services are covered only when they are listed in the student's IEP or are linked to a service listed in the student's IEP.

Date Effective

July 1, 2004

Material Superseded

Remove the following pages from **LOCAL EDUCATION AGENCY MANUAL** and destroy them:

<u>Page</u>	<u>Date</u>
Contents	
4	March 1, 2001
Chapter E	
6	October 1, 2003
7, 8	March 1, 2001
11	February 1, 2003
12, 17, 18	October 1, 2003
21	February 1, 2003
22	October 1, 2003
25	March 1, 2001
26, 30, 31, 36, 37	October 1, 2003
70	July 1, 2003

71-78
86-88
95

March 1, 2001
July 1, 2003
October 1, 2003

Additional Information

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

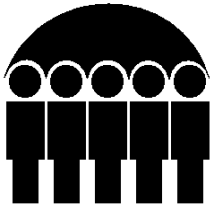
www.dhs.state.ia.us/policyanalysis

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-257
Employees' Manual, Title 8
Medicaid Appendix

May 13, 2005

LOCAL EDUCATION AGENCY MANUAL TRANSMITTAL NO. 05-1

ISSUED BY: Division of Medical Services

SUBJECT: **LOCAL EDUCATION AGENCY MANUAL**, Chapter E, *Coverage and Limitations*, pages 100 through 103, revised; Chapter F, *Billing and Payment*, page 24, revised.

Summary

This letter adds the description for preventive service coding accidentally eliminated in the release of August 1, 2003, and corrects the telephone number for the Medicaid policy specialist.

Date Effective

Upon receipt.

Material Superseded

Remove the following pages from **LOCAL EDUCATION AGENCY MANUAL** and destroy them:

<u>Page</u>	<u>Date</u>
Chapter F 24	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
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-281
Employees' Manual, Title 8
Medicaid Appendix

November 23, 2007

LOCAL EDUCATION AGENCY MANUAL TRANSMITTAL NO. 07-1

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

SUBJECT: **LOCAL EDUCATION AGENCY MANUAL**, Title page, revised; Table of Contents, new; Chapter III, *Provider-Specific Policies*, Title page, new; Table of Contents (pages 1, 2, and 3), new; pages 1 through 98, new; and the following forms:

RC-0080	<i>Screening Components by Age</i> , new
CMS-1500	<i>Claim Form</i> , revised
470-3969	<i>Claim Attachment Control</i> , revised
RA-1500	<i>Remittance Advice</i> , revised
470-3816	<i>Medicaid Billing Remittance</i> , revised

Summary

Chapters on coverage and limitations and on billing and payment for local education agency 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:

- ◆ Adds a code for behavior services provided to two or more.
- ◆ Reflects a change in coding for psychologist service due to revised CPT codes.
- ◆ Adds a modifier to indicate escort service to a group.
- ◆ Transmits the revised *Billing Remittance* form.
- ◆ Clarifies a license from IDPH is required for an audiologist and speech-language pathologist to be covered by Medicaid.
- ◆ Clarifies that audiometrist services are not billable to Medicaid.
- ◆ Deletes the IA Child Mental Health Screen and recommends the Pediatric Symptom Checklist.
- ◆ Clarifies that teaching Braille is considered an educational service and not covered.

Effective Date

September 1, 2007

Material Superseded

Remove the entire Chapter E and Chapter F from the **LOCAL EDUCATION AGENCY MANUAL** and destroy them. This includes the following:

<u>Page</u>	<u>Date</u>
Title Page	Undated
Contents (p. 4)	July 1, 2004
Contents (p. 5)	October 1, 2003
Contents (p. 6)	July 1, 2003
Contents (p. 7)	March 1, 2001
Chapter E	
1-4	March 1, 2001
5	October 1, 2003
6-8	July 1, 2004
9	March 1, 2001
10	February 1, 2003
11, 12	July 1, 2004
13	March 1, 2001
14	February 1, 2003
15	March 1, 2001
16	July 1, 2003
17, 18	July 1, 2004
19, 20	March 1, 2001
21, 22	July 1, 2004
23	March 1, 2001
24	February 1, 2003
25, 26	July 1, 2004
27-29	October 1, 2003
30, 31	July 1, 2004
32-35	October 1, 2003
36, 37	July 1, 2004
38	October 1, 2003
41-47	March 1, 2001
48-50 (470-3165)	8/95
51-56	March 1, 2001
57, 58, 61, 62	July 1, 2003
63-65	March 1, 2001
66-69	July 1, 2003
70-78	July 1, 2004
79	July 1, 2003
80, 81	March 1, 2001
82-85	July 1, 2003
86-88	July 1, 2004
89-94	July 1, 2003
95	July 1, 2004
96	October 1, 2003
97	July 1, 2003
98	October 1, 2003

99-103	July 1, 2003
Chapter F	
1-3	March 1, 2001
4	February 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	February 1, 2003
19 (470-3744)	10/02
21 (470-0040)	10/02
23	March 1, 2001
24 (470-3816)	7/05

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-296
Employees' Manual, Title 8
Medicaid Appendix

March 13, 2009

LOCAL EDUCATION AGENCY MANUAL TRANSMITTAL NO. 09-1

ISSUED BY: Division of Medical Services

SUBJECT: **LOCAL EDUCATION AGENCY MANUAL**, Chapter III, *Provider Specific Policies*, Contents (pages 2 and 3), revised; pages 1, 9, 18, 24 through 34, 70 through 92, and 95, revised; pages 93, 94, 96, 97, and 98, reissued; and the following forms:

RC-0080 *Screening Components by Age*, revised
470-3969 *Claim Attachment Control*, reissued
(RA-1500) *Remittance Advice*, reissued
470-3816 *Medicaid Billing Remittance*, revised

Summary

This release implements the following:

- ◆ Clarification of documentation requirement for services that are billed by time.
- ◆ Removal of references to service coordination.

The Centers for Medicare and Medicaid Services has issued final regulations (CMS 2237) on Medicaid requirements for coverage of targeted case management services. Under these regulations:

- Case management services are designed to address populations with a medical diagnosis, and
- There are limits on coverage of administrative activities that are purely IDEA functions, such as the development, review, and implementation of the individualized education plan.

As local education agencies are not currently billing Medicaid for service coordination, the Department has decided to end Medicaid coverage of service coordination by local education agencies. Local school districts will continue to provide the activities of service coordination as an educational service, not a Medicaid service.

- ◆ Revision to the dental, hearing and vision information in the content of the EPSDT "Care for Kids" screenings.
- ◆ Removal of service coordination and procedure codes and addition of a group code in personal health and more codes for testing.
- ◆ Replacement of the list of Vaccines covered by the Vaccinations for Children program with a link to the Department of Health web site for the program.

- ◆ Update of instructions for completion of the claim form.
- ◆ Inclusion of the revised *Medicaid Billing Remittance*, which reflects that payments are to be made to the Iowa Department on Education instead of the Department of Human Services.

Pages 93, 94, and 96 through 98, form 470-3969, and the *Remittance Advice* are reissued to correct a printing error.

Date Effective

February 1, 2009

Material Superseded

Remove the following pages from ***LOCAL EDUCATION AGENCY MANUAL*** and destroy them:

<u>Page</u>	<u>Date</u>
Chapter III	
Contents (page 2,3)	September 1, 2007
1, 9, 18, 24-34	September 1, 2007
RC-0080	6/05
70-92	September 1, 2007
470-3969	7/07 (printed copy only)
93, 94	September 1, 2007 (printed copy only)
Remittance Advice	10/19/07 (printed copy only)
95	September 1, 2007
96-98	September 1, 2007 (printed copy only)
470-3816	12/06

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:

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 IME, 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-382

Employees' Manual, Title 8
Medicaid Appendix

May 23, 2014

LOCAL EDUCATION AGENCY MANUAL TRANSMITTAL NO. 14-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **LOCAL EDUCATION AGENCY 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 75, revised.

Summary

The **LOCAL EDUCATION 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 **LOCAL EDUCATION AGENCY MANUAL**, which includes the following:

<u>Page</u>	<u>Date</u>
Title page	Undated
Contents (page 1)	September 1, 2007
Chapter III	
Title page	Undated
Contents (page 1)	September 1, 2007
Contents (pages 2 and 3)	February 1, 2009

1	February 1, 2009
2-8	September 1, 2007
9	February 1, 2009
10-17	September 1, 2007
18	February 1, 2009
19-23	September 1, 2007
24-34	February 1, 2009
RC-0080	10/08
35-69	September 1, 2007
70-92	February 1, 2009
470-3969	7/07
93, 94	September 1, 2007
Remittance Advice	10/19/07
95	February 1, 2009
96-98	September 1, 2007
470-3816	7/08

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/Localedu.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-466

Employees' Manual, Title 8
Medicaid Appendix

June 16, 2017

LOCAL EDUCATION AGENCY MANUAL TRANSMITTAL NO. 17-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **LOCAL EDUCATION AGENCY MANUAL**, Chapter III, *Provider-Specific Policies*, Contents (page 2), revised; and pages 1, 2, 7, 12, 20, 29, 33, 34, 35, 37 through 41, 44, 45, 46, 54, 67, and 75, revised.

Summary

The **LOCAL EDUCATION AGENCY MANUAL** is revised to:

- ◆ Align with current policies, procedures, and terminology.
- ◆ Replace links to ensure that the most updated information is accessible.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages from the **LOCAL EDUCATION AGENCY MANUAL**:

<u>Page</u>	<u>Date</u>
Chapter III	
Contents (page 2)	May 1, 2015
1, 2, 7, 12, 20, 29, 33-35, 37-41, 44-46, 54, 67, 75	February 1, 2009

Additional Information

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

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