

June 1, 1996

For Human Services Use Only

General Letter No. 8-A-AP(II)-598

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

**MATERNAL HEALTH CENTER MANUAL TRANSMITTAL NO. 96-1**

Subject: *Maternal Health Center Manual*, Table of Contents, page 4, revised; Chapter E, *Coverage and Limitations*, pages 7, 8, 13, and 14, revised.

This release adds the CPT codes for Hepatitis B vaccine, effective June 1, 1996.

Date Effective

June 1, 1996

Material Superseded

Remove from the *Maternal Health Center*, Table of Contents, page 4, dated June 1, 1993, and Chapter E, page 7, dated January 1, 1993, and pages 8 and 13, dated June 1, 1993, and destroy them.

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

October 25,1996

For Human Services Use Only

General Letter No. 8-AP-9

Subject: Employees' Manual, Title 8, Medicaid Appendix

**MATERNAL HEALTH CENTER MANUAL TRANSMITTAL NO. 96-2**

Subject: *Maternal Health Center Manual*, Chapter E, *Coverage and Limitations*, page 5, revised.

**Summary**

This release conforms maternal health center nutrition service requirements with the Iowa Department of Public Health WIC and nutrition rules. At least one follow-up nutritional assessment is required with the enhanced services to high-risk women.

**Date Effective**

November 1, 1996

**Material Superseded**

Remove from *Maternal Health Center Manual*, Chapter E, page 5, dated September 1, 1992, and destroy it.

**Additional Information**

If any portion of this material 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

May 5, 1997

For Human Services Use Only

General Letter No. 8-AP-23

Subject: Employees' Manual, Title 8, Medicaid Appendix

**MATERNAL HEALTH CENTER MANUAL TRANSMITTAL NO. 97-1**

Subject: *Maternal Health Center Manual*, Table of Contents, page 4, revised; Chapter E, *Coverage and Limitations*, pages 13 and 14, revised; and page 15, new.

**Summary**

This release adds HCPC codes for MMR vaccine, urine pregnancy test, and Rhogam injection.

**Date Effective**

May 1, 1997

**Material Superseded**

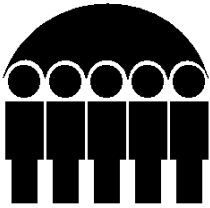
Remove from *Maternal Health Center Manual*, Table of Contents, page 4, and Chapter E, pages 13 and 14, all dated June 1, 1996, and destroy them.

**Additional Information**

If any portion of this material 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-39**  
Employees' Manual, Title 8  
Medicaid Appendix

January 5, 1998

**MATERNAL HEALTH CENTER SERVICES MANUAL TRANSMITTAL NO. 98-1**

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

SUBJECT: *Maternal Health Center Services Manual*, Chapter E, *Coverage and Limitations*, pages 9 and 10, form 470-2942, *Medicaid Prenatal Risk Assessment*, revised.

This release makes minor changes to the *Medicaid Prenatal Risk Assessment* form. The revised forms may be accessed from Consultec as noted in General Program Policies, Chapter D, page 14.

**Date Effective**

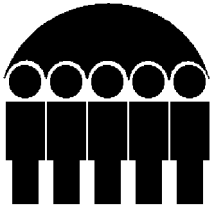
Upon receipt.

**Material Superseded**

*Maternal Health Center Services Manual*, Chapter E, pages 9 and 10, form 470-2942, dated July 1992, shall be removed from the manual and destroyed.

**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-54**  
Employees' Manual, Title 8  
Medicaid Appendix

April 10, 1998

**MATERNAL HEALTH CENTER MANUAL TRANSMITTAL NO. 98-2**

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

SUBJECT: *Maternal Health Center Manual*, Table of Contents (page 4), revised; Chapter E, *Coverage and Limitations*, page 5, revised; and Chapter F, *Billing and Payment*, pages 1 through 17, revised.

Chapter E is revised to eliminate reference to the Infant Feeding Survey. If the client has made a determination regarding breast feeding, additional printed material is not necessary. Chapter F is revised to update billing and payment instructions.

**Date Effective**

Upon receipt.

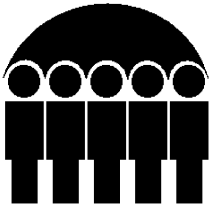
**Material Superseded**

Remove the following pages from *Maternal Health Center Manual* and destroy them:

| <u>Page</u>       | <u>Date</u>       |
|-------------------|-------------------|
| Contents (page 4) | May 1, 1997       |
| <b>Chapter E</b>  |                   |
| 5                 | November 1, 1996  |
| <b>Chapter F</b>  |                   |
| 1                 | September 1, 1992 |
| 2                 | Undated           |
| 3, 4              | 12/90             |
| 5-13              | September 1, 1992 |
| 14                | Undated           |
| 15-17             | 09/11/92          |
| 18, 19            | September 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.



Iowa Department of Human Services

For Human Services use only:

**General Letter No. 8-AP-178**

Employees' Manual, Title 8  
Medicaid Appendix

February 6, 2002

## **MATERNAL HEALTH CENTER MANUAL TRANSMITTAL NO. 02-1**

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

**SUBJECT:** ***MATERNAL HEALTH CENTER MANUAL***, Table of Contents (page 4), revised; Chapter E, *Coverage and Limitations*, pages 1 through 15, revised; and page 16, new; Chapter F, *Billing and Payment*, pages 18 through 21, new.

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 W0090 local code for maternity care. Substitute codes for new and established patients have been added. Both codes will be processed through June 30, 2002.

- ◆ Revise the *Medicaid Prenatal Risk Assessment* form, which can be accessed from Consultec as noted in Chapter D, *General Program Policies*, page 14.

Chapter F is revised to update billing and payment instructions by providing for an inquiry process for denied claims or if claim payment was not in the amount expected. Two forms are added:

- ◆ 470-3744, *Provider Inquiry*, and
- ◆ 470-0040, *Credit/Adjustment Request*.

Complete the *Provider Inquiry* if you wish to inquire about a denied claim or if claim payment was not as expected. Complete the *Credit/Adjustment Request* to notify Consultec that:

- ◆ A paid claim amount needs to be changed; or
- ◆ Funds need to be credited back; or
- ◆ An entire *Remittance Advice* should be canceled.

### **Date Effective**

Upon receipt.

## **Material Superseded**

Remove the following pages from *MATERNAL HEALTH CENTER MANUAL* and destroy them:

| <u>Page</u>                | <u>Date</u>       |
|----------------------------|-------------------|
| Table of Contents (page 4) | April 1, 1998     |
| <b>Chapter E</b>           |                   |
| 1                          | April 1, 1993     |
| 2, 3, 4                    | September 1, 1992 |
| 5                          | April 1, 1998     |
| 6                          | January 1, 1993   |
| 7, 8                       | June 1, 1996      |
| 9, 10                      | 7/97              |
| 11, 12                     | June 1, 1993      |
| 13, 14, 15                 | May 1, 1997       |

## **Additional Information**

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

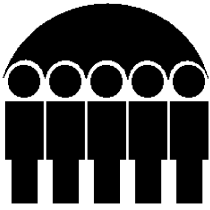
**[www.dhs.state.ia.us/policyanalysis](http://www.dhs.state.ia.us/policyanalysis)**

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-208**  
Employees' Manual, Title 8  
Medicaid Appendix

April 15, 2003

## **MATERNAL HEALTH CENTER MANUAL TRANSMITTAL NO. 03-1**

**ISSUED BY:** Bureau of Managed Care and Clinical Services

**SUBJECT:** *MATERNAL HEALTH CENTER MANUAL*, Chapter E, *Coverage and Limitations*, pages 11, 12, 15, and 16, revised; and Chapter F, *Billing and Payment*, pages 18, 19, and 21, revised.

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 "W" codes. Substitute codes have been added. Either the local "W" codes or the new HCPCS codes can be used in the transition period through September 30, 2003.

Chapter F is revised to change references from "Consultec" to "ACS."

### **Date Effective**

March 1, 2003

### **Material Superseded**

Remove the following pages from *MATERNAL HEALTH CENTER MANUAL* and destroy them:

| <u>Page</u>      | <u>Date</u>      |
|------------------|------------------|
| <b>Chapter E</b> |                  |
| 11, 12, 15, 16   | February 1, 2002 |
| <b>Chapter F</b> |                  |
| 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](http://www.dhs.state.ia.us/policyanalysis)

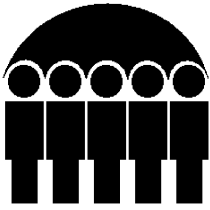


If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

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-229**  
Employees' Manual, Title 8  
Medicaid Appendix

August 26, 2003

## **MATERNAL HEALTH CENTER MANUAL TRANSMITTAL NO. 03-2**

**ISSUED BY:** Bureau of Managed Care and Clinical Services

**SUBJECT:** *MATERNAL HEALTH CENTER MANUAL*, Table of Contents, page 4, revised; Chapter E, *Coverage and Limitations*, pages 7, 8, and 11, revised; Chapter F, *Billing and Payment*, pages 8, 19, and 21, revised; and page 10a, new.

Chapter E has been revised to:

- ◆ Clarifies the description of services provided in the home.
- ◆ Revises the prenatal risk assessment.
- ◆ Revises instructions on date of 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.

### **Date Effective**

Upon receipt.

### **Material Superseded**

Remove the following pages from *MATERNAL HEALTH CENTER MANUAL* and destroy them:

| <u>Page</u>                | <u>Date</u>      |
|----------------------------|------------------|
| Table of Contents (page 4) | February 1, 2002 |
| <b>Chapter E</b>           |                  |
| 7-8 (470-2942)             | 3/01             |
| 11                         | April 1, 2003    |
| <b>Chapter F</b>           |                  |
| 8                          | April 1, 1998    |
| 19 (470-3744)              | 10/02            |
| 21 (470-0040)              | 10/02            |

### **Additional Information**

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

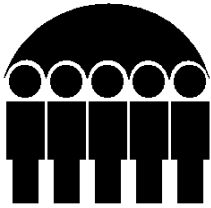
**[www.dhs.state.ia.us/policyanalysis](http://www.dhs.state.ia.us/policyanalysis)**

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-243**

Employees' Manual, Title 8  
Medicaid Appendix

January 15, 2004

**MATERNAL HEALTH CENTER MANUAL TRANSMITTAL NO. 04-1**

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

SUBJECT: *MATERNAL HEALTH CENTER MANUAL*, Chapter E, *Coverage and Limitations*, page 11, revised.

Chapter E has been revised to clarify use of HCPCS code H1003 for at-risk enhanced service education.

You were previously instructed that code H1003 described services provided "per hour." Because of recommendations by providers, effective with date of service January 1, 2004, H1003 will describe services provided "per 15 minutes." The fee will be adjusted to the 15-minute increment. You may bill multiple units.

For dates of service before January 1, 2004, the unit size for H1003 remains at one hour.

**Date Effective**

January 1, 2004

**Material Superseded**

Remove the following page from *MATERNAL HEALTH CENTER MANUAL* and destroy it:

Page

Date

**Chapter E**

11

July 1, 2003

**Additional Information**

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

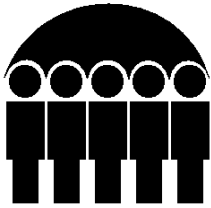
[www.dhs.state.ia.us/policyanalysis](http://www.dhs.state.ia.us/policyanalysis)

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-246**

Employees' Manual, Title 8

Medicaid Appendix

May 12, 2004

## **MATERNAL HEALTH CENTER MANUAL TRANSMITTAL NO. 04-2**

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

**SUBJECT:** *MATERNAL HEALTH CENTER MANUAL*, Table of Contents, page 4 revised, and page 5, new; Chapter E, *Coverage and Limitations*, page 3 through 6 and 16, revised; and pages 6a and 17, new.

This release:

- ◆ Updates the provider qualifications for care coordination and psychosocial services.
- ◆ Adds codes for local transportation services. A special code has been designated for HMO recipients to include staff costs.

### **Date Effective**

June 1, 2004

### **Material Superseded**

Remove the following page from *MATERNAL HEALTH CENTER MANUAL* and destroy them:

| <u>Page</u>              | <u>Date</u>      |
|--------------------------|------------------|
| <b>Table of Contents</b> |                  |
| 4                        | July 1, 2003     |
| <b>Chapter E</b>         |                  |
| 3-6                      | February 1, 2002 |
| 16                       | April 1, 2003    |

### **Additional Information**

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

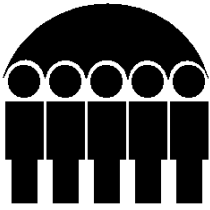
**[www.dhs.state.ia.us/policyanalysis](http://www.dhs.state.ia.us/policyanalysis)**

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-251**  
Employees' Manual, Title 8  
Medicaid Appendix

September 14, 2004

**MATERNAL HEALTH CENTER MANUAL TRANSMITTAL NO. 04-3**

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

SUBJECT: **MATERNAL HEALTH CENTER MANUAL**, Table of Contents, page 4 revised; Chapter E, *Coverage and Limitations*, pages 3 through 6, 6a, 16 and 17, revised.

This release adds codes for influenza volume and dental hygienist services. Coverage for dental hygienist services begins on November 1, 2004.

**Date Effective**

July 1, 2004, for the influenza code.  
November 1, 2004, for dental hygienist services.

**Material Superseded**

Remove the following pages from **MATERNAL HEALTH CENTER MANUAL** and destroy them:

| <u>Page</u>                        | <u>Date</u>  |
|------------------------------------|--------------|
| <b>Table of Contents</b><br>4      | June 1, 2004 |
| <b>Chapter E</b><br>3-6, 6a, 16-17 | June 1, 2004 |

**Additional Information**

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

[www.dhs.state.ia.us/policyanalysis](http://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.



October 26, 2007

**MATERNAL HEALTH CENTER MANUAL TRANSMITTAL NO. 07-1**

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

SUBJECT: **MATERNAL HEALTH CENTER MANUAL**, Title Page, revised; Chapter III, *Provider-Specific Policies*, Title Page, new; Table of Contents (page 1), new; pages 1 through 30, new; and the following forms:

- 470-2942 *Medicaid Prenatal Risk Assessment*, revised
- CMS-1500 *Health Insurance Claim Form*, revised
- 470-3969 *Claim Attachment Control*, revised
- Remittance Advice*, unchanged

**Summary**

Chapters on coverage and limitations and on billing and payment for maternal health 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.

Chapter III is also revised to:

- ◆ Update the coverage of the VFC program.
- ◆ Update the prenatal risk assessment form, claim form, and the claim attachment form.

**Date Effective**

October 1, 2007

**Material Superseded**

Remove the entire Chapter E and Chapter F from the **MATERNAL HEALTH CENTER MANUAL** and destroy them. This includes the following:

| <u>Page</u>       | <u>Date</u>      |
|-------------------|------------------|
| Title Page        | Undated          |
| Contents (Page 4) | November 1, 2004 |
| Contents (Page 5) | June 1, 2004     |
| <b>Chapter E</b>  |                  |
| 1, 2              | February 1, 2002 |
| 3-6, 6a           | November 1, 2004 |
| 7, 8 (470-2942)   | 5/03             |

|                   |                  |
|-------------------|------------------|
| 9, 10             | February 1, 2002 |
| 11                | January 1, 2004  |
| 12                | April 1, 2003    |
| 13, 14            | February 1, 2002 |
| 15                | April 1, 2003    |
| 16, 17            | July 1, 2004     |
| <b>Chapter F</b>  |                  |
| 1-7               | April 1, 1998    |
| 8                 | July 1, 2003     |
| 9, 10 (HCFA-1500) | 12/90            |
| 10a (470-3969)    | 7/03             |
| 11, 12            | April 1, 1998    |
| 13, 14            | Undated          |
| 15-17             | April 1, 1998    |
| 18                | April 1, 2003    |
| 19 (470-3744)     | 10/02            |
| 20                | Undated          |
| 21 (470-0040)     | 10/02            |

### **Additional Information**

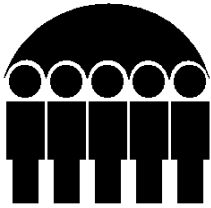
The updated provider manual containing the revised pages can be found at:  
**[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)**

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

For Human Services use only:  
**General Letter No. 8-AP-295**  
Employees' Manual, Title 8  
Medicaid Appendix

January 23, 2009

## **MATERNAL HEALTH CENTER MANUAL TRANSMITTAL NO. 09-1**

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

SUBJECT: **MATERNAL HEALTH CENTER MANUAL**, Table of Contents, page 1, new; Chapter III, *Provider Specific Policies*, Table of Contents (page 1), revised; pages 1, 2, and 5 through 29, revised; and the *Remittance Advice*, revised.

Maternal Health Center Chapter III is updated to:

- ◆ Remove references to case management. The Centers for Medicare and Medicaid Services published final regulations on targeted case management (CMS 2237) on March 3, 2008. Under these regulations, case management services are designed to address populations with a medical diagnosis, not a preventive care population. Due to this regulation, care coordination services will now be provided through an interagency agreement with the Iowa Department of Public Health, not as a component of Medicaid maternal health center services.
- ◆ End date two procedure codes for fluoride, as fluoride varnish is the only code needed.
- ◆ Correct the age references for dental codes.
- ◆ Update instructions for the *Health Insurance Claim Form*, CMS-1500.
- ◆ Update the *Remittance Advice* sample and instructions.

### **Date Effective**

February 1, 2009

### **Material Superseded**

Remove the following pages from **MATERNAL HEALTH CENTER MANUAL** and destroy them:

| <u>Page</u>        | <u>Date</u>     |
|--------------------|-----------------|
| <b>Chapter III</b> |                 |
| Contents (p. 1)    | October 1, 2007 |
| 1, 2, 5-26         | October 1, 2007 |
| RA-1500            | 6/21/97         |
| 27-30              | October 1, 2007 |

### **Additional Information**

The updated provider manual containing the revised pages will be available by February 1, 2009, at: **[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)**

Until then, this letter and the revised pages will be available at:

**<http://www.dhs.iowa.gov/policyanalysis/PolicyManualPages/medprovgl.htm>**

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.



October 8, 2010

**MATERNAL HEALTH CENTER MANUAL TRANSMITTAL NO. 10-1**

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

SUBJECT: **MATERNAL HEALTH CENTER MANUAL**, Chapter III, *Provider-Specific Policies*, Table of Contents (page 1), revised; pages 1, 3, 5 through 12, 14, 15, 16, 27, 28, and 29, revised; pages 30, 31, and 32, new; and the following forms:

- Remittance Advice*, revised
- Medicare Part B Crossover Remittance Advice*, new

**Summary**

Maternal Health Center Chapter III is updated to:

- ◆ Add a section on oral health services.
- ◆ Add interpretation services, both coverage documentation and code.
- ◆ Add a nursing assessment code.
- ◆ Clarify a registered nurse may provide psychosocial services.
- ◆ Add codes for RHOD and medroxyprogesterone acetate.
- ◆ Update remittance advice samples and explanations.

**Date Effective**

July 1, 2009

**Material Superseded**

This material replaces the following pages in the **MATERNAL HEALTH CENTER MANUAL**:

| <u>Page</u>        | <u>Date</u>      |
|--------------------|------------------|
| <b>Chapter III</b> |                  |
| Contents (page 1)  | February 1, 2009 |
| 1                  | February 1, 2009 |
| 3                  | October 1, 2007  |
| 5-12, 13-16        | February 1, 2009 |
| Remittance Advice  | 10/19/07         |
| 27-29              | February 1, 2009 |

### **Additional Information**

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

**[www.ime.state.ia.us/providers](http://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 general letter number of the transmittal that you are requesting (found at the top right corner of the transmittal).

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-362

Employees' Manual, Title 8  
Medicaid Appendix

April 18, 2014

### MATERNAL HEALTH CENTER MANUAL TRANSMITTAL NO. 14-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **MATERNAL HEALTH CENTER MANUAL**, Title page, revised; Table of Contents (page 1), revised; Chapter III, *Provider-Specific Policies*, Title page, revised; Table of Contents (page 1), revised; pages 1 through 18, revised; and the following form:

470-2942 *Medicaid Prenatal Risk Assessment*, unchanged

#### Summary

The **Maternal Health Center Manual** is revised to:

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

#### Date Effective

Upon receipt.

#### Material Superseded

This material replaces the entire **MATERNAL HEALTH CENTER MANUAL**, which includes the following:

| <u>Page</u>        | <u>Date</u>      |
|--------------------|------------------|
| Title page         | Undated          |
| Contents (page 1)  | February 1, 2009 |
| <b>Chapter III</b> |                  |
| Title page         | Undated          |
| Contents (page 1)  | July 1, 2009     |
| 1                  | July 1, 2009     |
| 2                  | February 1, 2009 |



|  |                  |
|--|------------------|
| 470-2942                                       | 8/07             |
| 3  | July 1, 2009     |
| 4  | October 1, 2007  |
| 5-12   | July 1, 2009     |
| 13   | February 1, 2009 |
| 14-16  | July 1, 2009     |
| CMS-1500                                       | 8/05             |
| 17-24  | February 1, 2009 |
| 470-3969                                       | 7/07             |
| 25, 26   | February 1, 2009 |
| Remittance Advice                              | Undated          |
| 27-30  | July 1, 2009     |
| Medicare Part B Crossover<br>Remittance Advice | Undated          |
| 31, 32   | July 1, 2009     |

### **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/maternhc.pdf](http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Provman/maternhc.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](mailto: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-420**  
Employees' Manual, Title 8  
Medicaid Appendix

September 25, 2015

## **MATERNAL HEALTH CENTER MANUAL TRANSMITTAL NO. 15-1**

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: ***MATERNAL HEALTH CENTER MANUAL***, Chapter III, *Provider-Specific Policies*, pages 1, 2, 6, 11, 12, 16, 17, and 18, revised.

### **Summary**

The ***Maternal Health Center Manual*** is revised to:

- ◆ Align with current policies, procedures, and terminology, including ICD-10 updates.
- ◆ Update links due to the Department's new website.

### **Effective Date**

October 1, 2015

### **Material Superseded**

This material replaces the following pages from the ***MATERNAL HEALTH CENTER MANUAL***:

| <u>Page</u>                                  | <u>Date</u>   |
|--|---------------|
| <b>Chapter III</b><br>1, 2, 6, 11, 12, 16-18 | April 1, 2014 |

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
<http://dhs.iowa.gov/sites/default/files/Maternalhc.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](mailto: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-465**

Employees' Manual, Title 8  
Medicaid Appendix

June 16, 2017

**MATERNAL HEALTH CENTER MANUAL TRANSMITTAL NO. 17-1**

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **MATERNAL HEALTH CENTER MANUAL**, Chapter III, *Provider-Specific Policies*, Contents (page 1); revised; and pages 1, 2, 5, 6, and 8 through 16, revised.

**Summary**

The **Maternal Health Center Manual** is revised to:

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

**Effective Date**

Immediately.

**Material Superseded**

This material replaces the following pages from the **MATERNAL HEALTH CENTER MANUAL**:

| <u>Page</u>        | <u>Date</u>     |
|--------------------|-----------------|
| <b>Chapter III</b> |                 |
| Contents (page 1)  | April 1, 2014   |
| 1, 2               | October 1, 2015 |
| 5                  | April 1, 2014   |
| 6                  | October 1, 2015 |
| 8-10               | April 1, 2014   |
| 11, 12             | October 1, 2015 |
| 13-15              | April 1, 2014   |
| 16-18              | October 1, 2015 |

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
<http://dhs.iowa.gov/sites/default/files/Maternalhc.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](mailto:imeproviderservices@dhs.state.ia.us).