

July 14, 1995

For Human Services Use Only

General Letter No. 8-A-AP(II)-558

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

MEDICAL EQUIPMENT AND SUPPLY DEALER MANUAL TRANSMITTAL NO. 95-2

Subject: Medical Equipment and Supply Dealer Manual, Chapter E, "Coverage and Limitations," pages 26, 27, 31, 44, 52, 70, 85, and 86, revised, and page 52a, new.

Two new procedure codes have been developed for payment of a single orthopedic shoe. Use these codes when the shoe is not attached to a brace and is not reimbursed by Medicare or other third party payors. The codes are as follows:

W0496 Women's orthopedic shoe not attached to brace when second shoe is attached to brace and covered by other third party payment

W0497 Men's orthopedic shoe not attached to brace when second shoe is attached to brace and covered by other third party payment

The comment section on glucose monitors has been changed to delete the requirement for submission of seven consecutive days of blood sugar results and documentation of poor diabetic control as conditions for coverage for a home glucose monitor. Effective July 1, 1995, the fee allowance for code E0607 will be \$60.18.

Certain items have been changed to reflect the current item description or correct typing errors.

Date Effective

July 1, 1995

Material Superseded

Remove from Medical Equipment and Supply Dealer Manual, Chapter E, pages 26, 27, 31, 44, 52, 70, 85, and 86, all dated May 1, 1995, 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

November 13 , 1996

For Human Services Use Only

General Letter No. 8-AP-10

Subject: Employees' Manual, Title 8, Appendix

MEDICAL EQUIPMENT AND SUPPLY DEALER MANUAL TRANSMITTAL NO. 96-1

Subject: *Medical Equipment and Supply Dealer Manual*, Table of Contents, pages 5 and 6, revised; and Chapter E, *Coverage and Limitations*, pages 22, 25, 31, 32, 36 through 40, 41, 42, 48 through 52, 52a, 53 through 70, 75 through 88, 89, 95, 96, and 97, revised; and pages 40a, 52b through 52d, 70a through 70d, and 88a through 88f, new.

This revision clarifies durable medical equipment policy procedure codes and nomenclature. Medicaid procedure codes and comments have been changed to correspond with comparable Medicare procedure codes whenever possible. The process is an ongoing one and this revision should not be considered to be complete.

Additionally, this revision corrects typographical errors and revises coverage comments for procedure codes.

Following is a list of procedure codes that are new or replacement codes and codes to be deleted. You may continue to use the codes to be deleted until January 1, 1997. After that date the revised codes will be the only payable procedure codes.

<u>Revised Category</u>	<u>New Code</u>	<u>Deleted Code</u>	<u>Revised Category</u>	<u>New Code</u>	<u>Deleted Code</u>
Decubitis Care		E0187	Handheld Inhaler	W0502	
Crutches		E0120	Accessories	W0503	
Diabetic Supplies		A4255		W0504	
Dressings and	A4322		IV Supplies	W0505	A4555
Surgical	K0205		Childrens Shoes	L3170	
Supplies	K0402		Mens or Womens'	L3010	
	K0403		Basic Shoes	L3030	
	K0404			L3040	
				L3050	
				L3060	

<u>Revised Category</u>	<u>New Code</u>	<u>Deleted Code</u>	<u>Revised Category</u>	<u>New Code</u>	<u>Deleted Code</u>	
Orthopedic Supports	L0130		Spinal Orthosis	L0180		
	L0150			L0310		
	L0170			L0350		
	L0210			L0380		
	L0220			L0390		
	L0510			L0410		
	L0610			L0420		
	L0900			L0530		
	L0910			L0550		
	L0920			L0700		
	L0930			L1520		
	L0950			Additions to Spinal Orthosis	L0970	
	L0960	L0180			L0972	
	Hip Orthosis	L1610			L0974	
L1650			L0976			
L1685		L1670	L0978			
L1686			L0980			
L1710			L0982			
L2040			L1000			
L2060			L1070			
L2070			L1080			
L2080			L1100			
			L1200			
Above-Knee Orthosis	L1860		Upper Extremity Orthosis	L3700	E0971	
	L1880			L3740		
	L1885			L3902		
	L2037			L3910		
Below-Knee or Ankle-Foot Orthosis	L1910		L3912			
	L1930		L3916			
	L1945		L3920			
	L2102		L3922			
	L2128		L3926			
Additions to Lower Extremity Orthosis	L2275	L2475	L3932			
	L2525	L2560	L3934			
	L2526	L2626	L3940			
	L2627		L3944			
	L2628		L3946			
			L3948			
			L3950			
			L3952			
		L3954				
		L3962				
		L3964				
		L3965				
		L3968				

<u>Revised Category</u>	<u>New Code</u>	<u>Deleted Code</u>	<u>Revised Category</u>	<u>New Code</u>	<u>Deleted Code</u>
Additions to Upper Extremity	L3835		Additions to Lower Extremity	L5020	
Orthosis	L3860		Prostheses	L5060	
Miscellaneous	L3650			L5600	
Orthotics	W0201			L5617	
Peak Flow Meter	W0506			L5629	
Prosthetic	V2625			L5631	
Eye	V2626			L5637	
	V2628			L5638	
Above-Elbow	L6360			L5640	
Prostheses	L6370			L5642	
	L6400			L5644	
	L6450			L5649	
	L6570			L5675	
Below-Elbow				L5688	
Prostheses	L6020			L5692	
Upper Extremity	L6620			L5701	
Additions	L6655			L5712	
Terminal	L6806	L6760		L5724	
Devices/Hooks	L6807	L6785		L5785	
	L6808	L6860		L5790	
	L6809			L5795	
	L6810			L5812	
Above-Knee	L5210			L5828	
Prostheses	L5220			L5845	
	L5250			L5846	
	L5270			L5910	
	L5340			L5920	
Below-Knee				L5930	
Prostheses	L5105	L5110	Immediate	L5940	
			Postsurgical	L5950	
			Fittings	L5960	
				L5980	
				L5450	
				L5460	
				L5510	
				L5530	
				L5560	
				L5580	
				L5590	
			Miscellaneous	L8490	
				L8619	

<u>Revised Category</u>	<u>New Code</u>	<u>Deleted Code</u>
Respiratory Accessories	A4269	K0165
Wheelchairs:		
Standard	K0001RR	K001RR
Reclining Back	W0498	
Heavy Duty	K0007RR	

Date Effective

October 1, 1996

Material Superseded

Remove the following pages from Medical Equipment and Supply Dealer Manual, Chapter E, and destroy them.

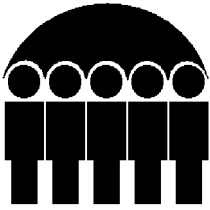
<u>Page</u>	<u>Date</u>
Contents pages 5 and 6	May 1, 1995
22, 25	May 1, 1995
31	July 1, 1995
32, 36-42, 48-51	May 1, 1995
52, 52a	July 1, 1995
53-69	May 1, 1995
70	May 1, 1995
75-84	July 1, 1995
85, 86	May 1, 1995
87-89	July 1, 1995
95-97	May 1, 1995

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-72
Employees' Manual, Title 8
Medicaid Appendix

June 15, 1998

MEDICAL EQUIPMENT AND SUPPLY DEALER MANUAL TRANSMITTAL NO. 98-1

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

SUBJECT: *Medical Equipment and Supply Dealer Manual*, Table of Contents (page 6), revised, and Chapter F, *Billing and Payment*, pages 1 through 23, revised.

Chapter F is revised to update billing and payment instructions.

Date Effective

Upon receipt.

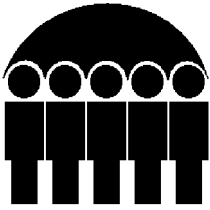
Material Superseded

Remove the following pages from the *Medical Equipment and Supply Dealer Manual*, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 6)	October 1, 1996
Chapter F	
1	April 1, 1992
2	7/86
3-8	April 1, 1992
9, 10	12/90
11-20	April 1, 1992
21-23	03/28/92
24, 25	April 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-115
Employees' Manual, Title 8
Medicaid Appendix

May 21, 1999

MEDICAL EQUIPMENT AND SUPPLY DEALER MANUAL TRANSMITTAL NO. 99-1

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

SUBJECT: *Medical Equipment and Supply Dealer Manual*, Chapter E, *Coverage and Limitations*, pages 4, 14, 16, 17, 25, 26, revised.

This revision:

- ◆ Changes the documentation of medical necessity for oxygen to annual updates,
- ◆ Corrects the age for WIC services,
- ◆ Includes coverage of blood glucose test strips for residents in nursing facilities and intermediate care facilities for the mentally retarded.

Date Effective

June 1, 1999

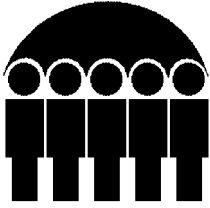
Material Superseded

Remove the following pages from *Medical Equipment and Supply Dealer Manual* and destroy them:

<u>Page</u>	<u>Date</u>
Chapter E	
4, 14, 16, 17	May 1, 1995
25	October 1, 1996
26	July 1, 1995

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-143

Employees' Manual, Title 8

Medicaid Appendix

June 15, 2000

MEDICAL EQUIPMENT AND SUPPLY DEALER MANUAL TRANSMITTAL NO. 00-1

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

SUBJECT: *Medical Equipment and Supply Dealer Services Manual*, Table of Contents (pages 4 and 6), revised; Chapter E, *Coverage and Limitations*, page 9, revised; and pages 8a and 8b, new; Chapter F, *Billing and Payment*, pages 24 through 27, new.

Chapter E is revised to clarify billing procedures for nursing facility residents on oxygen.

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

Date Effective

July 1, 2000

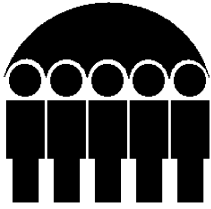
Material Superseded

Remove the following pages from *Medical Equipment and Supply Dealer Manual* and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 4)	May 1, 1995
Contents (page 6)	June 1, 1998
Chapter E 9	May 1, 1995

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-205

Employees' Manual, Title 8

Medicaid Appendix

April 1, 2003

MEDICAL EQUIPMENT AND SUPPLY DEALER MANUAL TRANSMITTAL NO. 03-1

ISSUED BY: Bureau of Managed Care and Clinical Services

SUBJECT: *MEDICAL EQUIPMENT AND SUPPLY DEALER MANUAL*, Table of Contents, (pages 4, 5, and 6), revised; Chapter E, *Coverage and Limitations*, pages 1 through 46, revised; Chapter F, *Billing and Payment*, pages 10, 24, 25, and 27, revised.

Summary

This revision clarifies:

- ◆ The basis of payment for services.
- ◆ The prior authorization process.
- ◆ Coverage criteria. Enclosed beds, external insulin infusion pumps, and vest airway clearance systems are now covered with prior authorization.

Covered procedure codes are no longer listed with the coverage criteria. Covered codes listed in the Healthcare Common Procedure Coding System (HCPCS) can be identified on the Medicaid fee schedule for medical equipment and supplies. Covered codes not listed in HCPCS are included in attachment A and are also listed on the fee schedule.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated uniform national standards for health information. Administrative simplification includes use of standard code sets such as CPT and HCPCS. Consequently, Iowa Medicaid has been reviewing all local medical equipment codes (those beginning with a "W" or "Z") that are unique to Iowa.

Previous crosswalk information was identified in Informational Letters 01-271 dated March 2, 2001, and 01-271 dated April 11, 2001. Attachment C is the third published crosswalk of "W" codes to HCPCS codes. As of July 1, 2003, the "W" codes listed in attachment B and C will no longer be available for billing.

Date Effective

March 1, 2003

Material Superseded

Remove the following pages from *MEDICAL EQUIPMENT AND SUPPLY DEALER SERVICES MANUAL* and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents (page 4)	July 1, 2000
Table of Contents (page 5)	October 1, 1996
Table of Contents (page 6)	July 1, 2000
Chapter E	
1-3	May 1, 1995
4	June 1, 1999
5-8	May 1, 1995
8a, 8b, 9	July 1, 2000
10	May 1, 1995
11, 12	9/88
13	May 1, 1995
14	June 1, 1999
15	May 1, 1995
16, 17	June 1, 1999
18-21	May 1, 1995
22	October 1, 1996
23, 24	May 1, 1995
25, 26	June 1, 1999
27	July 1, 1995
28-30	May 1, 1995
31, 32	October 1, 1996
33-35	May 1, 1995
36-42	October 1, 1996
43	May 1, 1995
44	July 1, 1995
45-47	May 1, 1995
48-70d	October 1, 1996
71-74	May 1, 1995
75-89	October 1, 1996
90-94	May 1, 1995
95-97	October 1, 1996
98-107	May 1, 1995
Chapter F	
10	June 1, 1998
24	July 1, 2000
25, 27	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.

Attachment A: Local Codes Still Available for Billing Until Future Notice

W0431	Gloves, each
W0388	Fitting charge
W0357	Gastrostomy button
W0359*	Seat-lift chair without mechanism
W0384	Apnea monitor installation fee, one time
W0495	Decompression tube
DD Modifier	Powdered enteral nutrition product

* The CMS guidelines were used to determine services that are considered to be atypical. These codes will not be replaced in the future. Please continue to use the “W” codes.

Attachment B: “W” Codes No Longer in Use

W0387	Weights for traction any type
W0382	Immediate or early post-operative fitting

Attachment C: Procedure Code Crosswalk

Note: The following 'W' codes will no longer be available for billing as of dates of service July 1, 2003. The HCPCS codes identified will not be available for billing until dates of service beginning **July 1, 2003**.

For Procedure Code:	Description	Use HCPCS Procedure Code
W0201	Finger splint	S8450
W0251	Ambu bag with pressure guage	S8999
W0253	Protective helmet	E0701
W0254	Oximeter, per month	E0445
W0304	Plaster impression, foot orthotic	S0395
W0306	Tennis shoes	T1999 *
W0310	Mucous clearing device	E0484
W0319	Irrigation solution not otherwise classified	Several HCPCS
W0331	Wheelchair parts: Tube for wheel each	K codes
W0340	Wheelchair repair, patient owned equipment	E1340
W0341	Inhalation equipment not otherwise specified	E1399 *
W0345	Respiratory accessories abdominal excufflation belt	E1399 *
W0353	Oxygen system, 12+ hours, monthly	E1390
W0354	Oxygen system, 12+ hours, daily	E1390
W0364	Augmentative communication system WC attach	K0546
W0377	Respiratory therapy NAACL 3cc vials (each)	J7051
W0378	Respiratory equipment disinfectant	T1999 *
W0380	Oxygen accessories not classified	E1399 *
W0381	Miscellaneous nutritional supplement	S9435
W0386	Pneumogram technical scoring	94772-26 (modifier)
W0389	Above knee (KAFO) ischial wgt. Bearing	L codes
W0395	Acrylic plastic wristlet or hand orthotic	S8451
W0396	Orthopedic supports not otherwise listed	L codes
W0397	BL knee ortho (AFO) BCAA long stirrup	L codes
W0400	Mileage charge dealer per mile	99082
W0401	Insulin syringe U 40/80/100 each	S8490
W0403	Small diapers	A4529
W0405	Medium diapers	A4522
W0407	Large diapers	A4523
W0409	Cotton tip applicators, 2 packet/6 inches	T1999 *
W0411	Cotton tip applicators, 2 packet/3 inches	T1999 *
W0414	Iodoform gauze packing strip	A codes
W0423	Betadine ointment packets each	A4247
W0425	Diaphragm	A4266
W0426	Basal thermometer	T1999 *
W0436	Intersorb dry burn pads	A codes
W0441	Unna boot	A6440
W0445	Eye pads	A6410 or A6411
W0447	Winged IV needle, all gauges, each	A4215

For Procedure Code:	Description	Use HCPCS Procedure Code
W0448	Disposable enema	T1999 *
W0452	Miscellaneous diabetic supplies	HCPCS
W0460	Blood glucose test strips, nursing home (each)	A4253
W0461	Urine test strips/tablets, nursing home (each)	A4250
W0462	Peritoneal dialysis kit/supplies	“A” HCPCS codes
W0488	Portable infusion pump for IV therapy	E0779 or E0780
W0498	Recline wheelchair-rental	E Codes
W0502	Spacer unit w/o mask	S8100
W0503	Spacer unit with mask	S8101
W0505	Primary surgical dressing kit	A codes
W2410	Thermometer, oral/rectal	A4931, A4932
Z1	Items or services provided as the result of a Care for Kids (EPSDT) examination	EP
Z2	Family planning related item or service	FP

* **Note:** Procedure codes E1399 and T1999 require a written description of the item on the claim.



Medicaid Enterprise
Department of Human Services

For Human Services use only:
General Letter No. 8-AP-293
Employees' Manual, Title 8
Medicaid Appendix

December 12, 2008

MEDICAL EQUIPMENT AND SUPPLY DEALER MANUAL TRANSMITTAL NO. 08-1

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

SUBJECT: **MEDICAL EQUIPMENT AND SUPPLY DEALER MANUAL**, Title page, revised; Table of Contents, new; Chapter III, *Provider-Specific Policies*, Title page, new; Table of Contents (pages 1 and 2), new; pages 1 through 61, new; and the following forms:

- 470-0829 *Request for Prior Authorization*, revised
- 470-3970 *Prior Authorization Attachment Control*, new
- 470-2145 *Augmentative Communication System Selection*, revised
- 470-4210 *Certification of enteral Nutrition*, revised
- CMS-1500 *Health Insurance Claim Form*, revised
- Remittance Advice*, revised

Summary

Chapters on coverage and limitations and on billing and payment for medical equipment and supply dealers 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.

Forms and procedures have been updated. Updated policies include those for automated medication dispensers, hospital beds, wound vac systems, osteogenesis stimulators, vest airway clearance systems, nutritional products and supplies, orthopedic shoes and other orthotic devices, and diapers and disposable underpads.

Effective Date

December 1, 2008

Material Superseded

Remove the entire Chapter E and Chapter F from the **MEDICAL EQUIPMENT AND SUPPLY DEALER** and destroy them. This includes the following:

<u>Page</u>	<u>Date</u>
Title page	Undated
Contents (pp. 4, 5, 6)	March 1, 2003
Chapter E	
1-10	March 1, 2003
11, 12 (470-2145)	9/88
13-46	March 1, 2003

Chapter F

1, 2	July 1, 1998
3 (470-0829)	4/98
5-9	June 1, 1998
10	March 1, 2003
11-14	June, 1998
15, 16 (HCFA-1500)	12-90
17, 18	June 1, 1998
19 (Remittance Advice)	Undated
21-23	June 1, 1998
25 (470-3744)	10/02
26	Undated
27 (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-309
Employees' Manual, Title 8
Medicaid Appendix

October 1, 2010

MEDICAL EQUIPMENT AND SUPPLY DEALER MANUAL TRANSMITTAL NO. 10-1

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

SUBJECT: **MEDICAL EQUIPMENT AND SUPPLY DEALER MANUAL**, Chapter III, *Provider-Specific Policies*, Table of Contents (pages 1 and 2), revised; pages 12 through 16, 18 through 22, 25 through 29, 59, 60, and 61, revised; pages 62 through 65, new; and the following forms:

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

Summary

The Medical Equipment and Supply Dealer manual is revised to:

- ◆ Eliminate the requirement for a trial of an enclosed bed before submission of the *Request for Prior Authorization (PA)*.
- ◆ Update remittance advice samples and explanations.
- ◆ Correct numbering.

Effective Date

May 1, 2010

Material Superseded

This material replaces the following pages in the **MEDICAL EQUIPMENT AND SUPPLY DEALER MANUAL**:

<u>Page</u>	<u>Date</u>
Contents (pages 1 and 2)	December 1, 2008
12-16, 18-22, 25-29, 59-61	December 1, 2008
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 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-375
Employees' Manual, Title 8
Medicaid Appendix

May 9, 2014

MEDICAL EQUIPMENT AND SUPPLY DEALER MANUAL TRANSMITTAL NO. 14-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **MEDICAL EQUIPMENT AND SUPPLY DEALER MANUAL**, Title page, revised; Table of Contents (page 1), revised; Chapter III, *Provider-Specific Policies*, Title page, revised; Table of Contents (pages 1 and 2), revised; pages 1 through 47, revised; and the following forms:

470-2145 *Augmentative Communication System Selection*, unchanged
470-4210 *Certification of Enteral Nutrition*, unchanged

Summary

The **MEDICAL EQUIPMENT AND SUPPLY DEALER 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 **MEDICAL EQUIPMENT AND SUPPLY DEALER MANUAL**, which includes the following:

<u>Page</u>	<u>Date</u>
Title page	Undated
Contents (page 1)	December 1, 2008

Chapter III

Title page	Undated
Contents (pages 1 and 2)	May 1, 2010
1, 2	December 1, 2008
470-0829	8/08
3-6	December 1, 2008
470-3970	7/05
7-11	December 1, 2008
12-16	May 1, 2010
17	December 1, 2008
18-22	May 1, 2010
23, 24	December 1, 2008
25-29	May 1, 2010
30-32	December 1, 2008
470-2145	9/88
33, 34	December 1, 2008
470-4210	8/07
35-48	December 1, 2008
CMS-1500	8/05
49-56	December 1, 2008
470-3969	7/07
57, 58	December 1, 2008
Remittance Advice	Undated
59-62	May 1, 2010
Part B Crossover	Undated
Remittance Advice	
63-65	May 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/medequip.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-493
Employees' Manual, Title 8
Medicaid Appendix

October 9, 2020

MedEquip Manual TRANSMITTAL NO. 20-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **Medical Equipment and Supply Dealer**, Chapter III, **Provider-Specific Policies**, Title pages 1 and 2, Contents Overview page 1, Contents pages 1 and 2, and pages 1-47, revised.

Summary

The Medical Equipment and Supply Dealer manual is revised to:

- ◆ Revise language.
- ◆ Revise information relating to wheelchairs and scooters.
- ◆ Small changes to make formatting consistent throughout.

Date Effective

Upon receipt.

Material Superseded

This material replaces the following pages from the **Medical Equipment and Supply Dealer** manual:

<u>Page</u>	<u>Date</u>
Chapter III	
Title Page 1 and 2	
Contents Overview	May 1, 2014
Contents Page 1 and 2	May 1, 2014
1-47	May 1, 2014

Additional Information

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