

Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-69
Employees' Manual, Title 8
Medicaid Appendix

May 29, 1998

**INDEPENDENTLY PRACTICING PHYSICAL THERAPISTS MANUAL
TRANSMITTAL NO. 98-1**

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

SUBJECT: *Independently Practicing Physical Therapists Manual*, Table of Contents (page 4), revised, and Chapter F, *Billing and Payment*, pages 1 through 17, revised.

Chapter F is revised to update billing and payment instructions.

Date Effective

Upon receipt.

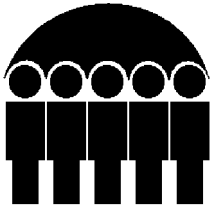
Material Superseded

Remove the following pages from the *Independently Practicing Physical Therapists Manual*, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 4)	April 1, 1992
Chapter F	
1	April 1, 1992
2, 3	12/90
4-13	April 1, 1992
14	Undated
15-17	09/27/91
18, 19	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-117
Employees' Manual, Title 8
Medicaid Appendix

June 1, 1999

**INDEPENDENTLY PRACTICING PHYSICAL THERAPISTS MANUAL
TRANSMITTAL NO. 99-1**

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

SUBJECT: *Independently Practicing Physical Therapists Manual*, Table of Contents (page 4), revised, and Chapter E, *Coverage and Limitations*, pages 1 through 6, revised.

In order to remain consistent with Medicare, Chapter E is revised to increase the limit on coverage to \$1500 in an individual case in a calendar year.

Date Effective

The calendar year beginning January 1, 1999.

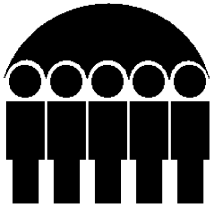
Material Superseded

Remove the following page from *Independently Practicing Physical Therapists Manual*, and destroy it:

<u>Page</u>	<u>Date</u>
Table of Contents (page 4)	January 1, 1993
Chapter E	
1	August 1, 1993
2	October 1, 1993
3	December 1, 1991
4-6	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-232

Employees' Manual, Title 8

Medicaid Appendix

September 5, 2003

**INDEPENDENTLY PRACTICING PHYSICAL THERAPISTS MANUAL
TRANSMITTAL NO. 03-1**

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

SUBJECT: ***INDEPENDENTLY PRACTICING PHYSICAL THERAPISTS MANUAL***,
Table of Contents, page 4, revised; Chapter E, *Coverage and Limitations*, pages
2 through 6, revised; Chapter F, *Billing and Payment*, pages 4, 8, and 17,
revised; and pages 10a, 18, 19, and 20, new.

Chapter E is revised to:

- ◆ Increase the limit on coverage to \$1,590 in an individual case in a “rolling” 12 month period remain consistent with Medicare.
- ◆ Delete an obsolete reference to customary and fee schedule reimbursement.
- ◆ Change the modifier for service as a result of Care for Kids (Early Periodic Screening, Diagnosis, and Treatment) to “EP,” the standardized HCPCS modifier.
- ◆ Remove obsolete codes and include additional covered codes.

Chapter F has been revised to:

- ◆ Add instructions for form 470-3969, *Claim Attachment Control*, used to submit paper attachments for an electronic claim.
- ◆ Add form 470-3744, *Provider Inquiry*. Complete this form if you wish to inquire about a denied claim or if claim payment was not as expected.
- ◆ Add form 470-0040, *Credit/Adjustment Request*. Complete this form to notify ACS that.
 - A paid claim amount needs to be changed; or
 - Funds need to be credited back; or
 - An entire *Remittance Advice* should be canceled.
- ◆ Change references from “Consultec” to “ACS.”

Date Effective

July 1, 2003

Material Superseded

Remove the following pages from *INDEPENDENTLY PRACTICING PHYSICAL THERAPISTS MANUAL* and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents (page 4)	June 1, 1998
Chapter E 2-6	January 1, 1999
Chapter F 4, 8, 17	June 1, 1998

Additional Information

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

www.dhs.state.ia.us/policyanalysis

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

ACS
Manual Transmittal Requests
PO Box 14422
Des Moines, IA 50306-3422

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to ACS, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

For Human Services use only:

General Letter No. 8-AP-366
Employees' Manual, Title 8
Medicaid Appendix

April 25, 2014

PHYSICAL THERAPY MANUAL TRANSMITTAL NO. 14-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **PHYSICAL THERAPY MANUAL**, Title page, new; Table of Contents (page 1), new; Chapter III, *Provider-Specific Policies*, Title page, new; Table of Contents (page 1), new; and pages 1 through 4, new.

Summary

The **PHYSICAL THERAPY MANUAL** is revised to:

- ◆ Rename the manual from **INDEPENDENTLY PRACTICING PHYSICAL THERAPISTS** to **PHYSICAL THERAPY**.
- ◆ Reformat and revise the chapters on coverage and limitations and billing and payment to reflect the implementation of the Iowa Medicaid Enterprise and the reorganization of the Medicaid "All Providers" manual chapters. This includes:
 - Removing Chapter E. Information on coverage and limitations is now included in Chapter III. *Provider-Specific Policies*.
 - Removing Chapter F. Billing and payment information and forms are now included in Chapter IV. *Billing Iowa Medicaid*.
- ◆ Align with current policies, procedures, and terminology.
- ◆ Ensure that current contact information is provided.
- ◆ Within the manual, the form samples have been removed from the numbered pages and connected to the on-line manual through hypertext links. This will make sure that the most recent version of the form is accessible.

Date Effective

Upon receipt.

Material Superseded

This material replaces the entire Chapter E and Chapter F from the **PHYSICAL THERAPY MANUAL**, which includes the following:

<u>Page</u>	<u>Date</u>
Title Page	Undated
Contents (page 4)	July 1, 2003
Chapter E	
1	January 1, 1999
2-6	July 1, 2003
Chapter F	
1, 2	June 1, 1998
3, 4	July 1, 2003
5-7	June 1, 1998
8	July 1, 2003
9, 10 (HCFA-1500)	12/90
10a (470-3969)	7/03
11, 12	June 1, 1998
13 (Remittance Advice)	6/12/97
15, 16	June 1, 1998
17, 18	July 1, 2003
19 (470-3744)	10/02
20 (470-0040)	10/02

Additional Information

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

http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Provman/phyther.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
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Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

For Human Services use only:

General Letter No. 8-AP-413

Employees' Manual, Title 8
Medicaid Appendix

April 24, 2015

PHYSICAL THERAPY MANUAL TRANSMITTAL NO. 15-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **PHYSICAL THERAPY MANUAL**, Chapter III, **Provider-Specific Policies**, pages 2 and 4, revised.

Summary

The **PHYSICAL THERAPY MANUAL** is revised to:

- ◆ Add a link to the current cap information on the Centers of Medicare and Medicaid Services website.
- ◆ Update links due to the Department's new website.

Date Effective

Immediately.

Material Superseded

This material replaces the following pages from the **PHYSICAL THERAPY MANUAL**, which includes the following:

<u>Page</u>	<u>Date</u>
Chapter III 2, 4	April 1, 2014

Additional Information

The updated provider manual containing the revised pages can be found at:
<http://dhs.iowa.gov/sites/default/files/PhyTher.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-457
Employees' Manual, Title 8
Medicaid Appendix

February 10, 2017

PHYSICAL THERAPY MANUAL TRANSMITTAL NO. 17-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **PHYSICAL THERAPY MANUAL**, Chapter III, *Provider-Specific Policies*, page 2, revised.

Summary

The **PHYSICAL THERAPY MANUAL** is revised to replace a link to ensure that the most updated information is accessible.

Effective Date

Immediately.

Material Superseded

This material replaces the following page from the **PHYSICAL THERAPY MANUAL**:

<u>Page</u>	<u>Date</u>
Chapter III 2	April 1, 2015

Additional Information

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

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