

October 14, 1994

For Human Services Use Only

General Letter No. 8-A-AP(II)-536

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

PSYCHOLOGIST MANUAL TRANSMITTAL NO. 94-2

Subject: Psychologist Manual, Chapter E, "Coverage and Limitations," Table of Contents, page 4, revised, and page 6, revised.

The Iowa Psychological Association no longer has peer review responsibility. The reviews will be done by consultants to the Department fiscal agent.

Date Effective

December 1, 1994

Material Superseded

Remove from the Psychologist Manual, Table of Contents, page 4, dated January 1, 1994, Chapter E, page 6, dated January 1, 1994, 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 21, 1996

For Human Services Use Only

General Letter No. 8-AP-4

Subject: Employees' Manual, Title 8, Medicaid Appendix

**PSYCHOLOGIST SERVICES MANUAL TRANSMITTAL NO. 96-1**

Subject: *Psychologist Services Manual*, Table of Contents, page 4, revised; and Chapter E, *Coverage and Limitations*, page 7, revised.

This revision:

- ◆ Adds the CPT code for psychological testing. The previous code of W0729 will be discontinued.
- ◆ Adds local codes for services for mental retardation.

**Date Effective**

October 1, 1996

**Material Superseded**

Remove from *Psychologist Services Manual*, Table of Contents, page 4, dated December 1, 1994; and Chapter E, page 7, dated September 1, 1994, 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

January 24, 1997

For Human Services Use Only

General Letter No. 8-AP-13

Subject: Employees' Manual, Title 8, Medicaid Appendix

**PSYCHOLOGIST SERVICES MANUAL TRANSMITTAL NO. 97-1**

Subject: *Psychologist Services Manual*, Chapter E, *Coverage and Limitations*, page 7, revised.

This revision clarifies that the previous code for psychological testing (W0729) is discontinued.

**Date Effective**

January 1, 1997

**Material Superseded**

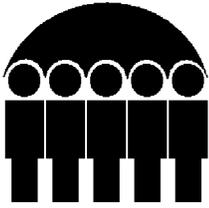
Remove from *Psychologist Services Manual*, Chapter E, page 7, dated October 1, 1996, and destroy it.

**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



Iowa Department of Human Services

For Human Services use only:

**General Letter No. 8-AP-63**

Employees' Manual, Title 8  
Medicaid Appendix

May 11, 1998

**PSYCHOLOGIST SERVICES MANUAL TRANSMITTAL NO. 98-1**

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

SUBJECT: *Psychologist Services 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 *Psychologist Services Manual*, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 4)	October 1, 1996
<b>Chapter F</b>	
1	December 1, 1993
2	Undated
3, 4	12/90
5-13	December 1, 1993
14	Undated
15, 16	10/29/93
17	11/06/93
18, 19	December 1, 1993

**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

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

For Human Services use only:

## General Letter No. 8-AP-358

Employees' Manual, Title 8  
Medicaid Appendix

April 18, 2014

### OCCUPATIONAL THERAPY MANUAL TRANSMITTAL NO. 14-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **OCCUPATIONAL THERAPY MANUAL**, Title Page, new; Table of Contents, new;

Chapter I, **General Program Policies**, Title Page, Table of Contents (pages 1, 2, and 3), pages 1 through 55, and the following forms:

470-4166 *Iowa Medicaid Provider Form Request*  
470-4708 *Medicare Crossover Invoice (Professional)*  
470-4707 *Medicare Crossover Invoice (Institutional)*  
RC-0113 *List of Emergency Diagnosis Codes*  
470-3744 *Provider Inquiry*  
470-0040 *Credit/Adjustment Request*

Chapter II, **Member Eligibility**, Title Page, Table of Contents (pages 1 and 2), pages 1 through 63, and the following forms:

470-2747 *Foster Care Provider Medical Letter*  
470-2747(S) *Foster Care Provider Medical Letter (Spanish)*  
470-2979 *Proof of Application for Medicaid*  
470-1911 *Medical Assistance Eligibility Card*  
470-2580 *Presumptive Medicaid Eligibility Notice of Decision*  
470-2580(S) *Presumptive Medicaid Eligibility Notice of Decision (Spanish)*  
470-4164 *IowaCare Medical Card*  
470-3931 *Medically Needy Expense Deletion Request*  
470-4299 *Verification of Emergency Health Care Services*  
470-4299(S) *Verification of Emergency Health Care Services (Spanish)*  
470-2927 *Health Services Application*  
470-2927(S) *Health Services Application (Spanish)*  
470-4990 *Application for Authorization to Make Presumptive Medicaid Eligibility Determination for Children*  
470-2582 *Memorandum of Understanding with a Presumptive Provider for Presumptive Medicaid Eligibility Determinations*

470-4855	<i>Application: Presumptive Health Care Coverage for Children</i>
470-4855(S)	<i>Application: Presumptive Health Care Coverage for Children (Spanish)</i>
470-2579	<i>Application for Authorization to Make Presumptive Medicaid Eligibility Determinations for Pregnant Women</i>
470-2629	<i>Presumptive Medicaid Income Calculation</i>
470-3864	<i>Application for Authorization to Make Presumptive Medicaid Eligibility Determinations (BCCT)</i>

Chapter III, **Provider-Specific Policies**, Title Page, new; Table of Contents (page 1), new; and pages 1 through 4, new.

Chapter IV, **Billing Iowa Medicaid**, Title page, Contents (pages 1, 2, and 3), pages 1 through 160, and the following forms:

470-3969	<i>Claim Attachment Control</i>
UB-04	<i>Claim Form (CMS-1450)</i>
CMS-1500	<i>Health Insurance Claim Form</i>
	<i>ADA 2012 Dental Claim Form</i>
470-0039	<i>Iowa Medicaid Long Term Care Claim</i>
470-4708	<i>Medicare Crossover Invoice (Professional)</i>
470-4707	<i>Medicare Crossover Invoice (Institutional)</i>
470-2486	<i>Claim for Targeted Medical Care</i>
470-0829	<i>Request for Prior Authorization</i>
470-3970	<i>Prior Authorization Attachment Control</i>
470-3744	<i>Provider Inquiry</i>
470-0040	<i>Adjustment Request</i>
470-4987	<i>Recoupment Request</i>

**Appendix**, Title Page, Table of Contents, and pages 1 through 27

## Summary

This letter transmits a new manual for providers in Occupational Therapy. The manual is comprised of five sections:

- ◆ Chapter I contains information about Iowa Medicaid administration, coverage, and reimbursement that applies to all types of providers.
- ◆ Chapter II describes the different ways of attaining and demonstrating Medicaid eligibility. It also applies to all provider types.
- ◆ Chapter III explains Medicaid requirements specific to public health agencies. The chapter:
  - Aligns with current policies, procedures, and terminology.
  - Ensures that current contact information is provided.
  - Includes links to forms to ensure that the most recent version of the form is accessible.

- ◆ Chapter IV contains instructions and forms to bill Iowa Medicaid. It also applies to all provider types.
- ◆ The Appendix contains directories of local offices of the Department of Human Services and the Social Security Administration and EPSDT care and coordination agencies.

**Date Effective**

Upon receipt.

**Material Superseded**

None.

**Additional Information**

The new provider manual can be found at:

[http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual\\_Documents/Provman/OccTher.pdf](http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Provman/OccTher.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-444**  
Employees' Manual, Title 8  
Medicaid Appendix

May 6, 2016

## PSYCHOLOGY SERVICES MANUAL TRANSMITTAL NO. 16-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **PSYCHOLOGY SERVICES MANUAL**, Chapter III, *Provider-Specific Policies*, Contents (page 1), revised; and pages 1 through 6, revised.

### Summary

The **PSYCHOLOGY SERVICES MANUAL** is revised to:

- ◆ Align with current IA Health Link policies, procedures, and terminology.
- ◆ Update links due to the Department's new website.

### Effective Date

January 1, 2016

### Material Superseded

This material replaces the following pages from the **PSYCHOLOGIST SERVICES MANUAL**:

<u>Page</u>	<u>Date</u>
<b>Chapter III</b>	
Contents (page 1)	April 1, 2014
1-8	April 1, 2014

### Additional Information

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