



Medicaid Enterprise
Department of Human Services

For Human Services use only:
General Letter No. 8-AP-266
Employees' Manual, Title 8
Medicaid Appendix

October 27, 2006

REMEDIAL SERVICES MANUAL TRANSMITTAL NO. 06-1

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

SUBJECT: **Remedial Services Manual**, Title Page, new; Table of Contents, new;
Chapter I, **General Program Policies**, Title Page, Table of Contents, pages 1 through 59, and forms 470-4166, 470-3744, and 470-0040;
Chapter II, **Member Eligibility**, Title Page, Table of Contents (pages 1 and 2), pages 1 through 33, and forms 470-2213, 470-1911, 470-2188, 470-3348, 470-2580, 470-2927, 470-2927(S), 470-3931, 470-4299, 470-2579, 470-2582, 470-2629, 470-3864, and 470-3865;
Chapter III, **Provider-Specific Policies**, Title Page, new; Table of Contents (pages 1 and 2), new; pages 1 through 66, new; and the following new forms:
470-4414 *Financial and Statistical Report for Remedial Services*
CMS-1500 *Health Insurance Claim Form*
Remittance Advice
Appendix, Title Page, Table of Contents, and pages 1 through 18

Summary

This letter transmits a new manual for providers of remedial services. This new service category is intended to replace rehabilitative services for adults with chronic mental illness and rehabilitative treatment services for children.

The manual is comprised of four 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 remedial services. The chapter includes information regarding:
 - What services are covered and what requirements apply to them;
 - The cost reporting and cost settlement processes;
 - Provider documentation of services; and
 - The forms and instructions used for billing for remedial services.
- ◆ The Appendix contains directories of local Department of Human Services offices, Social Security offices in Iowa, and EPSDT care and coordination agencies.

Date Effective

November 1, 2006

Material Superseded

None

Additional Information

The new provider manual 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 the Iowa Medicaid Enterprise Provider Services Unit.



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February 16, 2007

REMEDIAL SERVICES MANUAL TRANSMITTAL NO. 07-1

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

SUBJECT: **Remedial Services Manual**, Chapter III, *Provider-Specific Policies*, Table of Contents (pages 1 and 2), revised; and pages 1, 3, and 6 through 15, revised.

Summary

This letter transmits a revision for providers of remedial services that includes:

- ◆ Clarifying language to correct inconsistent wording.
- ◆ An expanded description of community psychiatric supportive treatment services.

Date Effective

March 1, 2007

Material Superseded

Remove the following pages from Chapter III of the **Remedial Services Manual**, and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents (pages 1, 2)	November 1, 2006
1, 3, 6-15	November 1, 2006

Additional Information

The provider manual 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 the Iowa Medicaid Enterprise Provider Services Unit.



Medicaid Enterprise
Department of Human Services

For Human Services use only:
General Letter No. 8-AP-271
Employees' Manual, Title 8
Medicaid Appendix

May 11, 2007

REMEDIAL SERVICES MANUAL TRANSMITTAL NO. 07-2

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

SUBJECT: **Remedial Services Manual**, Chapter III, *Provider-Specific Policies*, Table of Contents (page 2), revised; pages 57-66, revised; pages 67, 68, and 69, new; and CMS-1500, *Health Insurance Claim Form*, revised.

Summary

This letter transmits a revision for providers of remedial services that includes:

- ◆ A revised CMS 1500 claim form sample.
- ◆ Revised instructions for the claim form.

Date Effective

May 1, 2007

Material Superseded

Remove the following pages from Chapter III of the **Remedial Services Manual**, and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents (page 2)	March 1, 2007
CMS-1500	12/90
57-66	November 1, 2006

Additional Information

The provider manual 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 the Iowa Medicaid Enterprise Provider Services Unit.



Medicaid Enterprise
Department of Human Services

For Human Services use only:
General Letter No. 8-AP-276
Employees' Manual, Title 8
Medicaid Appendix

September 14, 2007

REMEDIAL SERVICES MANUAL TRANSMITTAL NO. 07-3

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

SUBJECT: **Remedial Services Manual**, Chapter III, *Provider-Specific Policies*, pages 11 and 12, revised.

Summary

This letter updates the address and fax number for submission of the remedial services implementation plan, practitioner's order, and progress notes to:

Iowa Medicaid Enterprise Medical Services Unit
PO Box 36478
Des Moines, IA 50315 Fax: 515-725-0931

The e-mail address will continue to be used for questions but not for document submissions at this time.

Date Effective

Upon receipt.

Material Superseded

Remove the following pages from Chapter III of the **Remedial Services Manual** and destroy them:

<u>Page</u>	<u>Date</u>
11, 12	March 1, 2007

Additional Information

The provider manual 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 Unit
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 the Iowa Medicaid Enterprise Provider Services Unit.



August 22, 2008

REMEDIAL SERVICES MANUAL TRANSMITTAL NO. 08-1

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

SUBJECT: **Remedial Services Manual**, Contents (page 1), new; Chapter III, *Provider-Specific Policies*, Contents (pages 1 and 2), revised; pages 1, 2, 3, 15, 17, 18, 19, 28, and 59 through 67, revised; and forms 470-4414, *Financial and Statistical Report for Remedial Services*, revised; and *Remittance Advice*, revised.

Summary

This manual is revised to:

- ◆ Clarify that when a member receiving remedial services enters a long-term institutional placement (PMIC, MHI, etc.), ISIS end-dates the authorization. Upon discharge, if remedial services continue to be appropriate for the member a new order, implementation plan, and authorization are required.
- ◆ Update the cost report form to add new Line 5000 to Schedule D for reporting of home office management fees.
- ◆ Update the instructions for CMS-1500, the *Health Insurance Claim Form*, to reflect the implementation of the national provider identifier (NPI).
- ◆ Update the *Remittance Advice* sample and instructions.

Date Effective

Upon receipt.

Material Superseded

Remove the following pages from Chapter III of the **Remedial Services Manual** and destroy them:

<u>Page</u>	<u>Date</u>
Contents (pp. 1, 2)	March 1, 2007
1	March 1, 2007
2	November 1, 2006
3, 15	March 1, 2007
470-4414 (after p. 16)	10/06
17-19, 28	November 1, 2006
59-69	May 1, 2007
Remittance Advice	6/12/97

Additional Information

The provider manual 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 Unit
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 the Iowa Medicaid Enterprise Provider Services Unit.



Medicaid Enterprise
Department of Human Services

For Human Services use only:
General Letter No. 8-AP-303
Employees' Manual, Title 8
Medicaid Appendix

April 16, 2010

REMEDIAL SERVICES MANUAL TRANSMITTAL NO. 10-1

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

SUBJECT: **Remedial Services Manual**, pages 3, 4, 5, and 11, revised.

Summary

The remedial services manual is revised to provide that the licensed practitioner of the healing arts shall complete a standardized measurement tool for each member during the remedial services assessment or reassessment process. The results of this standardized measurement tool must be submitted to the prior authorization unit with the order and remedial services implementation plan.

Date Effective

March 22, 2010

Material Superseded

Remove the following pages from Chapter III of the **Remedial Services Manual** and destroy them:

<u>Page</u>	<u>Date</u>
3	July 1, 2008
4, 5	November 1, 2006
11	August 1, 2007

Additional Information

The provider manual 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 Unit
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 the 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-333
Employees' Manual, Title 8
Medicaid Appendix

March 30, 2012

REMEDIAL SERVICES MANUAL TRANSMITTAL NO. 12-1

ISSUED BY: Division of Medical Services, Iowa Medicaid Enterprise

SUBJECT: **REMEDIAL SERVICES MANUAL**, Title Page, revised; Table of Contents, revised; Chapter III, **Provider-Specific Policies**, Title Page, revised; Table of Contents (pages 1 and 2), revised; and pages 1 through 45, revised.

Summary

The remedial services provider type terminated on July 1, 2011. The cost report section is being maintained, as cost reports will be due from providers through the provider's fiscal year 2011.

Date Effective

Upon receipt.

Material Superseded

This material replaces the following pages in the **REMEDIAL SERVICES MANUAL**:

<u>Page</u>	<u>Date</u>
Title page	Undated
Contents (page 1)	July 1, 2008
Chapter III	
Title page	Undated
Contents (pages 1 and 2)	July 1, 2008
1, 2	July 1, 2008
3-5	March 22, 2010
6-10	March 1, 2007
11	March 22, 2010
12	August 1, 2007
13, 14	March 1, 2007
15	July 1, 2008
16	November 1, 2006
17-19	July 1, 2008
20-27	November 1, 2006

28	July 1, 2008
29-56	November 1, 2006
CMS-1500	8/05
57, 58	May 1, 2007
59-67	July 1, 2008
IAMC8000-R001	10/19/07

Additional Information

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

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit by telephone at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or by 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-350

Employees' Manual, Title 8
Medicaid Appendix

September 27, 2013

REMEDIAL SERVICES MANUAL TRANSMITTAL NO. 13-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **REMEDIAL SERVICES MANUAL**, obsolete.

Summary

This letter eliminates the remedial services provider manual. The behavioral health intervention service manual replaces this provider manual.

Date Effective

July 1, 2011

Material Superseded

This material rescinds the entire **REMEDIAL SERVICES MANUAL**. This includes the following pages:

<u>Page</u>	<u>Date</u>
Title page	Undated
Contents (page 1)	January 1, 2012
Chapter III	
Title page	Undated
Contents (pages 1 and 2)	January 1, 2012
1-8	January 1, 2012
470-4414	8/08
16-45	January 1, 2012

Additional Information

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.