

March 7, 1996

For Human Services Use Only

General Letter No. 8-A-AP(II)-584

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

SCREENING CENTER MANUAL TRANSMITTAL NO. 96-1

Subject: *Screening Center Manual*, Table of Contents, pages 4 and 5, revised; Chapter E, *Coverage and Limitations*, page 61, revised.

This release adds the new CPT codes for Hepatitis B vaccine effective January 1, 1996. The current CPT code of 90731 will be phased out March 31, 1996.

Date Effective

March 1, 1996

Material Superseded

Remove from the *Screening Center Manual*, Table of Contents, pages 4 and 5, dated August 1, 1995, and Chapter E, page 61, dated August 2, 1995, 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

May 15, 1996

For Human Services Use Only

General Letter No. 8-A-AP(II)-596

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

SCREENING CENTER MANUAL TRANSMITTAL NO. 96-2

Subject: *Screening Center Manual*, Chapter E, *Coverage and Limitations*, pages 46-49 and 62, revised.

The ACIP schedule was revised effective April 1996. The changes include a recommendation of varicella vaccinations and the three-dose hepatitis B series for 11-12 year olds.

Date Effective

May 1, 1996

Material Superseded

Remove from the *Screening Center Manual*, Chapter E, pages 46-49 and 62, dated August 1, 1995, 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 30, 1997

For Human Services Use Only

General Letter No. 8-AP-18

Subject: Employees' Manual, Title 8, Medicaid Appendix

SCREENING CENTER MANUAL TRANSMITTAL NO. 97-1

Subject: *Screening Center Manual*, Table of Contents (pages 4 and 5), revised; Chapter E, *Coverage and Limitations*, pages 3, 4, 15-17, 31-44, 46, and 55-62, revised; and pages 34a, 63, and 64, new.

This release:

- ◆ Adds varicella to list of vaccines distributed through the VFC program.
- ◆ Adds a code for developmental testing when it is the only service provided.
- ◆ Revises the content information related to EPSDT "Care for Kids" screens.

Date Effective

January 1, 1997

Material Superseded

Remove from *Screening Center Manual*, Chapter E, and destroy:

<u>Page</u>	<u>Date</u>
Contents (pages 4 and 5)	March 1, 1996
Chapter E:	
3, 4, 15-17, 31-44,	August 1, 1995
46	May 1, 1996
55-60	August 1, 1995
61	February 1, 1996
62	May 1, 1996

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

June 5, 1997

For Human Services Use Only

General Letter No. 8-AP-27

Subject: Employees' Manual, Title 8, Medicaid Appendix

SCREENING CENTER MANUAL TRANSMITTAL NO. 97-2

Subject: *Screening Center Manual*, Table of Contents (page 5), revised; Chapter E, *Coverage and Limitations*, pages 6, 26 through 29, 46 through 48, 63, and 64, revised.

This release:

- ◆ Adds codes for local transportation to allow designated Department of Public Health agencies to bill on the HCFA-1500.
- ◆ Reflects changes in the vaccines for children (VFC) schedule.
- ◆ Reflects changes in blood pressure measurement for children.
- ◆ Adds the code for a new vaccine combination, hemophilus influenza type B (Hib) and hepatitis B (Hep), which will be available through VFC in the future.

Date Effective

May 1, 1997 for the VFC and exam changes.

July 1, 1997 for the transportation changes.

Material Superseded

Remove from *Screening Center Manual*, Chapter E, and destroy them:

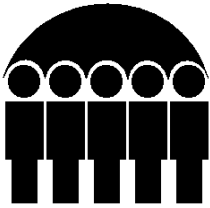
<u>Page</u>	<u>Date</u>
Contents (page 5)	January 1, 1997
Chapter E:	
6, 26-29	August 1, 1995
46	January 1, 1997
47,48,	May 1, 1996
63, 64	January 1, 1997

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-45
Employees' Manual, Title 8
Medicaid Appendix

January 5, 1998

SCREENING CENTER MANUAL TRANSMITTAL NO. 98-1

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

SUBJECT: *Screening Center Manual*, Chapter E, *Coverage and Limitations*, pages 47, 63 and 64 revised.

This release:

- ◆ Corrects the Recommended Childhood Immunization Schedule.
- ◆ Corrects the CPT code for the vaccine combination hemophilus influenza type B and hepatitis B.
- ◆ Adds a second CPT code for polio.
- ◆ Revises the local transportation codes to allow for correct processing.

Date Effective

Upon receipt.

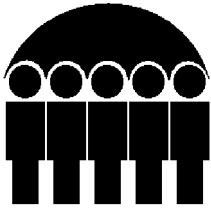
Material Superseded

Remove the following pages from *SCREENING CENTER Manual* and destroy them:

<u>Page</u>	<u>Date</u>
Chapter E	
47, 63	May 1, 1997
64	July 1, 1997

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-49
Employees' Manual, Title 8
Medicaid Appendix

March 23, 1998

SCREENING CENTER MANUAL TRANSMITTAL NO. 98-2

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

SUBJECT: *Screening Center Manual*, Table of Contents, page 5, revised; Chapter E, *Coverage and Limitations*, pages 46, 47, and 63, revised; and Chapter F, *Billing and Payment*, pages 1 to 17, revised.

This release:

- ◆ Revises the Recommended Childhood Immunization Schedule.
- ◆ Adds a code for vision screening.
- ◆ Transmits updated billing and payment instructions.

Date Effective

March 1, 1998.

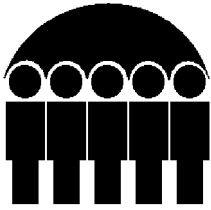
Material Superseded

Remove the following pages from *SCREENING CENTER Manual* and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents (page 5)	July 1, 1997
Chapter E	
46	May 1, 1997
47, 63	January 1, 1998
Chapter F	
1	August 1, 1995
2	August 1, 1995
3, 4	Undated
5-16	August 1, 1995
17	Undated
18	05/30/92
19, 20	06/12/92
21, 22	August 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-87
Employees' Manual, Title 8
Medicaid Appendix

October 30, 1998

SCREENING CENTER MANUAL TRANSMITTAL NO. 98-3

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

SUBJECT: *Screening Center Manual*, Table of Contents, page 4, revised; Chapter E, *Coverage and Limitations*, pages 34, 34a, 36, and 37, revised.

This revision reflects changes in the blood lead testing schedule.

Date Effective

November 1, 1998

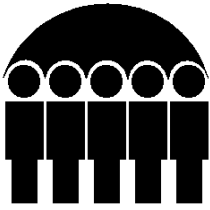
Material Superseded

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

<u>Page</u>	<u>Date</u>
Table of Contents (page 4)	January 1, 1997
Chapter E 34, 34a, 36, 37	January 1, 1997

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-109
Employees' Manual, Title 8
Medicaid Appendix

April 9, 1999

SCREENING CENTER MANUAL TRANSMITTAL NO. 99-1

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

SUBJECT: *Screening Center Manual*, Chapter E, *Coverage and Limitations*, pages 4, 46, 47, 48, and 63, revised.

This revision:

- ◆ Reflects changes in the vaccines for children (VFC) schedule.
- ◆ Adds the code for rotavirus vaccine.
- ◆ Corrects a lead screening reference.

Date Effective

Upon receipt.

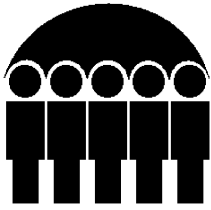
Material Superseded

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

<u>Page</u>	<u>Date</u>
4	January 1, 1997
46, 47	March 1, 1998
48	May 1, 1997
63	March 1, 1998

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-173

Employees' Manual, Title 8
Medicaid Appendix

October 22, 2001

SCREENING CENTER MANUAL TRANSMITTAL NO. 01-1

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

SUBJECT: *Screening Center Manual*, Table of Contents (page 5), revised; Chapter E, *Coverage and Limitations*, pages 32, 33, 34, 46, 47, 48, 61, 62, 63, and 64, revised; and pages 48a and 65, new; and Chapter F, *Billing and Payment*, pages 18 through 21, new.

Summary

Chapter E is updated to:

- ◆ Include a section addressing administrative simplification, as required by the Health Insurance Portability and Accountability Act of 1996 (HIPPA). Administrative simplification includes use of standard code sets, such as CPT codes, and elimination of local codes for Medicaid services.

This release eliminates the W0051 local code for EPSDT "Care for Kids" screens. The preventive office visit codes with modifiers will be used for the service. Both codes will be processed through April 30, 2002.

- ◆ Revise the Recommended Childhood Immunization Schedule.
- ◆ Revise the Nutrition Assessment Standard.

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 cancelled.

Dates Effective

Upon receipt. The use of the preventive office visit code became effective July 1, 2001.

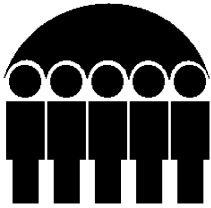
Material Superseded

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

<u>Page</u>	<u>Date</u>
Table of Contents	
5	March 1, 1998
Chapter E	
32, 33	January 1, 1997
34, 34a	November 1, 1998
46, 47, 48	March 1, 1999
61, 62	January 1, 1997
63	March 1, 1999
64	January 1, 1998

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-184

Employees' Manual, Title 8

Medicaid Appendix

April 26, 2002

SCREENING CENTER MANUAL TRANSMITTAL NO. 02-1

ISSUED BY: Bureau of Long Term Care

SUBJECT: **SCREENING CENTER MANUAL**, Table of Contents (page 5), revised;
Chapter E, *Coverage and Limitations*, pages 1, 63, 64, and 65, revised.

Summary

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 codes for nutrition counseling. Both codes will be processed through June 30, 2002.

- ◆ Adds coverage of dental hygienist services.
- ◆ Clarifies the provider enrollment process and corrects an incorrect diagnosis code reference.

Date Effective

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Table of Contents (page 5)	July 1, 2001
Chapter E	
1	August 1, 1995
63	July 1, 2001
64, 65	May 1, 2001

Additional Information

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

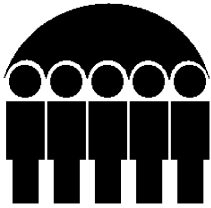
www.dhs.state.ia.us/policyanalysis

If you do not have Internet Access, you may request a paper copy of this Manual Transmittal by sending a written request to:

ACS/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-215

Employees' Manual, Title 8

Medicaid Appendix

June 30, 2003

SCREENING CENTER MANUAL TRANSMITTAL NO. 03-1

ISSUED BY: Bureau of Long Term Care

SUBJECT: **SCREENING CENTER MANUAL**, Table of Contents (pages 4 and 5), revised, Chapter E, *Coverage and Limitations*, pages 5, 6, 7, 21 through 29, 33, 34, and 43 through 61, revised; Chapter F, *Billing and Payment*, pages 4, 8, 18, 19, and 21, revised, and page 10a, new.

Summary

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 codes for nine services. Both codes will be processed through September 30, 2003.
- ◆ Revise some content pages describing the activities in a screen.

Chapter F is revised to:

- ◆ Add instructions for form 470-3969, *Claim Attachment Control*, used to submit paper attachments for an electronic claim.
- ◆ Replace references to "Consultec" with "ACS."

Date Effective

July 1, 2003

Material Superseded

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

<u>Page</u>	<u>Date</u>
Table of Contents (page 4)	November 1, 1998
Table of Contents (page 5)	March 1, 2002
Chapter E	
5	August 1, 1995
6	July 1, 1997
7, 21-25	August 1, 1995

<u>Page</u>	<u>Date</u>
26-29	May 1, 1997
30	August 1, 1995
33, 34	May 1, 2001
43, 44	January 1, 1997
45	August 1, 1995
46-48, 48a	May 1, 2001
49	May 1, 1996
50	August 1, 1995
51-53	4/92
54	August 1, 1995
55-60	January 1, 1997
61, 62	July 1, 2001
63-65	March 1, 2002
Chapter F	
4, 8	March 1, 1998
18	July 1, 2001
19, 21	4/00

Additional Information

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

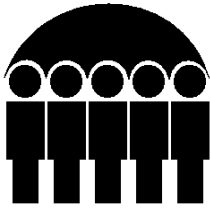
www.dhs.state.ia.us/policyanalysis

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.



Iowa Department of Human Services

For Human Services use only:
General Letter No. 8-AP-252
Employees' Manual, Title 8
Medicaid Appendix

September 14, 2004

SCREENING CENTER MANUAL TRANSMITTAL NO. 04-1

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

SUBJECT: *SCREENING CENTER MANUAL*, Chapter E, *Coverage and Limitations*, pages 23, 34 through 42, 58, 60, and 61, revised.

Summary

Chapter E is updated to:

- ◆ Revise descriptions of blood lead testing procedures.
- ◆ Correct two codes for immunizations
- ◆ Add procedure codes for follow-up visits and for transportation when a child is enrolled in an HMO.

Date Effective

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Chapter E	
23, 34	July 1, 2003
35	January 1, 1997
36, 37	November 1, 1998
38-42	January 1, 1997
58, 60, 61	July 1, 2003

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.



Medicaid Enterprise
Department of Human Services

For Human Services use only:
General Letter No. 8-AP-277
Employees' Manual, Title 8
Medicaid Appendix

October 26, 2007

SCREENING CENTER MANUAL TRANSMITTAL NO. 07-1

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

SUBJECT: **SCREENING CENTER MANUAL**, Title Page, revised; Chapter III, *Provider-Specific Policies*, Title Page, new; Table of Contents (pages 1 and 2), new; pages 1 through 62, new; and the following forms:

RC-0080	<i>Screening Components by Age</i> , new
CMS-1500	<i>Health Insurance Claim Form</i> , revised
470-3969	<i>Claim Attachment Control</i> , revised
	<i>Remittance Advice</i> , unchanged

Summary

Chapters on coverage and limitations and on billing and payment for screening center 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.

This release:

- ◆ Adds a section on care coordination and clarifies that care coordination cannot be billed for case activity that is integral to or an extension of a direct Medicaid service.
- ◆ Removes form 470-3165, *Child Mental Health Screen*. A variety of screening tools can be used in primary care settings to discover indications of mental health problems.
- ◆ Reflects additions in codes.
- ◆ Updates the claim form and the claim attachment form.

Date Effective

June 1, 2007

Material Superseded

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

<u>Page</u>	<u>Date</u>
Title Page	Undated
Contents (Pages 4 and 5)	July 1, 2003
Chapter E	
1	March 1, 2002
2	August 1, 1995
3	January 1, 1997
4	March 1, 1999
5-7	July 1, 2003
8-11	August 1, 1995
12-14 (470-3165)	8/95
15-17	January 1, 1997
18-20	August 1, 1995
21, 22	July 1, 2003
23	September 1, 2004
24-29	July 1, 2003
31	January 1, 1997
32	May 1, 2001
33	July 1, 2003
34-42	September 1, 2004
43-57	July 1, 2003
58	September 1, 2004
59	July 1, 2003
60, 61	September 1, 2004
Chapter F	
1-3	March 1, 1998
4	July 1, 2003
5-7	March 1, 1998
8	July 1, 2003
9, 10 (HCFA-1500)	12/90
10a (470-3969)	7/03
11, 12	March 1, 1998
13, 14	Undated
15, 16	March 1, 1998
17	February 1, 1999
18	July 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:

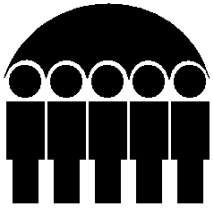
www.ime.state.ia.us/providers

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-294
Employees' Manual, Title 8
Medicaid Appendix

January 16, 2009

SCREENING CENTER MANUAL TRANSMITTAL NO. 09-1

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

SUBJECT: **SCREENING CENTER MANUAL**, Table of Contents, new; Chapter III, *Provider-Specific Policies*, Table of Contents (page 2), revised; pages 3, 4, 13, 14, 15, 23, and 41 through 62, revised; page 63, new; and the following forms:

RC-0080 *Screening Components by Age*, revised
Remittance Advice, revised

Summary

Screening Center Chapter III is updated to:

- ◆ Revise the schedule of screening components by age to conform to current requirements.
- ◆ 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, the services of informing and care coordination will now be provided through an interagency agreement with the Iowa Department of Public Health, not as a component of Medicaid screening center services.
- ◆ Add references to health education on dental sealants for deciduous molars and bicuspid, since Medicaid coverage of sealants has been expanded.
- ◆ Revise standards for vision screenings to incorporate the recommendations in ***Bright Futures***, Third Edition.
- ◆ Revise standards for hearing screening to incorporate the recommendations of the Joint Committee on Infant Hearing.
- ◆ Clarify requirements for patient encounter records.
- ◆ Add codes for home visits.
- ◆ Refer to the Vaccines for Children web site for the current list of covered vaccines.
- ◆ Revise a procedure code definition.
- ◆ End-date two fluoride codes, as fluoride varnish is the only code needed.
- ◆ 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 **SCREENING CENTER MANUAL** and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 2)	June 1, 2007
Chapter III	
RC-0080	6/05
3, 4, 13-15, 23, 41-58	June 1, 2007
RA-1500	Undated
59-62	June 1, 2007

Additional Information

The updated provider manual containing the revised pages will be available by February 1 at: **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 1, 2010

SCREENING CENTER MANUAL TRANSMITTAL NO. 10-1

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

SUBJECT: **SCREENING CENTER MANUAL**, Chapter III, *Provider-Specific Policies*, Table of Contents (pages 1 and 2), revised; pages 4, 5, 6, 12 through 20, 23, 24, 25, and 49 through 63, revised; pages 64 through 67, new; and the following forms:

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

Summary

Screening Center Chapter III is updated to:

- ◆ Add interpreter services.
- ◆ Update oral health references.
- ◆ Add a code for nursing assessment and evaluation.
- ◆ Update remittance advice samples and explanations.

Date Effective

Upon receipt.

Material Superseded

This material replaces the following pages in the **SCREENING CENTER MANUAL**:

<u>Page</u>	<u>Date</u>
Chapter III	
Contents (page 1)	June 1, 2007
Contents (page 2)	February 1, 2009
4	February 1, 2009
5, 6, 12	June 1, 2007
13-15	February 1, 2009
16-20	June 1, 2007
23	February 1, 2009
24, 25	June 1, 2007
49-60	February 1, 2009
Remittance Advice	10/19/07
61-63	February 1, 2009

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.



Medicaid Enterprise
Department of Human Services

For Human Services use only:
General Letter No. 8-AP-315
Employees' Manual, Title 8
Medicaid Appendix

February 25, 2011

SCREENING CENTER MANUAL TRANSMITTAL NO. 11-1

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

SUBJECT: **SCREENING CENTER MANUAL**, Chapter III, *Provider-Specific Policies*, Table of Contents (page 2), revised; pages 47, 48, 50, and 51, revised; and page 50a, new.

Summary

Screening Center Chapter III is updated to:

- ◆ Update vaccine administration codes.
- ◆ Add preventive medicine counseling.
- ◆ Add a modifier to the oral health codes.

Date Effective

Upon receipt.

Material Superseded

This material replaces the following pages in the **SCREENING CENTER MANUAL**:

<u>Page</u>	<u>Date</u>
Chapter III	
Contents (page 2)	September 1, 2009
47, 48	February 1, 2009
50, 51	September 1, 2009

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 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-371

Employees' Manual, Title 8
Medicaid Appendix

May 2, 2014

SCREENING CENTERS MANUAL TRANSMITTAL NO. 14-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **SCREENING CENTERS MANUAL**, Title page, revised; Table of Contents (page 1), revised; Chapter III, *Provider-Specific Policies*, Title page, revised; Contents (pages 1 and 2), revised; and pages 1 through 46, revised.

Summary

The **SCREENING CENTERS 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 following pages from the **SCREENING CENTERS MANUAL**:

<u>Page</u>	<u>Date</u>
Title page	Undated
Contents (page 1)	February 1, 2009
Chapter III	
Title page	Undated
Contents (page 1)	September 1, 2009
Contents (page 2)	January 1, 2011
1, 2	June 1, 2007
3	February 1, 2009

4-6	September 1, 2009
7-11	June 1, 2007
12-20	September 1, 2009
21, 22	June 1, 2007
23-25	September 1, 2009
26-40	June 1, 2007
41-46	February 1, 2009
47, 48	January 1, 2011
49	September 1, 2009
50, 50a, 51	January 1, 2011
52-62	September 1, 2009
Remittance Advice	Undated
63, 64	September 1, 2009
Part B Remittance Advice	Undated
65-67	September 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/scenter.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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Charles M. Palmer
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For Human Services use only:

General Letter No. 8-AP-418

Employees' Manual, Title 8
Medicaid Appendix

September 25, 2015

SCREENING CENTERS MANUAL TRANSMITTAL NO. 15-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **SCREENING CENTERS MANUAL**, Chapter III, *Provider-Specific Policies*, pages 10, 40, and 41, revised.

Summary

The **SCREENING CENTERS MANUAL** is revised to:

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

Effective Date

October 1, 2015

Material Superseded

This material replaces the following pages from the **SCREENING CENTERS MANUAL**, which includes the following:

<u>Page</u>	<u>Date</u>
Chapter III 10, 40, 41	May 1, 2014

Additional Information

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

<http://dhs.iowa.gov/sites/default/files/Scenter.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
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Charles M. Palmer
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For Human Services use only:

General Letter No. 8-AP-451
Employees' Manual, Title 8
Medicaid Appendix

July 8, 2016

SCREENING CENTERS MANUAL TRANSMITTAL NO. 16-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **SCREENING CENTERS MANUAL**, Chapter III, *Provider-Specific Policies*, Contents (page 2), revised; and pages 11, 13, 29, 30, and 42 through 46, revised.

Summary

The **SCREENING CENTERS MANUAL** is revised to align with current IA Health Link policies, procedures, and terminology.

Effective Date

January 1, 2016

Material Superseded

This material replaces the following pages from the **SCREENING CENTERS MANUAL**, which includes the following:

<u>Page</u>	<u>Date</u>
Chapter III	
Contents (page 2)	May 1, 2014
11, 13, 29, 30, 42-46	May 1, 2014

Additional Information

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

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

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For Human Services use only:

General Letter No. 8-AP-473
Employees' Manual, Title 8
Medicaid Appendix

January 12, 2018

SCREENING CENTERS MANUAL TRANSMITTAL NO. 18-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **Screening Centers Manual**, Chapter III, *Provider-Specific Policies*, Contents (pages 1 and 2), revised; and pages 1 through 11, 13, 14, 19 through 24, 28 through 32, 34 through 39, and 42 through 45, revised.

Summary

The **Screening Centers Manual** is revised to align with current policies, procedures, and terminology.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from the **Screening Centers Manual**:

<u>Page</u>	<u>Date</u>
Chapter III	
Contents (page 1)	May 1, 2014
Contents (page 2)	June 1, 2016
1-9	May 1, 2014
10	October 1, 2015
11, 13	June 1, 2016
14, 19-24, 28	May 1, 2014
29, 30	June 1, 2016
31, 32, 34-39	May 1, 2014
42-45	June 1, 2016

Additional Information

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