



Iowa Department of Human Services

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For Human Services use only:

General Letter No. 8-AP-356

Employees' Manual, Title 8
Medicaid Appendix

April 18, 2014

SPEECH-LANGUAGE PATHOLOGY MANUAL TRANSMITTAL NO. 14-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **SPEECH-LANGUAGE PATHOLOGY 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 Speech-Language Pathology. 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/SLPath.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.



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Medicaid Appendix

February 10, 2017

SPEECH-LANGUAGE PATHOLOGY MANUAL TRANSMITTAL NO. 17-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: ***SPEECH-LANGUAGE PATHOLOGY MANUAL***, Chapter III, *Provider-Specific Policies*, pages 1, 2, and 4, revised.

Summary

The ***SPEECH-LANGUAGE PATHOLOGY MANUAL*** is revised to:

- ◆ Align with current policies, procedures, and terminology.
- ◆ Update links to ensure that the most recent versions of forms are accessible.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from the ***SPEECH-LANGUAGE PATHOLOGY MANUAL***:

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

Additional Information

The new provider manual can be found at:
<https://dhs.iowa.gov/sites/default/files/SLPath.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.