



# STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR  
KIM REYNOLDS, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
CHARLES M. PALMER, DIRECTOR

DATE

PROVIDER NAME  
PROVIDER ADDRESS  
CITY, STATE ZIP

PROVIDER NAME:

Authorized Behavioral Health Intervention Services have been entered into the Iowa Medicaid claims payment system:

Prior Authorization: PA NUMBER

MEMBER NAME:

MEMBER SID:

PROVIDER NAME:

NPI #:

<u>Procedure Code</u>	<u>Modifier</u>	<u>Number of Units</u>	<u>Beginning Date</u>	<u>Ending Date</u>
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Services authorized by the Iowa Plan were pro-rated for a 60-day duration. Once this member becomes eligible for the Iowa Plan, claims will auto-deny and should be submitted to Magellan of Iowa.

Iowa Medicaid Enterprise  
Medical Services