



Iowa Department of Human Services

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For Human Services use only:

General Letter No. 8-AP-329

Employees' Manual, Title 8
Medicaid Appendix

January 20, 2012

BEHAVIORAL HEALTH INTERVENTION SERVICES MANUAL TRANSMITTAL NO. 12-1

ISSUED BY: Bureau of Adult and Children's Medical Programs
Iowa Medicaid Enterprise

SUBJECT: **BEHAVIORAL HEALTH INTERVENTION SERVICES 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 57, and the following forms:

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

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

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

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; pages 1 through 29, new; and the following forms:

470-4621	<i>IME BHIS Fax Cover Letter, new</i>
470-5034	<i>BHIS IME Notice of Decision, new</i>
470-5033	<i>BHIS IME Authorization Not Needed, new</i>
CMS-1500	<i>Health Insurance Claim Form, new</i> <i>Remittance Advice, new</i>

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

Summary

This letter transmits a new manual for providers of behavioral health intervention services.

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 behavioral health intervention services. The chapter:
 - Implements the transition from remedial services to behavioral health intervention services.
 - Clarifies expectation of the Iowa Plan contractor for agency certification.
 - Clarifies how to obtain approval for services if the member receives services in a month where there is no Iowa Plan eligibility.
 - Revises the form to use as a cover sheet when submitting requests for behavioral health intervention services authorizations to the Iowa Plan.
 - Revises the list of procedure codes to align with the Iowa Plan.
 - Removes requirements that were eliminated in the transition to the Iowa Plan.
- ◆ The Appendix contains directories of local Department of Human Services offices, Social Security offices in Iowa, and EPSDT care and coordination agencies.

Date Effective

July 1, 2011

Material Superseded

None.

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.