



# Iowa Department of Human Services

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Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## INFORMATIONAL LETTER NO.1103

**TO:** Iowa Medicaid Case Managers, Targeted Case Managers, Individual Consumer Directed Attendant Care (CDAC) Providers and Waiver Providers

**FROM:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

**DATE:** February 28, 2012

**SUBJECT:** Claim for Targeted Medical Care Claim Form

**EFFECTIVE:** March 1, 2012

This letter serves as a reminder that effective, **March 1, 2012**, providers **must** use the revised claim form for Targeted Medical Care to bill the Iowa Medicaid Enterprise (IME) for services. The form number is 470-2486 (Rev. 12/11). Please refer to Informational Letter No. 1083 for instructions on the new claim form.

Beginning March 1, 2012, **only** the new version of the claim form (revised 12/11) will be accepted by the IME. **Older versions of the form will be returned to the provider, and the claim will not be paid.**

The IME appreciates your partnership as we work together to serve the needs of the Iowa Medicaid members. If you have any questions, please contact the IME Provider Services at 1-800-338-7909 or locally (in Des Moines) at 515-256-4609. You may also contact the IME by email at: [imeproviders@dhs.state.ia.us](mailto:imeproviders@dhs.state.ia.us).