

# Iowa Medicaid Guide

As of 02/24/2010

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## PROVIDER SPECIALTY CODES (02200)

01 GENERAL PRACTICE  
02 GENERAL SURGERY  
03 ALLERGY  
04 OTOLARYNGOLOGY  
05 ANESTHESIOLOGY  
06 CARDIOVASCULAR  
07 DERMATOLOGY  
08 FAMILY PRACTICE  
10 GASTROENTEROLOGY  
11 INTERNAL MEDICINE  
13 NEUROLOGY  
14 NEURO SURGERY  
16 OB/GYN  
18 OPHTHALMOLOGY  
19 ORAL SURGERY (DENTISTS ONLY)  
20 ORTHO SURGERY  
22 PATHOLOGY  
24 PLASTIC SURGERY  
25 PHYSICAL MEDICINE REHAB  
26 PSYCHIATRY  
28 PROCTOLOGY  
29 PULMONARY  
30 RADIOLOGY  
32 ANESTHESIOLOGISTS ASSISTANTS  
33 THORACIC SURGERY  
34 UROLOGY  
35 CHIROPRACTIC  
36 NUCLEAR MEDICINE  
37 PEDIATRICS  
38 GERIATRIC MEDICINE  
39 NEPHROLOGY  
40 HAND SURGERY  
41 OPTOMETRY  
44 INFECTIOUS DISEASE  
46 ENDOCRINOLOGY  
48 PODIATRIST  
59 AMBULANCE  
63 PORTABLE XRAY  
65 PHYSICAL THERAPY  
66 RHEUMATOLOGY  
69 INDEPENDENT LAB  
70 CLINIC  
72 PAIN MANAGEMENT  
77 VASCULAR SURGERY  
78 CARDIO SURGERY  
79 ADDICTION MEDICINE  
81 CRITICAL CARE (INTENSIVISTS)  
82 HEMATOLOGY  
83 ONCOLOGY  
84 PREVENTATIVE MEDICINE  
85 MAXILLOFACIAL SURGERY  
86 NEUROPSYCHIATRY  
90 MEDICAL ONCOLOGY  
91 DENTIST  
92 ORAL SURGERY  
93 ORTHODONTIST  
94 PEDODONTIST  
95 PERIODONTICS  
96 ENDODONTICS  
98 GYNECOLOGICAL  
99 UNKNOWN PHYSICIAN SPECIALTY

## PROVIDER CATEGORY OF SERVICE CODES (03010)

10 INPATIENT  
15 OUTPATIENT  
16 CHILD PART HOSPITAL  
17 CHILD DAY TREATMENT  
18 ADULT PART HOSPITAL  
19 ADULT DAY TREATMENT  
20 SKILLED NURSING FACILITY  
25 INTERMEDIATE CARE FACILITY  
26 ICF/MR  
27 NURSING FACILITY FOR MENTALLY ILL  
30 HOME HEALTH  
31 LEAD INSPECTION  
35 PHYSICIAN  
40 CLINIC SERVICES  
42 MEP CASE MANAGEMENT  
45 LAB XRAY  
46 HABILITATION SERVICES  
48 REMEDIAL SERVICES  
49 REHABILITATION SUPPORT SERVICES  
50 AMBULANCE  
51 LOCAL EDUCATION AGENCY/LEA SERVICES  
52 EARLY ACCESS SERVICES  
55 PRESCRIBED DRUGS  
57 DRUG CAPITATION  
59 INDIAN HEALTH SERVICES  
60 FAMILY PLANNING SERVICES  
62 IOWA PLAN  
63 MANAGED SUBSTANCE ABUSE  
64 MENTAL HEALTH ACCESS PLAN  
65 EPSDT SCREENING  
66 HMO SERVICES  
67 PACE  
68 PATIENT MANAGEMENT  
69 HEALTH INSURANCE PREMIUM PAYMENT  
70 MEDICAL SUPPLIES  
75 OTHER PRACTITIONER  
76 FAMILY CENTERED PROGRAM  
77 FAMILY PRESERVATION  
78 TREATMENT FOSTER FAMILY CARE  
79 GROUP TREATMENT THERAPY  
80 DENTAL  
82 OPTOMETRIST  
84 CHIROPRACTIC  
86 PODIATRIST  
88 PHYSICAL DISABILITY WAIVER  
89 BRAIN INJURY WAIVER SERVICES  
90 PSYCHIATRIC  
91 RESIDENTIAL CARE FACILITY  
92 MR WAIVER SERVICES  
93 CHILDRENS MENTAL HEALTH WAIVER  
94 AIDS WAIVER SERVICES  
95 ELDERLY WAIVER SERVICES  
96 ILL & HANDICAPPED WAIVER SERVICES  
97 COUNTY OFFICE REIMBURSEMENT  
98 MEP SERVICES  
99 UNASSIGNED

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## PROVIDER ENROLLMENT STATUS CODES (02380)

A TERM MEDICAID AUTHORITY  
B MEDICARE TERMINATION  
C LICENSE REVOKED  
D LICENSE EXPIRED  
E VOLUNTARY TERMINATION  
F PROVIDER DECEASED  
G INCORRECT PROVIDER ADDRESS  
H PROVIDER CHANGED NUMBER  
I NO SIGNED CORE AGREEMENT  
J TERMINATED - INACTIVE 3 YEARS  
K TERM - AWAIT RE-ENROLL PACKAGE  
L LICENSE SUSPENDED  
M TERMINATION RENOULLMENT  
N REJECT - INVALID LICENSURE  
O REJECT - TWO PROVIDER NUMBERS  
P REJECT - PREVIOUS NUMBER ASSIGNED  
Q REJECTED - INVALID SERVICE  
R REJECTED - OTHER  
S PENDING - INCOMPLETE FORM  
T PENDING - NO LICENSE  
U PENDING - NO AGREEMENT  
V PENDING - MISSING DOCUMENTATION  
W PENDING - BOARD ELIGIBILITY  
X PENDING - HCF APPROVAL  
Y PENDING - HCF DETERMINE RATES  
Z PROVIDER INITIATED TERMINATION  
0 ACTIVE - NOT QUAL PHYS SERVICES  
1 ACTIVE  
2 ACTIVE AND PARTICIPATING

## TYPE OF PRACTICE CODE (02100)

01 INDIVIDUAL PRACTICE  
02 PARTNERSHIP  
03 CORPORATION/PROFIT ORGANIZATION  
04 HOSPITAL BASED  
05 GOVERNMENT OWNED  
06 NOT FOR PROFIT  
07 PRIVATE OWNER  
08 HMO  
09 GROUP  
10 UNIVERSITY AFFILIATED CLINIC

## TYPE OF OWNERSHIP CODE (02054)

1 INDIVIDUAL RECIPIENT  
2 BOARD MEMBER/COMMISSIONER  
3 SOLE OWNERSHIP  
4 PARTNERSHIP  
5 CORPORATION  
6 GOVERNMENT ENTITY  
7 NON-PROFIT ORGANIZATION  
8 TRUST

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## PLACE OF SERVICE

(03140)

PLACE OF SERVICE INDICATES WHERE THE SERVICE WAS RENDERED. THIS DATA ELEMENT CONTAINS THE VALID VALUES ACCEPTED ON MEDICAL CLAIMS (HCFA 1500 AND TARGETED MEDICAL CARE.)

01	Pharmacy <b>(NOT CURRENTLY USED)</b>
03	School
04	Homeless Shelter
05	Indian Health Service Free Standing Facility
06	Indian Health Service Provider-Based Facility
07	Tribal 638 Free-standing Facility
08	Tribal 638 Provider-based Facility
09	Correction Facility <b>(NOT CURRENTLY USED)</b>
11	Office
12	Patient's Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
16	Temporary Lodging
20	Urgent Care Facility
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Home
33	Custodial Care Facility
34	Hospice
41	Ambulance (Land)
42	Ambulance – Air or Water
49	Independent Clinic
50	FQHC (Federally Qualified Health Center)
51	Inpatient Psychiatric Facility
52	Psychiatric Facility – Partial Hospitalization
53	Daycare Facility Psych
54	Intermediate Care Facility (MR)
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
57	Non-Residential Substance Abuse Treatment Facility
60	Mass Immunization Center
61	Comprehensive Inpatient Rehab
62	Comprehensive Outpatient Rehab
65	End Stage Renal Disease Treatment
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Lab
99	Other Unlisted Facility

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## TYPE OF SERVICE

**(05840)**

(From PDD File)

D DENTISTS  
H HOME HEALTH  
I INPATIENT  
O OUTPATIENT  
R DME RENTAL  
S ICD-9 SURGICAL  
U UNIVERSAL PRICES  
X OUTPATIENT LEVEL OF CARE  
1 HCPCS  
2 SNF

## PROVIDER NUMBER ASSIGNMENT

03000000 - 03999999 GUARDIAN  
06000000 - 06999999 IOWA INSTITUTIONAL PROVIDERS  
08000000 - 08799999 ICF  
08800000 - 08899999 ICF/MR  
08900000 - 08999999 RCF  
01000000 - 09999999 ALL OTHER PROVIDERS (EXCEPT ABOVE)

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## PROVIDER TYPE (02050)

01	GENERAL HOSPITAL	37	IME DEFAULT PROVIDER
02	PHYSICIAN MD	38	CERTIFIED NURSE MIDWIFE
03	PHYSICIAN DO	39	BIRTHING CENTER
04	DENTIST	40	AREA EDUCATION AGENCY
05	PODIATRIST	41	PSYCH MEDICAL INST. CHILDREN (PMIC)
06	OPTOMETRIST	42	MEP CASE MANAGER
07	OPTICIAN	43	ADULT REHAB
08	PHARMACY	44	CRNA
09	HOME HEALTH AGENCY	45	HOSPICE
10	INDEPENDENT LAB	46	PREPAID HEALTH PLAN
11	AMBULANCE	47	HIPP
12	MEDICAL SUPPLES	48	CLINICAL SOCIAL WORKER
13	RURAL HEALTH CLINIC	49	FEDERAL QUALIFIED HEALTH CENTER (FQHC)
14	CLINIC	50	NURSE PRACTITIONER
15	PHYSICAL THERAPIST	51	THERAPEUTIC TREATMENT SERVICE
16	CHIROPRACTOR	52	NURSING FACILITY - MENTAL ILL
17	AUDIOLOGIST	53	MENTAL HEALTH SUBSTANCE ABUSE PLAN
18	SKILLED NURSING FACILITY	54	COUNTY RELIEF
19	REHAB AGENCY	55	LEAD INVESTIGATION AGENCY
20	INTERMEDIATE CARE FACILITY	56	LOCAL EDUCATION AGENCY
21	COMMUNITY MH	57	EARLY ACCESS SERVICE COORDINATOR
22	FAMILY PLANNING	58	PACE
23	RESIDENTIAL CARE FACILITY	59	INDIAN HEALTH SERVICE
24	HEALTH MAINTENANCE ORGAN.	60	INSTITUTIONAL - GENERAL
25	ICF MR STATE	61	OTHER PRACTITIONER - GENERAL
26	MENTAL HOSPITAL	62	BEHAVIORAL HEALTH
27	COMMUNITY BASED ICF/MR	63	REMEDIAL SERVICES
28	PARA PROFESSIONAL	64	HABILITATION SERVICES
29	PSYCHOLOGIST	83	MEDICALLY NEEDY ONLY
30	SCREENING CENTER	86	NON PROVIDER MAIL ONLY
31	HEARING AID DEALER	97	RCF GUARDIAN
32	OCCUPATIONAL THERAPIST (INDEPENDENT)	98	LIEN HOLDER
33	TAPE INTERMEDIARY	99	WAIVER
34	ORTHOPEDIC SHOE DEALER		
35	MATERNAL HEALTH CENTER		
36	AMBULATORY SURGICAL CENTER		

## VALID TOOTH SURFACES/QUADRANTS – DENTAL (04054)

B	BUCCAL
D	DISTAL
F	FACIAL
I	INCISAL
L	LINGUAL
30	LOWER LEFT QUADRANT
40	LOWER RIGHT QUADRANT
M	MESIAL
O	OCCLUSAL
SP	TOOTH SURFACE NOT ENTERED
20	UPPER LEFT QUADRANT
10	UPPER RIGHT QUADRANT
B	BUCCAL
01	MAXILLARY AREA
02	MANDIBULAR AREA
00	WHOLE OF THE ORAL CAVITY

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## CLAIM TYPES (04064)

B MEDICARE PART B CROSSOVER  
D DENTAL  
G GROSS ADJUSTMENT  
I INPATIENT  
M HCFA 1500  
N LONG TERM CARE  
O OUTPATIENT  
P PHARMACY  
T CAPITATION  
V OUTPATIENT CROSSOVER  
W WAIVER  
X INPATIENT CROSSOVER  
Y CLAIM ADJUSTMENTS (request)  
Z CLAIM CREDITS (request)  
8 PRIOR AUTHORIZATION  
9 CREDIT FINDER

## CLAIM STATUS (04551)

A TAPE BILLING CYCLE  
B IN PROCESS  
C SUSPENDED  
D SUSPENSE READY TO PROCESS  
E SUSPENSE TO BE DELETED  
H HELD  
I TO BE PAID  
K TO BE DENIED  
N PAID  
P DENIED  
S SUSP-TO BE DELETED

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### RECIPIENT EXCEPTION INDICATOR (01200)

- 0 (zero) NO SPECIAL PROCESSING
- 1 SUSPEND ALL CLAIMS FOR THIS RECIPIENT  
(Except .273)
- A IRCA ALIEN, ALL-SERVICE COVERAGE
- B IRCA ALIEN, EMERGENCY COVERAGE
- C ILLEGAL ALIEN, COVERAGE FOR  
EMERGENCY SERVICE & DELIVERY
- D ALIEN, ALL-SERVICE COVERAGE  
(SEASONAL WORKER)
- E ALIEN EMERGENCY COVERAGE
- F ALIEN EMERGENCY COVERAGE, PREGNANCY
- I CHRONICALLY MENTALLY ILL
- L SLMB
- M MENTALLY RETARDED
- Q QUALIFIED MEDICARE BENEFICIARY
- R VOL OR INVOL MHI ADULT RESI
- S DEVELOPMENTALLY DISABLED

### RECIPIENT NURSING HOME LEVEL OF CARE (01095)

- A WAIVER - SNF
- B WAIVER - ICF
- C WAIVER - ICF/MR
- H MENTAL HEALTH LOCATION
- I ICF
- M ICF/MR
- P NFMI
- R RCF-IFMC
- S SNF

### NURSING FACILITY STATUS CODES (01930)

- 1 MI DETERMINATION
- 2 MR DETERMINATION
- 3 JOINT MI/MR DETERMINATION

### RECIPIENT WAIVER TYPE (06636)

- A ILL & HANDICAPPED
- B AIDS
- C ELDERLY
- D ID
- E MR OBRA (no longer used)
- F BRAIN INJURY
- G CASE MANAGEMENT
- H CHILDRENS MENTAL HEALTH
- M MFP
- P PHYSICAL DISABILITIES

### RECIPIENT RACE CODES (01060)

- 1 WHITE
- 2 BLACK
- 3 AMERICAN INDIAN
- 4 ASIAN
- 5 HISPANIC
- 6 PACIFIC ISLANDER
- 7 MULTIPLE HISPANIC
- 8 MULTIPLE OTHER
- 9 UNKNOWN

### RECIPIENT NUMBER FORMAT

NNNNNNNA

N = NUMERIC

A = ALPHA CHECK DIGIT

### MEDICALLY NEEDY SUBSYSTEM

#### PROGRAM RELATIONSHIP CODES

- A CARETAKER RELATIVE
- H SSI AGED
- I SSI BLIND
- J SSI DISABLED
- K ADC CHILD OR PREGNANT WOMEN
- L CMAP CHILD OR PREGNANT WOMEN
- N NOT ELIGIBLE

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### PROCEDURE FACTOR CODES (05603)

(FROM PDD FILE)

A ANESTHESIA UNITS  
B BILLED CHARGES  
C MAX FEE BEFORE SUSPENSION  
D INJECTION PRICING  
F FEE SCHEDULE  
G FEE SCHEDULE - PROF COMPONENT  
H FEE SCHEDULE - TECH COMPONENT  
I PERCENT OF CHARGE  
J RELATIVE VALUE UNITS  
K RELATIVE VALUE - PC  
L RELATIVE VALUE - TC  
M BY REPORT  
N NOT ALLOWED  
O REVIEW REQUIRED  
P GROUP THERAPY  
Q EPSDT - TOTAL OVER 17  
R EPSDT - TOTAL UNDER 17  
S EPSDT - PARTIAL OVER 17  
T EPSDT - PARTIAL UNDER 18  
U GYNECOLOGY FEE  
V OBSTRETICS FEE  
W CHILD FEE

### PROVIDER CHARGE MODE (02331)

(FROM PROVIDER FILE)

A RCF PER DIEM  
B RCF RESERVED BED %  
C COST TO CHARGE RATIO  
D PHYSICAL REHAB PER DIEM  
E NFMI PER DIEM  
F NFMI RESERVED BED  
G HI ACUITY PER DIEM  
H ROOM BOARD WITH VENT  
J HI ACUITY ADD ON  
K HOSP RESERVE PCT  
I INPATIENT %  
1 INPATIENT %  
2 OUTPATIENT %  
3 HOME HEALTH %  
4 SNF PER DIEM  
5 SNF RESERVE BED %  
6 ICF PER DIEM  
7 ICF RESERVE BED %  
8 ICF/MR PER DIEM  
9 ICF/MR RESERVE BED %

### NURSING FACILITY TERMINATION CODES (01096)

SP STILL IN FACILITY  
A MOVED - HOSPITAL  
B MOVED - SKILLED NURSING FACILITY  
C MOVED - INTERMEDIATE CARE FACILITY  
D MOVED - ICF/MR  
E MOVED - RESIDENTIAL CARE FACILITY  
F MOVED HOME - SELF CARE  
G MOVED HOME - REHAB  
H MOVED HOME - HOME HEALTH  
I MOVED TO OTHER INSTITUTION  
J DECEASED  
0 DEFAULT - IN FACILITY

### HOME HEALTH REVENUE CODES

55X SKILLED NURSING  
56X MEDICAL SOCIAL SERVICES  
57X HOME HEALTH AIDE  
58X OTHER VISITS  
59X UNITS OF SERVICE  
60X OXYGEN

### HOSPICE REVENUE CODES

651 ROUTINE HOME CARE  
652 CONTINUOUS HOME CARE  
655 INPATIENT RESPITE CARE  
656 GENERAL INPATIENT CRE  
658 CARE IN ICF/MR

### REHAB AGENCY REVENUE CODES

42X PHYSICAL THERAPY  
43X OCCUPATIONAL THERAPY  
44X SPEECH THERAPY

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### APC STATUS INDICATOR-EFFECTIVE 10/01/2008

- A SERVICES NOT PAID UNDER OPPS; PAID UNDER FEE SCHEDULE OR OTHER PAYMENT SYSTEM
- B NON-ALLOWED ITEM OR SERVICE FOR OPPS
- C INPATIENT PROCEDURE
- E NON-ALLOWED ITEM OR SERVICE
- F CORNEAL TISSUE ACQUISITION; CERTAIN CRNA SERVICES AND HEPATITIS B VACCINES
- G DRUG/BIOLOGICAL PASS-THROUGH
- H PASS-THROUGH DEVICE CATEGORIES, THERAPEUTIC RADIOPHARMACEUTICALS
- J NEW DRUG OR NEW BIOLOGICAL PASS-THROUGH (DISCONTINUED 04/01/2002 AND REPLACED BY STATUS INDICATOR G FOR ALL DRUGS/BIOLOGICALS)
- K NON PASS-THROUGH DRUGS AND BIOLOGICALS
- L FLU/PPV VACCINES
- M SERVICE NOT BILLABLE TO THE FI/MAC
- N ITEMS AND SERVICES PACKAGED INTO APC RATES
- P PARTIAL HOSPITALIZATION SERVICE
- Q PACKAGED SERVICES SUBJECT TO SEPARATE PAYMENT BASED ON PAYMENT CRITERIA B
- Q1 STVX-PACKAGED CODES
- Q2 T-PACKAGED CODES
- Q3 CODES THAT MAY BE PAID THROUGH A COMPOSITE APC
- R BLOOD AND BLOOD PRODUCTS
- S SIGNIFICANT PROCEDURE NOT SUBJECT TO MULTIPLE PROCEDURE DISCOUNTING
- T SIGNIFICANT PROCEDURE SUBJECT TO MULTIPLE PROCEDURE DISCOUNTING
- U BRACHYTHERAPY SOURCES
- V CLINIC OR EMERGENCY DEPARTMENT VISIT
- W INVALID HCPCS OR INVALID REVENUE CODE WITH BLANK HCPCS
- X ANCILLARY SERVICE
- Y NON-IMPLANTABLE DME
- Z VALID REVENUE CODE WITH BLANK HCPCS AND NO OTHER SI ASSIGNED

### APC DISCOUNT FORMULA NUMBER

ONE OF THE FOLLOWING NINE DISCOUNT FORMULAS CAN BE APPLIED TO A LINE ITEM:

- 1 1.0
- 2  $(1.0 + D(U-1))/U$
- 3 T/U
- 4  $(1 + D)/U$
- 5 D
- 6 TD/U
- 7  $D(1 + D)/U$
- 8 2.0
- 9 2D/U

WHERE D = DISCOUNTING FRACTION (CURRENTLY 0.5), U = NUMBER OF UNITS,  
T = TERMINATED PROCEDURE DISCOUNT (CURRENTLY 0.5)

NOTE: EFFECTIVE 1/1/08 (V9.0), FORMULA #6 AND #7 ARE DISCONTINUED.

### APC PACKAGING FLAG

- 0 NOT PACKAGED
- 1 PACKAGED SERVICE (STATUS INDICATOR N, OR NO HCPCS CODE AND CERTAIN REVENUE CODES)
- 2 PACKAGED AS PART OF PARTIAL HOSPITALIZATION PER DIEM OR DAILY MENTAL HEALTH SERVICE PER DIEM (V1.0 - V9.3 ONLY)C
- 3 ARTIFICIAL CHARGES FOR SURGICAL PROCEDURES (SUBMITTED CHARGES FOR SURGICAL HCPCS < \$1.01)
- 4 PACKAGED AS PART OF DRUG ADMINISTRATION APC PAYMENT (V6.0-V7.3 ONLY)

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**\*\*APG  
DISCONTINUED  
09/30/2008\*\***

### APG FLAG (03550)

C CONSOLIDATED  
P PACKAGE  
SP NOT APPLICABLE

### APG VERSIONS

APG VERSION 1 7/94  
APG VERSION 2 10/96

### APG TYPE (03537)

01 SIGNIFICANT PROCEDURE  
02 ANCILLARY PROCEDURE  
03 INCIDENTAL PROCEDURE  
04 HCPCS WITH NO APG  
05 ERROR CODE

### APG UPDATES

97.2 00.1  
98.1 00.2  
99.1 01.1  
99.2

### DRG VERSIONS

DRG VERSION 17 11/99  
DRG VERSION 18 11/00  
DRG VERSION 23 06/06  
DRG VERSION 24 10/08

## UB CONDITION CODES (03624)

02 EMPLOYMENT RELATED	<b>X3</b> IFMC APPROVED LOWER LEVEL OF CARE, ICF
03 OTHER INS	<b>X4</b> IFMC APPROVED LOWER LEVEL OF CARE, SNF*
05 LIEN FILED	<b>XA</b> HH CONDITION STABLE
36 GEN CARE PT IN SPEC UNIT	<b>XB</b> HH NOT HOME BOUND
37 WARD ACCOMODATION AT PT REQ	<b>XC</b> HH MAINTENANCE
38 SEMI-PRIVATE ROOM NOT AVAIL	<b>XD</b> HH NO SKILLED SVC
39 PRIVATE ROOM MED NEEDY	<b>XG</b> SNF - NO PRIOR QUALIFYING STAY
40 SAME DAY TRANSFER	<b>XH</b> HH - SUPERVISORY VISIT
80 NEONATEL	* Used by Hospitals to indicate SNF level of care
81 PHYS REHAB	
82 SUBSTANCE ABUSE PT	
83 PSYCH	
84 CARDIAC REHAB	
85 EATING DISORDER	
86 MENTAL HEALTH	
87 SUBSTANCE ABUSE OUTPT	
88 PAIN MANAGEMENT	
89 DIABETIC EDUCATION	
90 PULMONARY REHAB	
91 RESPITE PT	
98 PREGNANT	

#### NON-INPATIENT PROGRAMS:

Condition Code	Program	Procedure Code(s)
86	MENTAL HEALTH	S9480, H2012, H0046
84	CARDIAC REHAB	S9472
87	SUBSTANCE ABUSE	H2001, H0047
88	PAIN MANAGEMENT	97799
89	DIABETIC EDUCATION	S9455
85	EATING DISORDER	H0017
90	PULMONARY REHAB	S9473

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## ADJUSTMENT REASONS (04178)

<u>Name</u>	<u>Use</u>	
01 DHS Recovery Other	DHS Recovery Initiated	HO
02 DHS Recovery Provider	DHS Recovery Initiated from Provider	HO
03 UNISYS Recovery Other	UNISYS Recovery Other	
04 Court Ordered Restitution	TPL Recovery from a Clerk of Court	HO
05 Lien Recovery	TPL Recovery from a Lien not otherwise specified	HO
06 Lien Recovery MVA	TPL Recovery from a Motor Vehicle Accident Case	HO
07 Lien Recovery Trauma	TPL Recovery from a Trauma Case	HO
08 Estate Recovery	Rev Col Recovery from an Estate Case	HO
09 Insurance Recovery Recipient	TPL Insurance Recovery from a Recipient	HO
10 Insurance Recovery Absent Parent	TPL Insurance Recovery from an Absent Parent	HO
11 Insurance Recovery Carrier	TPL Insurance Recovery from an Insurance Company	HO
12 Insurance Recovery Provider	TPL Insurance Recovery from a Provider	B
13 Medicare Recovery Carrier	Rev Col Recovery from Medicare Carrier	HO
14 Medicare Recovery Provider	Rev Col Medicare Recovery from a Provider	B
15 PRO Recovery	Med Services Recovery	HO
16 DIA Recovery	DIA Recovery	PP
17 Fraud/Abuse Recipient	IFMC Recovery from Recipient for Fraud/Abuse	PP
18 Post Pay Review Recovery	Recovery from Provider for Fraud/Abuse	PP
19 Canceled Warrant	TPL Cancellation of a Returned Warrant	HO
20 Claim Error	Adjustment because of a Claim Error	PP
21 Cost Settlement	Gross Adjustment for Cost Settlement Check	HO
22 Retro Rate Adjustment	SYSTEM GENERATED Retro Rate Adjustment	PP
23 Other	Adjustment Reason not specified	PP
24 Hold	Hold	
25 Credit Balance Transfer	Rev Col Transfer a credit balance	B
26 Language Interpretive Service	Gross Adjustments created by Core for the Dental claims	
30 Auto Recoup System Error	SYSTEM GENERATED	SG
31 Auto Recoup System Change	SYSTEM GENERATED	SG
32 Special Abstract	GROSS for Claims over 2 years old	SG
33 Special Abstract - State Only	GROSS for DHS Approved Adjustment against policy	SG
34 Rev Col Recovery Carrier	Rev Col Recovery from Insurance Company	HO
35 Rev Col Recovery Provider	Rev Col Ins Recovery from Provider	B
40 Special State Project	Special State Project-eff 5/2007	HO
51 Stale Date-Reverse Gross to State		BF
52 Denial Recipient Not Eligible	Denied – recipient not eligible	BF
53 Denial Applied to Deductible	Denied – applied to deductible	BF
54 Denial Not Covered	Denied – non-covered service	BF
55 Denial Not Authorized	Denied – service not authorized	BF
56 Denial Recipient Not Covered	Denied – recipient not covered	BF
60 Begin contingency pay recoupment	DHS Recovery of Contingency Payments	PP
61 End contingency payment recoupment	SYSTEM GENERATED	SG
70 Beginning Credit Balance	SYSTEM GENERATED	SG
71 Ending Credit Balance	SYSTEM GENERATED	SG
72 Beginning Dummy Credit Balance	SYSTEM GENERATED	SG
73 Ending Dummy Credit Balance	SYSTEM GENERATED	SG
74 Beginning Recoup Balance	SYSTEM GENERATED	SG
75 Ending Recoup Balance	SYSTEM GENERATED	SG
76 Beginning Dummy Recoup Balance	SYSTEM GENERATED	SG
77 Ending Dummy Recoup Balance	SYSTEM GENERATED	SG
79 Concurrent Care Review		
80 ICF/MR Assessment Fees		
83 Lien Amount Paid	SYSTEM GENERATED LIEN	SG
84 Change in Patient Liability	SYSTEM GENERATED ADJUST TO PATIENT LIABILITY	BB
86 Special Processing	Special Processing	
87 Iowa Care Adjustment	Used only for Iowa Care claims	
98 Uncollected Bad Debt, State Funds	Write off debt from Credit Balance Report	HO
99 Uncollected Bad Debt, FFP	Write off debt from Credit Balance Report	HO

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## POINT OF SALE (POS INFORMATION)

POS TRANSACTION CONTROL NUMBER			
5 DIGIT JULIAN DATE	1 DIGIT MEDIUM 0 = PAPER 2 = EMC 3 = POS	6 DIGIT CLAIM NUMBER	1 DIGIT CLAIM TYPE 0 = ORIGINAL 1 = CREDIT 2 = ADJUSTMENT

### MED CERTIFICATION CODES

4 = PREGNANCY INDICATOR  
5 = VACCINE AGE OVERRIDE

### NABP NUMBERS - 7 DIGITS

EXAMPLE: 16XXXXX

### PHARMACY DISPENSING FEE

\$6.38  
\$4.10 - MAC DRUGS  
SCHEDULE II NARCOTICS -  
Prior to 12/1/2009  
\$4.34 Specialty drugs AWP - 17% -  
as of 12/1/2009

### EXCEPTION CODE STATUS

1 = IGNORE (no message to provider)  
2 = DENY  
3 = PAY (message to provider)

CLIENT ID: 000775

GROUP NUMBER: 7750 NUMBER

PRESCRIBER ID: MEDICAID PROVIDER NUMBER

### UD (UNIT DOSE FIELD)

Y = UNIT DOSE BY PHARMACY

### DAW

1 = SUBSTITUTION NOT ALLOWED BY PRESCRIBER (ONLY VALID VALUE)

### RECIPIENT PLAN CODES

100 = REGULAR

200 = MEDICALLY NEEDED, CONDITIONALLY ELIGIBLE (includes QMB & SLMB)

300 = NURSING HOME, DOES NOT INCLUDE RCF OR WAIVER (includes AID TYPES: 130, 131, 136 - 138, 23, 638, 731 - 733, 735 (unless recipient is waiver))

400 = IC

700 = FAMILY PLANNING

800 = FP & IC

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POS TCN CONVERSION TO MMIS TCN

POS TCN VERSION X2 (2003)

JULIAN DATE	MEDIUM	BATCH#	DOCUMENT#	CLAIM TYPE
03182	0	0800	001234	0
	0 = Exam Entry 1 = TAPE 2 = POS 3 = System Generated			0=Original 1=Reversal 2=Adjustment

MMIS TCN

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
0	0	3	1	8	2	0	0	1	0	2	0	2	3	4	0	0
Claim Input Medium Indicator	Year	Julian Date			Microfilm Machine #	Microfilm Reel #	Batch Number Assignment**			Claim Type	Claim number			Line Number or Attachment Number		
										0=Original 1=Credit 2=Adjust						

1 = POS

\*\*Batch Number Assignment:

Accounting code = 0 or 1 (regular or history only) and 3<sup>rd</sup> position of POS claim number = 8; assign 800 batch  
= 9; assign 900 batch

Accounting code = adjustment and 3<sup>rd</sup> position of POS claim number = 8; assign 850 batch  
= 9; assign 950 batch

MMIS TCN FORMAT

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1		2	3	4	5	6		7	8		9	10	11		12		13	14	15		16	17
<b>0</b>		<b>0</b>	<b>5</b>	<b>1</b>	<b>4</b>	<b>0</b>		<b>0</b>	<b>0</b>		<b>3</b>	<b>0</b>	<b>0</b>		<b>0</b>		<b>1</b>	<b>2</b>	<b>3</b>		<b>0</b>	<b>0</b>

**1 – claims Input Medium**

- 0 = Exam Entry
- 1 = POS
- 3 = Electronic (EMC)
- 4 = System Generated
- 5 = Special Batch

**2 through 6 – Julian Date**

**7 – Microfilm Machine #**

**8 – Microfilm Reel #**

- 11 = Single claim other than HCFA 1500
- 22 = HCFA single claim
- 55 = Attachments other than HCFA 1500
- 66 = HCFA attachments
- 99 = Medically Needy
- 33 = Adjustment/Credit/Gross Live
- 44 = Adjustment/Credit/Gross History
- 11/55 = POS claims

**9 through 11 – Batch number assignment (see below for criteria)**

**12 – Claim Type**

- 0 = Original claim
- 1 = Credit
- 2 = Adjustment

**13 through 15 – Claim Number**

**16 through 17 – Line Number or Attachment Number**

**Batch Number Assignment**

- 001-499      Dakota Imaged claim
- 500-599      Credit/Adjustment claim
- 511-519      Medically Needy
- 600-699      Mass Adjustment claim
- 700-799      Mass Provider Rate Change
- 800-950      POS Claim

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**SSNI SCREEN**  
**INSTRUCTIONS FOR READING THE**  
**MANAGED HEALTH CARE (MHC) CODE**  
**EFFECTIVE July 1, 2004**

If the SSNI screen has the following letter or number in the column for MHC CODE:			The Medicaid beneficiary is enrolled in the following managed health care programs:			
AGE	COVERAGE GROUP	IOWA PLAN	HMO	MediPASS	Lock-In	
A	0-17 FMAP	Yes	No	No	No	
B	18-64 FMAP	Yes	No	No	No	
C	0-17 FMAP	Yes	Yes	No	No	
D	18-64 FMAP	Yes	Yes	No	No	
E	0-17 FMAP	Yes	No	Yes	No	
F	18-64 FMAP	Yes	No	Yes	No	
G	0-17 FMAP	Yes	No	No	Yes	
H	18-64 FMAP	Yes	No	No	Yes	
J	0-17 SSI	Yes	No	No	No	
K	18-64 SSI	Yes	No	No	No	
L	0-17 SSI	Yes	No	No	Yes	
M	18-64 SSI	Yes	No	No	Yes	
N	0-17 FMAP	Yes	Yes	No	Yes	
P	18-64 FMAP	Yes	Yes	No	Yes	
Q	0-17 FMAP	Yes	No	Yes	Yes	
R	18-64 FMAP	Yes	No	Yes	Yes	
S	0-64 DUAL	Yes	No	No	No	
T	0-64 DUAL	Yes	No	No	Yes	
V	10-22 FOSTER CARE (FC)	Yes	No	No	Yes	
W	0-9 FC	Yes	No	No	No	
X	10-22 FC	Yes	No	No	No	
0	ANY ANY	No	No	No	No	
1	ANY ANY	No	Yes	No	No	
2	ANY ANY	No	No	No	Yes	
4	ANY ANY	No	No	Yes	No	
6	ANY ANY	No	Yes	No	Yes	
7	ANY ANY	No	No	Yes	Yes	

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**MEDICAID FEE SCHEDULES (URL)**

[http://www.ime.state.ia.us/Reports\\_Publications/FeeSchedule.html](http://www.ime.state.ia.us/Reports_Publications/FeeSchedule.html)

**MEDICAID PROVIDER MANUALS (URL)**

<http://www.dhs.state.ia.us/PolicyAnalysis/default.html>

**IOWA PLAN DIAGNOSIS \***

290.00 – 302.99

303.00 – 305.99

306.00 – 309.99

311.00 – 314.99

\*Formerly MHAP and IMSACP

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**ALLOWED CHARGE SOURCE  
(04002)**

- A ANESTHESIA
- B BILLED CHARGE
- C PERCENTAGE OF CHARGES
- D INPATIENT PER DIEM RATE
- E EAC PRICED PLUS DISPENSE FEE
- F FEE SCHEDULE
- G FMAC PRICED PLUS DISPENSE FEE
- H ENCOUNTER RATE
- I PRIOR AUTHORIZATION RATE
- K DENIED
- L MAXIMUM SUSPEND CEILING
- M MANUALLY PRICED
- N PROVIDER CHARGE RATE
- O PROFESSIONAL COMPONENT
- P GROUP THERAPY
- Q EPSDT TOTAL OVER 17
- R EPSDT TOTAL UNDER 18
- S EPSDT PARTIAL OVER 17
- SP NOT YET PRICED
- T EPSDT PARTIAL UNDER 18
- U GYNECOLOGY FEE
- V OBSTRETICS FEE
- W CHILD FEE
- X MEDICARE/COINSURANCE DEDUCTIBLES
- Y IMMUNIZATION REPLACEMENT
- Z BATCH BILL APG
- 0 APG
- 1 NO PAYMENT APG
- 3 HMO/PHP RATE
- 4 SYSTEM PARAMETER RATE
- 5 STATEWIDE PER DIEM
- 6 DRG AUTH OR NEW
- 7 INLIER/OUTLIER ADJUST
- 8 DRG ADR INLIER
- 9 DRG ADR

**ACCOUNTING CODES (03022)**

- A CREDIT CLAIM ADJUSTMENT
- B CREDIT CLAIM CREDIT
- C CREDIT MASS ADJUSTMENT
- D CREDIT MASS CREDIT
- E ADJUST CLAIM ADJUST
- F ADJUST MASS ADJUST
- G HISTORY ONLY CREDIT FROM ADJUSTMENT
- H HISTORY ONLY CREDIT FROM CREDIT
- I HISTORY CREDIT FROM MASS ADJUSTMENT
- J HISTORY CREDIT FROM MASS CREDIT
- K HISTORY ADJUSTMENT FROM ADJUSTMENT
- L HISTORY ADJUST FROM MASS ADJUSTMENT
- 0 NORMAL - PAY PROVIDER
- 1 HISTORY ONLY, NO PROVIDER PAY
- 2 DEBIT GROSS ADJUSTMENT
- 3 CREDIT GROSS ADJUSTMENT
- 6 HISTORY ONLY, DEBIT GROSS ADJUSTMENT
- 7 HISTORY ONLY, CREDIT GROSS ADJUSTMENT

**PROVIDER CERTIFICATION  
CODES (02235)**

(ON PROVIDER FILE)

<b>INPATIENT CERTIFICATION</b>	<b>COND. CODE</b>
1 INPATIENT SUBSTANCE ABUSE	82
2 INPATIENT NEONATAL LEVEL II	80
3 INPATIENT PSYCHIATRIC	83
4 INPATIENT PHYSICAL-REHAB	81
5 INPATIENT SUBST ABUSE,ADOLESC	82
6 INPATIENT PSYCHIATRAIC, ADOL	83
7 INPATIENT NEONATAL LEVEL III	80

<b>OUTPATIENT CERTIFICATION</b>	<b>COND. CODE</b>
A ALCOHOL/SUBSTANCE ABUSE	87
B MENTAL HEALTH	86
C CARDIAC REHAB	84
D EATING DISORDER	85
E PAIN MANAGEMENT	88
F DIABETIC EDUCATION	89
G PULMONARY REHAB	90
R OUTREACH	
S ONGOING SERVICES	
W WAIVED (CLIA)	
Y FULL (CLIA)	

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**COPAY**

COPAY IS APPLIED PER DATE OF SERVICE, EXCEPT FOR PHARMACY, WHICH IS PER PRESCRIPTION

<i>SERVICE</i>	<i>CURRENT COPAY</i>	
CHIROPRACTIC	\$ 1.00	<b>Physician 07/01/03</b>
PHYSICAL THERAPY	1.00	<b>\$3.00 Office Place of Service</b>
PODIATRIC	1.00	
PRESCRIPTION DRUGS	1.00	<b>RX 07/01/03 – by Paid Amount</b>
		<b>\$1.00 Generic Drug</b>
AMBULANCE	\$ 2.00	<b>\$1.00 Brand Drug Less Than \$10.00</b>
AUDIOLOGIST	2.00	<b>\$1.00 Brand Drug \$10.01 to \$25.00</b>
MEDICAL SUPPLIES	2.00	<b>\$2.00 Brand Drug \$25.01 to \$50.00</b>
(EXCEPT HEARING AIDS)		<b>\$3.00 Brand Drug \$50.01 and over</b>
OPTICIAN	\$ 2.00	
OPTOMETRIC	2.00	
PSYCHOLOGIST	2.00	
REHAB AGENCY	2.00	
DENTAL	\$ 3.00	
HEARING AIDS	3.00	

*COPAY EXCLUSIONS*

1. *RECIPIENTS UNDER AGE 21.*
2. *FAMILY PLANNING SERVICES*
3. *SERVICES FOR PREGNANT WOMEN*
4. *RECIPIENTS RESIDING IN AN INSTITUTION (SNF, ICF, ICF/MR, OR STATE MENTAL HEALTH INSTITUTE)  
-EXCEPT TRANSFERRED RESOURCES*
5. *EMERGENCY SERVICES*
6. *HMO COVERED SERVICES*

**MEDICARE CATEGORY OF SERVICE**

<b>PART A</b>		<b><u>2007 MEDICARE DEDUCTIBLE</u></b>
<b>A INPATIENT</b>		<b>HOSPITAL INSURANCE (PART A)</b>
<b>B OUTPATIENT</b>		DEDUCTIBLE = \$992 PER BENEFIT PERIOD
<b>C SKILLED NURSING</b>		<b>MEDICAL INSURANCE (PART B)</b>
<b>D HOME HEALTH</b>		DEDUCTIBLE = \$131 PER YEAR
<b>PART B</b>		<b><u>2008 MEDICARE DEDUCTIBLE</u></b>
<b>E PHYSICIAN</b>	<b>J OTHER PRACTITIONER</b>	<b>HOSPITAL INSURANCE (PART A)</b>
<b>F CLINIC</b>	<b>K DENTIST</b>	DEDUCTIBLE=\$1024 PER BENEFIT PERIOD
<b>G LAB/RADIOLOGY</b>	<b>L CHIROPRACTOR</b>	<b>MEDICAL INSURANCE (PART B)</b>
<b>H AMBULANCE</b>	<b>M PODIATRIST</b>	DEDUCTIBLE = \$135 PER YEA
<b>I MEDICAL SUPPLIES</b>	<b>N PSYCHIATRIST</b>	<b><u>2009 MEDICARE DEDUCTIBLE</u></b>
	<b>O OPTOMETRIST</b>	<b>HOSPITAL INSURANCE (PART A)</b>
		DEDUCTIBLE=\$1068 PER BENEFIT PERIOD
		<b>MEDICAL INSURANCE (PART B)</b>
		DEDUCTIBLE = \$135 PER YEAR
		<b><u>2010 MEDICARE DEDUCTIBLE</u></b>
		<b>HOSPITAL INSURANCE (PART A)</b>
		DEDUCTIBLE = \$1100 PER BENEFIT PERIOD
		<b>MEDICAL INSURANCE (PART B)</b>
		DEDUCTIBLE = \$155 PER YEAR

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**COUNTY CODES**

01 ADAIR	51 JEFFERSON
02 ADAMS	52 JOHNSON
03 ALLAMAKEE	53 JONES
04 APPANOOSE	54 KEOKUK
05 AUDUBON	55 KOSSUTH
06 BENTON	56 LEE
07 BLACKHAWK	57 LINN
08 BOONE	58 LOUISA
09 BREMER	59 LUCAS
10 BUCHANAN	60 LYON
11 BUENA VISTA	61 MADISON
12 BUTLER	62 MAHASKA
13 CALHOUN	63 MARION
14 CARROLL	64 MARSHALL
15 CASS	65 MILLS
16 CEDAR	66 MITCHELL
17 CERRO GORDO	67 MONONAA
18 CHEROKEE	68 MONROE
19 CHICKASAW	69 MONTGOMERY
20 CLARKE	70 MUSCATINE
21 CLAY	71 O'BRIEN
22 CLAYTON	72 OSCEOLA
23 CLINTON	73 PAGE
24 CRAWFORD	74 PALO ALTO
25 DALLAS	75 PLYMOUTH
26 DAVIS	76 POCAHONTAS
27 DECATUR	77 POLK
28 DELAWARE	78 POTAWATTAMIE
29 DES MOINES	79 POWESHIEK
30 DICKINSON	80 RINGGOLD
31 DUBUQUE	81 SAC
32 EMMET	82 SCOTT
33 FAYETTE	83 SHELBY
34 FLOYD	84 SIOUX
35 FRANKLIN	85 STORY
36 FREMONT	86 TAMA
37 GREENE	87 TAYLOR
38 GRUNDY	88 UNION
39 GUTHRIE	89 VAN BUREN
40 HAMILTON	90 WAPELLO
41 HANCOCK	91 WARREN
42 HARDIN	92 WASHINGTON
43 HARRISON	93 WAYNE
44 HENRY	94 WEBSTER
45 HOWARD	95 WINNEBAGO
46 HUMBOLT	96 WINNESHIEK
47 IDA	97 WOODBURY
48 IOWA	98 WORTH
49 JACKSON	99 WRIGHT
50 JASPER	

**STATE POSTAL  
CODES**

AK	ALASKA
AL	ALABAMA
AR	ARKANSAS
AZ	ARIZONA
CA	CALIFORNIA
CO	COLORADO
CT	CONNECTICUT
DC	WASHINGTON, D.C.
DE	DELAWARE
FL	FLORIDA
GA	GEORGIA
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MS	MISSISSIPPI
MT	MONTANA
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VT	VERMONT
WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

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**FACILITY RATE SUMMARY**

Iowa Department of Human Services  
Medicaid and State Supplementary Assistance FACILITY RATE SUMMARY

FACILITY TYPE	MAXIMUM PAYMENT Per Day	EFFECTIVE DATE
Nursing Facility (Prov. Type 20) Reserved Bed – 42% per diem	\$144.20*	December 1, 2009
Certified Skilled Facility (Prov. Type 18)		
Hospital Based	\$415.23*	December 1, 2009
Swing Bed Hospital – Skilled (Prov. Type) 18	\$415.23	December 1, 2009
Ventilator Care Incentive		
In free standing ICF	\$415.23*	December 1, 2009
In hospital based SNF	\$415.23*	December 1, 2009
In swing bed hospital – skilled	\$415.23*	December 1, 2009
Hospital Payment for Lower Level of Care		
Skilled level	\$415.23	December 1, 2009
Nursing facility level	\$144.20	December 1, 2009
ICF/MR (Prov. Type 25 & 27)		
Maximum	\$315.47 (80 <sup>th</sup> Percentile)	July 1, 2009
Residential Care Facility (Prov. Type 23)		
Maximum	\$28.14	January 1, 2009
Flat Rate	\$17.86	January 1, 2009

\* Multiplied by facility casemix index

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**TYPE OF HEALTH INSURANCE CODES FROM RECIP ID CARD**

**3RD BYTE POSITION - PRIVATE INSURANCE (09134)**

A HOSPITAL  
B PHYSICIAN  
C DENTAL  
D DRUGS  
E HOSPITAL/PHYSICIAN  
F HOSPITAL/PHYSICIAN/DENTAL  
G HOSPITAL/PHYSICIAN/DENTAL/DRUG  
H HOSPITAL/DENTAL  
I HOSPITAL/DRUG  
J HOSPITAL/PHYSICIAN/DRUG  
K PHYSICIAN/DRUG  
L PHYSICIAN/DENTAL  
M HOSPITAL/PHYSICIAN/DENTAL/DRUG/VISION  
N HOSPITAL/PHYSICIAN/DRUG/VISION  
O HOSPITAL/PHYSICIAN/VISION  
P HOSPITAL/PHYSICIAN/OTHER  
Q HOSPITAL/PHYSICIAN/DENTAL/OTHER  
R HOSPITAL/PHYSICIAN/DENTAL/DRUG/OTHER  
S HOSPITAL/DENTAL/OTHER  
T HOSPITAL/DRUG/OTHER  
U HOSPITAL/PHYSICIAN/DRUG/OTHER  
V VISION  
W PHYSICIAN/DRUG/OTHER  
X OTHER  
(INCLUDING AMBULANCE, HOME HEALTH,  
HOSPICE, LAB/XRAY, MEDICAL EQUIPMENT,  
SNF, INF, SPECIFIC DISEASE - HEART &  
CANCER & ANY OTHER TYPE.  
Y PHYSICIAN/DENTAL/OTHER  
Z HOSPITAL/PHYSICIAN/DENTAL/DRUG/VISION/OTHER  
0 (ZERO) NONE  
1 HOSPITAL/PHYSICIAN/DRUG/VISION/OTHER  
2 HOSPITAL/PHYSICIAN/VISION/OTHER

**4TH POSITION - OTHER RESOURCE CODE (09137)**

A MEDICARE PART A  
B ACCIDENT  
G ABSENT PARENT, NON-COURT ORDERED  
H ABSENT PARENT, COURT ORDERED  
I MAJOR MEDICAL  
J ABSENT PARENT, MAJOR MED,  
NON-COURT ORDERED  
K ABSENT PARENT, MAJOR MED,  
COURT ORDERED  
L INDEMNITY  
0 NONE  
1 MEDICARE PART B  
2 MEDICARE PART A & B  
3 TRICARE AND VA - CHAMPVA  
4 TRICARE - CHAMPUS  
5 VETERANS ADMINISTRATION  
6 OTHER  
7 TRICARE, ABSENT PARENT,  
NON-COURT ORDERED  
8 TRICARE, ABSENT PARENT,  
COURT ORDERED  
9 MEDICAID TRUST

**TPL COVERAGE TYPES (01249)**

01	BASIC HOSPITAL	16	TRICARE - CHAMPUS
02	BASIC MEDICAL	17	MEDICAID TRUST
05	HOSPITAL INDEMNITY	18	VETERANS ADMINISTRATOR
06	MAJOR MEDICAL	19	PHARMACY
07	ACCIDENT ONLY	20	VISION
12	MEDICARE SUPPLEMENT	23	PART A
13	NURSING HOME SUPPLEMENT	24	PART B
15	DENTAL	25	CASUALTY
		99	PSEUDO

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**MAJOR DIAGNOSTIC CATAGORIES (MDCs)**

- 1 DISEASES AND DISORDERS OF THE NERVOUS SYSTEM
- 2 DISEASES AND DISORDERS OF THE EYE
- 3 DISEASES AND DISORDERS OF THE EAR, NOSE, MOUTH AND THROAT
- 4 DISEASES AND DISORDERS OF THE RESPIRATORY SYSTEM
- 5 DISEASES AND DISORDERS OF THE CIRCULATORY SYSTEM
- 6 DISEASES AND DISORDERS OF THE DIGESTIVE SYSTEM
- 7 DISEASES AND DISORDERS OF THE HEPATOBILLIARY SYSTEM AND PANCREAS
- 8 DISEASES AND DISORDERS OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE
- 9 DISEASES AND DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE AND BREAST
- 10 ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES AND DISORDERS
- 11 DISEASES AND DISORDERS OF THE KIDNEY AND URINARY TRACT
- 12 DISEASES AND DISORDERS OF THE MALE REPRODUCTIVE SYSTEM
- 13 DISEASES AND DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM
- 14 PREGNANCY, CHILDBIRTH AND THE PUERPERIUM
- 15 NEWBORNS AND OTHER NEONATES WITH CONDITIONS ORIGINATING IN THE PERINATAL PERIOD
- 16 DISEASES AND DISORDERS OF BLOOD AND BLOOD FORMING ORGANS AND IMMUNOLOGICAL DISORDERS
- 17 MYELOPROLIFERATIVE DISEASES AND DISORDERS, AND POORLY DIFFERENTIATED NEOPLASMS
- 18 INFECTIOUS AND PARASITIC DISEASES (SYSTEMIC OR UNSPECIFIED SITES)
- 19 MENTAL DISEASES AND DISORDERS
- 20 ALCOHOL/DRUG USE AND ALCOHOL/DRUG INDUCED ORGANIC MENTAL DISORDERS
- 21 INJURIES, POISONING AND TOXIC EFFECTS OF DRUGS
- 22 BURNS
- 23 FACTORS INFLUENCING HEALTH STATUS AND OTHER CONTACTS WITH HEALTH SERVICES

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**CONTROL CODES – PROCEDURE**  
**(05602)**

D = DENY  
E = EPSDT-ONLY  
R = REVIEW-HCF  
S = SUSPEND  
SP = NO SPECIAL CONTROL  
X = SUSPEND- EXCEPTION TO POLICY REQUIRED

**CONTROL CODES – DIAGNOSIS**  
**(05676)**

0 = NO CONTROL  
1 = NONPAYABLE  
2 = REQUIRES REVIEW  
9 = DOCUMENTS ATTACHED

**MEDICAID ELIGIBILITY FILE FUND CODES (01094)**

1 FEDERALLY ELIGIBLE ADULT  
2 FEDERALLY ELIGIBLE CHILD  
3 STATE ELIGIBLE ADULT  
4 STATE ELIGIBLE CHILD  
7 NOT ELIGIBLE FOR MEDICAID; POSSIBLE MAINTENANCE PAYMENT  
9 NOT ELIGIBLE UNLESS QMB OR SLMB  
A ADULT, MEDICAID ONLY  
C CHILD, MEDICAID ONLY  
F CONDITIONALLY ELIGIBLE  
P CONDITIONALLY ELIGIBLE FOR MEDICALLY NEEDY *(Must meet Spenddown to become eligible)*  
R CMAP OR FMAP CHILD UNDER 21  
S RESPONSIBLE RELATIVE FOR MEDICALLY NEEDY *(Never Medicaid eligible with this Fund Code)*

**PA INDICATOR (04069)**

R = REGULAR PA  
I = IFMC PA REQ'D  
SP = NO PA REQ'D  
H = HIGH TECH RADIOLOGY PA

**MED SERVICES RECORD TYPES**  
**(03595)**

00 IFMC HEADER RECORD  
40 PRE-ADMISSION  
41 PRE-PROCEDURE  
42 DAY TREATMENT  
43 PARTIAL HOSPITAL  
44 SNF RESERVE BED REVIEW  
45 SNF IFMC REVIEW  
46 SNF - ACUTE (46 CONVERTS TO 45)  
47 REHAB UNIT  
48 SNF - LOWER LEVEL OF CARE  
49 ICF - LOWER LEVEL OF CARE  
50 PMIC  
51 MHI  
52 NFMI  
  
99 IFMC – TRAILER RECORD

**EXCEPTION CODE STATUS (03722)**

1 SUPER SUSPEND  
2 AUTO DENY  
3 SUSPEND  
4 PAY/LIST  
5 PAY



**IME ADDRESS LIST**

**MEDICAID CLAIMS**

P. O. Box 150001  
Des Moines, Iowa 50315

**PROVIDER CORRESPONDENCE**

P. O. Box 36450  
Des Moines, Iowa 50315

**MEDICAL PRIOR AUTHORIZATION**

P.O. Box 36478  
Des Moines, Iowa 50315

**PHARMACY PRIOR AUTHORIZATION**

800-574-2515 - Fax Only

**MEMBER SERVICES**

P. O. Box 36510  
Des Moines, Iowa 50315

**ESTATE RECOVERY AND MILLER TRUST**

P. O. Box 36445  
Des Moines, Iowa 50315

**THIRD PARTY LIABILITY**

P. O. Box 36475  
Des Moines, Iowa 50315

**IOWACARE**

P.O. Box 10391  
Des Moines, IA 50306

**PROVIDER REFUND CHECKS**

P.O. Box 310202  
Des Moines, IA 50331-0202

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**LIEN RECOVERY**

P. O. Box 36446  
Des Moines, Iowa 50315

**DRUG REBATE (including Supplemental)**

P.O. Box 310195  
Des Moines, Iowa 50331-0195

**ALL OTHER REFUND CHECKS**

P.O. Box 310202  
Des Moines, Iowa 50331-0202

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## IME CONTACT INFORMATION

Mailing Address for Claims:  
Iowa Medicaid Enterprise  
**P. O. Box 150001**  
**Des Moines, Iowa 50315**

Visit the IME Website to access even more information:  
[www.ime.state.ia.us](http://www.ime.state.ia.us)  
**(Effective 5/10/05)**

### **ELVS**

#### **(Eligibility Verification System)**

24 Hours a Day/7 Days a Week

800-338-7752

515-323-9639 (Local)

### **PHARMACY Prior Authorization**

#### **Provider PA Hotline**

8:00AM - 6:00PM (after-hours on-call available)

877-776-1567

515-256-4607 (Local)

#### **Prior Authorization Requests**

800-574-2515 (Fax Only)

### **PHARMACY POS HELP DESK**

8:00AM - 5:00PM (after-hours on-call available)

877-463-7671

515-256-4608 (Local)

### **MEDICAL SERVICES**

#### **Medical Support**

8:00 AM - 4:30 PM

800-383-1173

515-256-4626 (Local)

### **MEDICAL PRIOR AUTHORIZATION (PA)**

8:00 am - 4:30 PM

888-424-2070

515-256-4624 (Local)

515-725-1356 (Medical PA Fax)

515-725-0938 (Dental PA Fax)

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**MEMBER SERVICES**

8:00 AM - 5:00 PM  
800-338-8366  
515-256-4606 (Local)

**PROVIDER SERVICES**

7:30 AM - 4:30 PM  
800-338-7909  
515-256-4609 (Local)  
515-725-1155 (Fax)

**EDI SUPPORT SERVICES**

Mon, Tues, Thurs and Fri 8:00 AM - 5:00 PM  
Wed 10:00 AM - 5:00 PM  
800-967-7902

**PROVIDER AUDITS AND RATE SETTING**

8:00 AM - 5:00 PM  
866-863-8610  
515-256-4610 (Local)  
State MAC Help Line  
800-591-1183

**SURS**

8:00 AM - 5:00PM  
877-446-3787  
515-256-4615 (Local)

**REVENUE COLLECTION**

Estate Recovery  
7:30 AM - 5:30 PM  
877-463-7887  
515-256-4618(Local)

**Third Party Liability (TPL)**

8:30 AM - 5:00 PM  
866-810-1206  
515-256-4619 (Local)

**Lien Recovery**

8:30 AM - 5:00 PM  
888-543-6742  
515-256-4620 (Local)