



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

For Human Services use only:

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Employees' Manual, Title 8
Medicaid Appendix

February 21, 2014

IOWA FAMILY PLANNING NETWORK WAIVER MANUAL TRANSMITTAL NO. 14-1

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: ***IOWA FAMILY PLANNING NETWORK WAIVER MANUAL***, Contents (page 1), revised; Chapter III, *Provider-Specific Policies*, Contents (pages 1 and 2), revised; pages 2 through 6, 7, 10, 11, 12, 14, 20, 21, 24, 25, 31, 32, 33, 44, 58, 61 through 68, revised; and pages 6a, 6b, and 69, new.

Summary

This chapter is revised to:

- ◆ Update the federal poverty levels for 2014.
- ◆ Update the names of the Iowa Family Planning Network (IFPN) designated agencies.
- ◆ Remove requirements that make a person ineligible for IFPN. A person who has health insurance that covers family planning services or a youth covered by ***hawk-i*** may be eligible for IFPN.
- ◆ Clarify that parental income is not required to be used for teenagers.
- ◆ Add the Imaging Center addresses to forward applications to DHS.
- ◆ Revise and add legal references.
- ◆ Remove an example for residency which is no longer accurate.
- ◆ Remove procedures for the Birth Verification System as it is no longer in use.
- ◆ Remove the use of child support income in determining household income.
- ◆ Update the list of diagnosis and treatment codes. These codes will be covered as of January 1, 2013.

Date Effective

Upon receipt.

Material Superseded

This material replaces the following pages from Chapter III of the *Iowa Family Planning Network Waiver Manual*:

<u>Page</u>	<u>Date</u>
Contents (page 1)	July 1, 2012
Chapter III	
Contents (pages 1 and 2)	July 1, 2012
2	September 1, 2012
3-7, 10, 11	July 1, 2012
12	April 2, 2013
14, 20, 21, 24, 25, 31-33, 44, 58, 61	July 1, 2012
62	September 1, 2012
63-66	July 1, 2012
67, 68	September 1, 2012

Additional Information

The new provider manual can be found at:

http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Provman/IFPN.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.



Iowa
Department
of Human
Services

Provider

**Iowa Family Planning Network
Waiver**

Page

1

Date

February 1, 2014

TABLE OF CONTENTS

[Chapter I. General Program Policies](#)

[Chapter II. Member Eligibility](#)

[Chapter III. Provider-Specific Policies](#)

[Chapter IV. Billing Iowa Medicaid](#)

[Appendix](#)



TABLE OF CONTENTS

	<u>Page</u>
CHAPTER III. PROVIDER-SPECIFIC POLICIES	1
A. Overview of the Iowa Family Planning Network (IFPN) Waiver	1
1. Definitions	1
2. Designated Providers.....	2
3. Who Is Eligible for IFPN Services.....	3
B. Processing IFPN Applications	3
1. Screening for Other Medicaid Eligibility	4
2. Obtaining Information and Verification.....	6a
3. Time Limit for Eligibility Decision.....	6b
4. Effective Date of Coverage	7
5. Notices of Decision.....	7
6. Grace Period Following the Denial of an Application.....	7
C. Eligibility Requirements	10
1. Medicaid or <i>hawk-i</i> Eligibility.....	10
2. Age.....	11
3. Household Size.....	11
4. Social Security Number	12
5. Health Insurance	12
6. Income	12
a. Countable Income.....	13
b. How to Treat Self-Employment Income.....	14
(1) Determination of Net Profit.....	15
(2) Providing Child Care in the Home	17
(3) Annualizing Income Received Irregularly	18
c. Deductions From Gross Income	19
7. Confidentiality Good Cause.....	20
8. Residency.....	21
9. Citizenship.....	22
a. Verifying Citizenship and Identity.....	23
b. Documentation Process for State Verification Exchange System (SVES) Match	24
c. Inconsistent SVES Match:	26
d. No SVES Match	27
e. Reasonable Opportunity Period.....	28
f. Acceptable Documentation.....	30
g. Citizenship and Identity Documentation Chart.....	31



Iowa
Department
of Human
Services

Provider
**Iowa Family Planning Network
Waiver**

Page	2
Date	February 1, 2014

	<u>Page</u>
10. Alien Status	40
a. Aliens Subject to Five-Year Bar	40
b. Aliens Exempt from Five-Year Bar	41
c. Establishing Qualifying Quarters	43
d. Sponsor Deeming	46
e. Verifying Qualifying Quarters.....	47
f. Alien Documentation Chart.....	49
D. Ongoing Eligibility	57
1. Reporting Changes.....	57
2. Acting on Changes	58
3. Annual Recertifications	59
E. Covered Services	59
1. Family Planning Benefits	59
2. Family-Planning-Related Benefits	60
3. Procedure Codes and Nomenclature	61
F. Billing Policies and Claim Form Instructions.....	69



“Recertification” means establishing a new certification period when the previous period has expired and there has not been a break in assistance.

“Reproductive age” means a person is at least 12 years old but under the age of 55 and is capable of bearing or fathering children.

“Timely notice” means a written notice given at least ten calendar days before the effective date of cancellation. The timely notice period extends from the day after a notice is issued to the effective date of action. A timely notice period must be at least ten calendar days. The Family Planning Waiver System will determine the effective date of cancellation to ensure that all cases are closed with timely notice given.

2. Designated Providers

Applications may be filed at the following family planning agencies and their satellite clinics. If you need assistance locating a local provider, contact the Healthy Families toll free line at 1-800-369-2229.

- ◆ Allen Woman’s Health (Unity Point), 1-800-435-2640
- ◆ Central Iowa Family Planning, 641-752-7159
- ◆ New Opportunities, Carroll, 1-800-642-6330
- ◆ Edgerton Women’s Health Center, 563-359-6633
- ◆ Crawford County Home Health, Hospice and Public Health, 712-755-4312
- ◆ Hillcrest Family Services, 563-583-7357
- ◆ Northeast Iowa Community Action, 1-866-742-3226
- ◆ North Iowa Community Action, 1-800-657-5856
- ◆ Planned Parenthood of the Heartland, 877-811-7526
- ◆ Southern Iowa Family Planning Clinic, 1-800-452-3365
- ◆ St. Luke’s Family Health Center, 319-369-7397
- ◆ Trinity Muscatine Public Health, 563-263-0122
- ◆ Women’s Health Services, 563-652-3749

Family planning agencies and clinics under contract with the Department of Human Services can submit questions about the IFPN policy to Iowa Family Planning Network’s help desk at IFPN@dhs.state.ia.us.



3. Who Is Eligible for IFPN Services

Legal reference: PL 104-193; 42 CFR 435.406; 441 IAC 75.1(41)

Persons eligible for services through the IFPN coverage group are:

- ◆ Persons who are 12 but not yet 55 years old and who have countable income at or below 300% of the federal poverty level.
- ◆ Women who have a pregnancy end while they are receiving Medicaid.

A person who is eligible for Medically Needy with a spenddown or a Medicare Savings Program can also receive Medicaid under the IFPN program.

Eligibility does **not** exist for IFPN if one or more of the following exists:

- ◆ The person is receiving Medicaid other than Medically Needy with a spenddown or the Medicare Savings Program. **NOTE:** The FPW system will identify when a person is ineligible for IFPN due to existing Medicaid eligibility, but persons in the ELIAS system are not systematically checked.
- ◆ The person is under 12 or age 55 or older. **EXCEPTION:** The age requirement does not apply to those who are eligible for IFPN due to a pregnancy ending while receiving Medicaid.
- ◆ The person is a non-qualified alien.
- ◆ The person is a resident of another state.
- ◆ The person's countable income exceeds 300% of federal poverty level at the time of application. **EXCEPTION:** A woman who is on Medicaid when her pregnancy ends can have income above this level.

B. Processing IFPN Applications

Legal reference: 441 IAC 76.1(249A); 441 IAC 75.1(41)"b"

Designated family planning agencies and clinics can assist in the processing of Medicaid eligibility for the IFPN coverage group for those persons who are at or below 300% of federal poverty level.

IFPN applicants applying at a designated family planning agency or clinic will complete form 470-2927 or 470-2927(S), *Health Services Application*. (See [Chapter II](#) for a sample of this application.)



Applications can also be filed at a local DHS office, any facility where out-stationing activities are provided, with the third-party administrator for the **hawk-i** program; with presumptive Medicaid providers; at WIC offices, and at maternal or child health centers.

An application is considered filed on the date form 470-2927 or 470-2927(S), *Health Services Application*, that contains a legible name, address, and signature is received by a designated family planning agency or clinic. (See [Chapter II](#) for samples of these forms.)

At the time of application, give the applicant the following information:

- ◆ Comm. 20, *Your Guide to Medicaid*. This pamphlet explains what services are available under the regular Medicaid program. Click [here](#) to see a sample of this brochure.
- ◆ Comm. 374, *Iowa Family Planning Network Member Question and Answers*, available at <http://www.ime.state.ia.us/docs/Comm374.pdf>.
- ◆ Comm. 209, *Information About Your Privacy Rights*. This notice describes how medical information is used and disclosed. It also explains how members can get access to this information. Click [here](#) to see a sample of this brochure.
- ◆ Comm. 243, *Primary Care Access*. This pamphlet explains where a person can access primary care services in Iowa. The offices listed are either rural health clinics or federally qualified health centers that generally can provide care on a sliding fee schedule. Click [here](#) to see a sample of this brochure.

1. Screening for Other Medicaid Eligibility

Screen the application to determine if eligibility may exist under other Medicaid coverage groups. Refer to *Desk Aid*, RC-0033, for income limits for other Medicaid coverage groups. Click [here](#) to see a sample of this reference card.

Explain the difference between IFPN and regular Medicaid and let the applicant choose which coverage group to apply for. One major difference is that regular Medicaid will require parents to be considered in the teen's household size and the parent's income will be counted. The eligibility determination for IFPN does not use the parental income for youth.



If the applicant opts for IFPN, ask the applicant to sign form 470-4314, *Election of Iowa Family Planning Network*, and document the case record that the application was screened and the applicant's decision. Click [here](#) to see a sample of this form.

If the applicant wants to apply for full Medicaid benefits, send the original application to the appropriate DHS office for processing within two working days of receipt. Keep a photocopy of the application and process it for a determination of IFPN eligibility while a decision for full Medicaid coverage is being made by DHS.

Service Area	Mailing Address
Service Area 1 – Western (Council Bluffs)	Imaging Center 1 417 E Kanessville Blvd Council Bluffs, IA 51503
Service Area 2 – Northern (Waterloo)	Imaging Center 2 PO Box 11000 Waterloo, IA 50704
Service Area 3 – Eastern (Davenport)	Imaging Center 3 PO Box 8022 Davenport, IA 52808
Service Area 4 – Cedar Rapids	Imaging Center 4 PO Box 2027 Cedar Rapids, IA 52406
Service Area 5 – Des Moines	Imaging Center 5 PO Box 41130 Des Moines, IA 50311



#	County	Service Area	#	County	Service Area
1	Adair	Des Moines	45	Howard	Northern
2	Adams	Des Moines	46	Humboldt	Northern
3	Allamakee	Northern	47	Ida	Western
4	Appanoose	Cedar Rapids	48	Iowa	Cedar Rapids
5	Audubon	Western	49	Jackson	Eastern
6	Benton	Cedar Rapids	50	Jasper	Cedar Rapids
7	Black Hawk	Northern	51	Jefferson	Cedar Rapids
8	Boone	Des Moines	52	Johnson	Cedar Rapids
9	Bremer	Northern	53	Jones	Cedar Rapids
10	Buchanan	Northern	54	Keokuk	Cedar Rapids
11	Buena Vista	Western	55	Kossuth	Western
12	Butler	Northern	56	North Lee	Eastern
13	Calhoun	Northern	56	South Lee	Eastern
14	Carroll	Western	57	Linn	Cedar Rapids
15	Cass	Western	58	Louisa	Eastern
16	Cedar	Eastern	59	Lucas	Des Moines
17	Cerro Gordo	Northern	60	Lyon	Western
18	Cherokee	Western	61	Madison	Des Moines
19	Chickasaw	Northern	62	Mahaska	Cedar Rapids
20	Clarke	Des Moines	63	Marion	Des Moines
21	Clay	Western	64	Marshall	Northern
22	Clayton	Northern	65	Mills	Western
23	Clinton	Eastern	66	Mitchell	Northern
24	Crawford	Western	67	Monona	Western
25	Dallas	Des Moines	68	Monroe	Cedar Rapids
26	Davis	Cedar Rapids	69	Montgomery	Western
27	Decatur	Des Moines	70	Muscatine	Eastern
28	Delaware	Northern	71	O'Brien	Western
29	Des Moines	Eastern	72	Osceola	Western
30	Dickinson	Western	73	Page	Western
31	Dubuque	Eastern	74	Palo Alto	Western
32	Emmet	Western	75	Plymouth	Western
33	Fayette	Northern	76	Pocahontas	Northern
34	Floyd	Northern	77	Polk	Des Moines
35	Franklin	Northern	78	Pottawattamie	Western
36	Fremont	Western	79	Poweshiek	Cedar Rapids
37	Greene	Western	80	Ringgold	Des Moines
38	Grundy	Northern	81	Sac	Western
39	Guthrie	Western	82	Scott	Eastern
40	Hamilton	Northern	83	Shelby	Western
41	Hancock	Northern	84	Sioux	Western
42	Hardin	Northern	85	Story	Des Moines
43	Harrison	Western	86	Tama	Cedar Rapids
44	Henry	Eastern	87	Taylor	Western



#	County	Service Area	#	County	Service Area
88	Union	Des Moines	94	Webster	Northern
89	Van Buren	Cedar Rapids	95	Winnebago	Northern
90	Wapello	Cedar Rapids	96	Winneshiek	Northern
91	Warren	Des Moines	97	Woodbury	Western
92	Washington	Cedar Rapids	98	Worth	Northern
93	Wayne	Des Moines	99	Wright	Northern

2. Obtaining Information and Verification

Legal reference: 42 CFR 435.916, 441 IAC 76.2(249A)

The applicant must supply complete and accurate information needed to make appropriate entries into the Family Planning Waiver System so that initial and ongoing eligibility can be established.

If additional information is needed, give, mail, or fax a written request to the applicant. Inform the applicant in writing of the date the information is due and the consequences for failure to supply the requested information or verification.

The applicant must supply the information within ten calendar days of the day a written request is given, mailed, or faxed to the applicant. The ten-day period begins with the first day after the written request is issued. When the tenth day falls on a nonworking day or a legal holiday, extend the due date to the next working day for which there is regular mail service.

“Supply” means the requested information or verification is received by the specified date. Additional time for providing the information can be allowed when the applicant is making every effort to obtain the information but is unable to do so within the required time and notifies you about the problem.

Make the appropriate entry into the Family Planning Waiver System that reflects the failure of an applicant or member to supply the requested information or refuses to provide authorization to obtain it.



3. Time Limit for Eligibility Decision

Legal reference: 441 IAC 76.3(249A)

Make entries into the Family Planning Waiver System so that the system can issue a notice of decision no later than the 30th day following the date of application. If the 30th day falls on a weekend or state holiday, process the application by making system entries no later than the next working day.

The time limit for making entries into the system can be waived in unusual circumstances such as, but not be limited to:

- ◆ When you and the applicant have made every reasonable effort to get necessary information and have not been able to do so within the time limits.
- ◆ Emergencies, such as fire or flood.
- ◆ Other conditions beyond the administrative control of the clinic.

An applicant must cooperate with the application process. This may include providing information or verification or signing documents. Failure to cooperate with the application process shall serve as a basis to deny an application.

An application cannot be denied because the 30-day period for processing it has expired. To deny the application, there must be either a failure to act on the part of the applicant or a determination of ineligibility by the Family Planning Waiver System.



4. Effective Date of Coverage

Legal reference: 441 IAC 75.1(41)“d”

The effective date of eligibility for IFPN is the first day of the month an application was filed or the first day of the month all eligibility factors are met, whichever is later.

Eligibility for IFPN cannot be granted for any month before the month of application. When an applicant requests Medicaid coverage for any of the three months before the application month, refer the application to the DHS local office for an eligibility determination.

A person found eligible for IFPN is certified for a period of 12 months, unless they will meet the age limit before 12 months or if their alien status and age requires a shortened certification period.

5. Notices of Decision

Legal reference: 42 CFR 435.919; 441 IAC 7.7(217), 7.7(1), 7.7(6), 76.4(1), and 76.4(249A)

The Family Planning Waiver System will issue a notice when:

- ◆ An application is approved, denied, or withdrawn; or
- ◆ IFPN is canceled.

Clinic staff shall print two copies of the *Notice of Decision*. Clinic staff shall provide the applicant with a copy of the *Notice of Decision* by hand delivering or mailing to the applicant at their designated mailing address. The second copy is placed in the IFPN case record.

Clinic staff must document in the case record how the *Notice of Decision* was delivered to the member.

6. Grace Period Following the Denial of an Application

Legal reference: 441 IAC 76.2(249A) and 76.8(5)

During the 14 calendar days immediately following the date of denial, the applicant has the opportunity to “cure” the reason for the denial of an application. A previously denied application shall be reconsidered when all information necessary to determine eligibility is provided within 14 calendar days of the date of denial.



4. Mrs. D, an IFPN applicant, fails to provide three pieces of requested verification. The worker issues a denial notice dated May 16. Mrs. D provides two of the items on May 17.

The worker attempts to contact Mrs. D since not all of the items needed to determine eligibility came in. The third item is received on May 31. Since the 14-day grace period has expired, the worker issues a 'remain denied' notice. Mrs. D must file a new application.

5. Mr. E, an IFPN applicant, fails to provide three pieces of requested verification. The worker issues a denial notice on April 30. Mr. E provides two of the items on May 2 and the third item on May 6.

Mr. E also reports on May 6 that he changed jobs. The worker explains that in order for the original application to be reconsidered, Mr. E has until May 13 to provide verification of the new job; otherwise Mr. E will have to reapply.

Mr. E provides verification of the old job ending and the beginning of the new job on May 7. The application is processed with the new information and a notice is issued informing Mr. E of the decision.

C. Eligibility Requirements

Legal reference: 441 IAC 75.1(41)

1. Medicaid or *hawk-i* Eligibility

A person cannot be eligible for the IFPN if the person is currently receiving Medicaid. Clinic staff can verify Medicaid eligibility by either:

- ◆ Calling the Eligibility Verification System (ELVS) at 1-800-338-7752 or 515-323-9639; or
- ◆ Verifying eligibility on the Internet at <http://www.ime.state.ia.us/Providers/OnlineTools.html>



EXCEPTION: A person eligible for Medically Needy with a spenddown or a Medicare Savings Program can also be eligible for IFPN.

The FPW system will identify when a person is ineligible for IFPN due to existing Medicaid eligibility and will deny the application. A person who is eligible in the ELIAS system will not be included in this automated eligibility match. Workers will be notified when a newly approved IFPN member is found to be Medicaid eligible.

2. Age

Legal reference: 441 IAC 75.1(41)"a"(2)

To be eligible for IFPN, person must be of reproductive age, which is age 12 through 14.

3. Household Size

Legal reference: 441 IAC 75.1(41)"c"(1)

The household size includes the following people living together who **are not** receiving Supplemental Security Income (SSI):

- ◆ The applicant or member,
- ◆ The applicant or member's spouse, and
- ◆ The applicant or member's dependent children.

"Dependent child" means:

- ◆ A child who is under the age of 18 regardless of school attendance; or
- ◆ A child 18 years of age who is a full-time student in high school or in an equivalent program and who is expected to graduate or complete the program before reaching 19.

1. Ms. M, age 17, lives with her parents. She has no spouse and no children. Her household size is one.
2. Ms. S, age 17, has a child age 1 and lives with her parents. Her household size is two.
3. Ms. F, age 43, lives with her husband who receives SSI. Her household size is one.
4. Ms. H, age 36, lives with her husband and two children, ages 5 and 8. One child receives SSI. Her household size is three.



4. Social Security Number

Legal reference: 441 IAC 75.7(249A) and 9.3(3)

A social security number is required for each person for whom IFPN is being requested or received. This requirement does **not** apply to a person who is a member of a recognized religious sect who conscientiously opposes applying for or using a social security number.

5. Health Insurance

A person who is covered under group or private health insurance can claim good cause for not cooperating in filing a claim for health insurance. A person can claim good cause due to confidentiality if the person is fearful of the consequences.

NOTE: When a third-party liability for medical expenses exists, use this resource before the Medicaid (IFPN) program makes payment unless the confidentiality provision applies.

6. Income

Legal reference: 441 IAC 75.1(41)"c," 75.57(2)

To be eligible for IFPN, the household's countable monthly income shall not exceed the amounts shown below for a household of the same size.

Household Size	Family Planning Income Limits (300% of Federal Poverty Level)							Add for each additional person
	1	2	3	4	5	6	7	
Income Limit	\$2,918	\$3,933	\$4,948	\$5,963	\$6,978	\$7,993	\$9,008	\$1,015



The following income is counted in determining eligibility:

- ◆ **Money, wages or salary** received for work performed as an employee is counted as earned income. This includes commissions, tips, piece-rate payments, and cash bonuses earned. Overtime pay is estimated based on the person's history of receiving this pay.
Do not project a fifth paycheck for those who are paid weekly or a third paycheck for those who are paid biweekly.
- ◆ **Unemployment Insurance Benefits (UIB):** Count as unearned income. If UIB benefits are reduced due to recoupment, count the actual amount the person receives.
- ◆ **Child support** is not counted as unearned income effective January 1, 2014, under federal regulations for MAGI methodology.
- ◆ **Social Security** and **railroad retirement** benefits are counted as unearned income.
- ◆ **Worker's compensation and disability payments** are counted as unearned income. This type of income includes compensation received periodically from private or public insurance companies for injuries incurred at work.
- ◆ **Veterans' pensions, compensation checks, and G. I. benefits** paid by the Veterans Administration to disabled members of the armed forces or to survivors of deceased veterans are counted as unearned income.
- ◆ **Alimony:** The support payment to a divorced person by a former spouse is counted as unearned income.
- ◆ **Self-employment:** Count net profit as earned income.

b. How to Treat Self-Employment Income

Legal reference: 441 IAC 75.57(9) "h"

Medicaid self-employment income policy differentiates between:

- ◆ Providing child care,
- ◆ A home-based business, and
- ◆ A non-home-based business.



- The household consists of Ms. R, age 25, and her daughter, age 3. Ms. R is employed with monthly gross earned income of \$1,800. Due to employment, Ms. R has a weekly child care cost of \$75.

Monthly gross income	\$ 1,800.00
Minus 20%	- <u>360.00</u>
	\$ 1,440.00
Minus child care expense	- <u>175.00</u>
Countable income	\$ 1,265.00

Ms. R is eligible for IFPN since her countable income is less than the 300% of the federal poverty level for a household of two.

- Ms. D, age 42, lives with her husband and son, who dropped out of high school and who is age 17. Ms. D is unemployed, her husband receives unemployment insurance benefits of \$320 per week, and her son earns \$100 per week from working part time.

Monthly gross earned income	\$ 400.00
Minus 20%	- <u>80.00</u>
	\$ 320.00
Plus unemployment benefits	+ <u>1,280.00</u>
Countable income	\$ 1,600.00

Ms. D is eligible for IFPN since the countable income is less than the 300% of the federal poverty level for a household of three.

7. Confidentiality Good Cause

Legal reference: 441 IAC 9.5(7)

A person can claim good cause for not cooperating in filing a claim for health insurance if the person is fearful of the consequences.

- Mr. M, age 17, lives with his parents. He does not want his parents to know he is seeking family planning services. He can claim good cause for not claiming health insurance benefits.
- Ms. J is married and her husband has health insurance. Her husband does not want her receiving family planning services. Ms. J can claim good cause.



8. Residency

Legal reference: 441 IAC 75.53(1) and 75.53(2)

A person must be a resident of Iowa to be eligible for IFPN. A child is considered a resident of the state in which the parent or other person responsible for the child's care, custody, and control resides.

Consider a person a resident of Iowa if the person meets one of the following criteria:

- ◆ The person is living in Iowa voluntarily, intends to make a home in the state, and is not in Iowa for a temporary purpose.
- ◆ The person does not receive assistance from another state and entered Iowa with a job commitment or to seek employment, whether or not the person is currently employed. In this case, the child is a resident of the state in which the caretaker is a resident.

Do not consider a person a resident of Iowa if the person is in Iowa solely on vacation (such as a child who lives with a parent in another state but spends the summer with the other parent in Iowa).

Residency continues until the member has left the state. When a person temporarily leaves the state but plans to return, do not cancel assistance based on residency requirements.

Continued maintenance of a home in Iowa or the fact that most household goods remain in the state is considered evidence of temporary absence from Iowa. However, the acceptance of employment or the enrollment of the child in school in the other state is an indication that Iowa residency may have been abandoned.



Keep this documentation in the active case file unless citizenship was verified through the automated Social Security Validation Enumeration System (SVES). When citizenship is verified through the SVES match, a record of the proof will be maintained electronically and displayed on the Search Result screen.

NOTE: A person is required to provide proof of citizenship and identity only once. Once provided, proof cannot be required again as a condition of Medicaid eligibility unless there is a reason to question the proof that was previously provided.

b. Documentation Process for State Verification Exchange System (SVES) Match

Legal reference: 42 CFR 435.407; 441 IAC 75.11(2)“c”

Policy:

A person who attests to U.S. citizenship and provides name, social security number, and date of birth meets the citizenship and identity documentation requirements if the response to submission of this information to the Social Security Administration verifies the person’s citizenship and identity.

A written request for verification shall be issued if:

- ◆ The Social Security Administration returns a response that does not verify the person’s citizenship and identity.
- ◆ A response cannot be requested from the Social Security Administration because the person does not have a social security number.
- ◆ The person has previously had a 90-day reasonable opportunity period to verify citizenship for Medicaid (including IFPN) or *hawk-i*.

Procedure:

When processing an application, the FPW system will automatically send a request for proof of citizenship and identity to the Social Security Administration via SVES if you answer “yes” to the question “Do you want to request a SVES match?”



Do **not** request a SVES match when the Search Result screen already has an code in the US or ID fields indicating that citizenship or identity was already verified. Do **not** edit or override the HOW CITIZENSHIP WAS VERIFIED or HOW WAS IDENTITY VERIFIED fields in the Case information/Non-Financial screen when they indicate that citizenship and identity was already verified.

A SVES request for proof of citizenship and identity will **not** be sent when coding in **both** the US and ID fields indicates that verification is not needed (e.g., verification is already on file, person is an alien). When an SVES request will not be generated for a person who is required to verify citizenship and has not done so, follow the procedure under [No SVES Match](#).

Request a SVES match **only** when processing a person who:

- ◆ Attests to U.S. citizenship,
- ◆ Has not yet had the 90-day reasonable opportunity period, and
- ◆ Is required to verified citizenship and identity but has not already done so, as indicated by coding in the Search Results screen.

When you request a SVES match for an IFPN applicant or member:

- ◆ The system will update the fields US and ID to show a "?" in the Search Result screen.
- ◆ You **must** set a reminder to go back and check the status of the SVES request in **48 hours**.

You may accept proof of citizenship and identity directly from the applicant so that documentation is already on file in case the Social Security Administration is unable to verify the person's citizenship.

When the response to a SVES request for proof of citizenship and identity is a "consistent match" this verifies the person's citizenship and identity. The person has met the citizenship and identity documentation requirements.

When the SVES response reports a consistent match, the system will:

- ◆ Show the response in the Search Result screen, and
- ◆ Automatically update the coding in the US and ID fields on the person's "Search Screen" to a "+."

No further action is needed for that person's ongoing IFPN case.



Obtain the most reliable record the person has available. Accept less reliable documents only when more reliable documents do not exist or cannot be obtained within the reasonable opportunity period.

When a lower-level document is available, you may accept it if a higher-level document cannot be obtained within the normal time limits for processing an application or automatic redetermination. In this situation, the higher-level document is not considered available.

There is no hierarchy of documents for identity. However, accept the three or more corroborating documents or an affidavit only as a last resort.

This chart lists documents acceptable as verification of citizenship and identity:

g. Citizenship and Identity Documentation Chart

Level 1: PRIMARY DOCUMENTS (verify both citizenship and identity)	
Confirmation of citizenship via SVES automated data match	<p>U.S. citizenship and identity has been verified by the Social Security Administration based on a data match through Security Validation Enumerations System (SVES).</p> <p>This match can be attempted only for a person who provides a name, date of birth, and social security number.</p>
U.S. passport	<p>The Department of State issues U.S. passports. An expired passport may be accepted as evidence of U.S. citizenship and identity as long as it was originally issued without limitation.</p> <p>Do not accept any passport as evidence of U.S. citizenship when it was issued with a limitation. However, such a passport may be used as proof of identity.</p> <p>NOTE: Spouses and children were sometimes included on one passport through 1980. The citizenship and identity of all of the persons included can be established when one of these passports is presented. U.S. passports issued after 1980 show only one person.</p>



Level 1: PRIMARY DOCUMENTS (verify both citizenship and identity)	
<p>Documentation issued by a federally recognized Indian Tribe showing membership or enrollment in or affiliation with that Tribe.</p> <p>(Examples include Tribal enrollment or membership cards, a certificate of degree of Indian blood issued by the Bureau of Indian Affairs, or a Tribal census document.)</p>	<p>Until federal regulations are issued on satisfactory documentation for Tribes having an international border whose membership includes non-U.S. citizens, members of cross-border Tribes may use Tribal enrollment or membership documents for purposes of proving both citizenship and identity.</p> <p>The list of federally recognized Indian Tribes is maintained at http://www.usdoj.gov/otj/resources.htm</p>
<p><i>Certificate of U.S. Citizenship</i> (Department of Homeland Security Form N-560 or N-561)</p>	<p>Issued to persons whose U.S. citizenship is derived through a parent.</p>
<p><i>Certificate of Naturalization</i> (Department of Homeland Security Form N-550 or N-570)</p>	<p>Issued when a person becomes a naturalized citizen.</p>



Level 2: SECONDARY DOCUMENTS (verify citizenship only)	
<p>U.S. public birth certificate showing birth in:</p> <ul style="list-style-type: none">◆ One of the 50 states or the District of Columbia◆ American Samoa◆ Swain's Islands◆ Puerto Rico on or after January 13, 1941◆ The U.S. Virgin Islands on or after January 17, 1917◆ The Northern Mariana Islands after November 4, 1986◆ Guam on or after April 10, 1899	<p>The state, commonwealth, territory, or local jurisdiction may issue the birth record document.</p> <p>The birth record must have been recorded before the person was 5 years old. Birth certificates recorded after age 5 can be used only as Level 4 documentation.</p> <p>If the document shows that a person was born in Puerto Rico, Guam, the Virgin Islands, or the Northern Mariana Islands before the dates listed, contact SPIRS help desk for assistance in determining whether the person is a collectively naturalized U.S. citizen.</p>
<p><i>Certification of Report of Birth</i> (Form DS-1350)</p>	<p>This form is issued by the Department of State to U.S. citizens who were born outside the United States and acquired U.S. citizenship at birth.</p>
<p><i>Consular Report of Birth Abroad of a U.S. Citizen</i> (Form FS-240)</p>	<p>This form is issued by the Department of State via American consular offices overseas to children under the age of 18. Children born to U.S. military personnel usually have such a form.</p>



Amount Needed to Earn a Qualifying Quarter			
Year	Earnings Needed to Get One Credit	Year	Earnings Needed to Get One Credit
1978	\$250	1997	\$670
1979	\$260	1998	\$700
1980	\$290	1999	\$740
1981	\$310	2000	\$780
1982	\$340	2001	\$830
1983	\$370	2002	\$870
1984	\$390	2003	\$890
1985	\$410	2004	\$900
1986	\$440	2005	\$920
1987	\$460	2006	\$970
1988	\$470	2007	\$1,000
1989	\$500	2008	\$1,050
1990	\$520	2009	\$1,090
1991	\$540	2010	\$1,120
1992	\$570	2011	\$1,120
1993	\$590	2012	\$1,130
1994	\$620	2013	\$1,160
1995	\$630	2014	\$1,200
1996	\$640		

To calculate the number of quarters for a year, divide the person's total earnings for the year by the amount needed to get one credit.

For earnings from employment, use the gross amount of earnings. For earnings from self-employment, use the amount of earnings after allowable self-employment expenses have been deducted.

Use only full quarters. Example: 2.95 quarters are rounded down to two quarters. Each person can have no more than four quarters per year. Example:

An alien earned \$5,000 gross income in 1995. (\$5,000 divided by \$630 = 7.936) Although the result equals over 7 quarters, the alien is credited with 4 qualifying quarters in 1995.



2. Acting on Changes

Legal reference: 441 IAC 75.1(41)"c"(5)

A person found to be income-eligible upon application or at the annual recertification shall remain income-eligible for 12 months regardless of any change in income or household size.

IFPN eligibility ends if any of the following occur. The person:

- ◆ Becomes pregnant;
- ◆ Is no longer capable of reproducing children;
- ◆ Moves from Iowa;
- ◆ Gains Medicaid eligibility under another Medicaid coverage group; or
- ◆ Turns age 55. EXCEPTION: The age requirement does not apply to those who are eligible for IFPN due to a pregnancy ending while receiving Medicaid.

1. Ms. D is approved for IFPN in January. In March, Ms. D receives a promotion that results in her countable income being over 300% of the federal poverty level. Ms. D remains eligible for IFPN through December since her increased income is disregarded for the remainder of her 12-month certification period.
2. Mr. L is approved for IFPN in January because his countable income does not exceed 300% of federal poverty level for a household of two, Mr. L and his wife. Mr. L has countable income of \$2,000 and his wife has no income.

In May, Mr. L's wife moves out. Mr. L's income is now over the limit for a household size of one, but he continues to be eligible for IFPN for the remainder of the 12-month certification period.
3. Ms. B is approved for IFPN with a January–December certification period. Ms. B reports on October 5 that she moved to Illinois. Ms. B's IFPN eligibility is canceled effective November 1.



- ◆ Treatment of major complications arising from a family planning procedure, such as:
 - Treatment of a perforated uterus due to an intrauterine device insertion;
 - Treatment of severe menstrual bleeding caused by a Depo-Provera injection requiring a dilation and curettage; or
 - Treatment of surgical or anesthesia-related complications during a sterilization procedure.

3. Procedure Codes and Nomenclature

Only procedure codes and diagnosis codes that are allowed under the IFPN will be reimbursed. **Both** the procedure code **and** the diagnosis code must be on the list for services to be payable. The current coverage chart is available at http://www.dhs.state.ia.us/uploads/IFPN-new%2001_01_13.pdf or see the information below. Effective dates of service coverage are shown as follows:

Unshaded rows	effective date is February 1, 2006
If in row shaded yellow	effective date is December 1, 2007
If in row shaded blue	effective date is January 1, 2009
If in row shaded green	effective date is July 1, 2010
If in row shaded purple	effective date is October 1, 2010
If in row shaded orange	effective date is January 1, 2011
If in row shaded gray	effective date is December 29, 2011
If in row shaded red	effective date is January 1, 2012
If in row shaded brown	effective date is January 1, 2013

Procedure Codes:

Code	Description
00851	Anesthesia, tubal ligation/transection
00921	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral
00952	Anesthesia for hysteroscopy
11975	Insertion of nonbiodegradable drug, device or implant
11976	Removal of nonbiodegradable drug, device or implant
11977	Removal with reinsertion of nonbiodegradable drug, device or implant



Code	Description
11981	Insertion, nonbiodegradable drug delivery implant
11982	Removal, nonbiodegradable drug delivery implant
11983	Removal with reinsertion, nonbiodegradable drug delivery implant
36415	Venipuncture
36416	Drawing blood capillary
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)
57170	Diaphragm or cervical cap fitting
57410	Pelvic exam under anesthesia
57420	Colposcopy of the entire vagina with cervix if present
57421	Colposcopy of the entire vagina, with cervix if present, with biopsy(s) of vagina/cervix
57452	Colposcopy of the cervix including upper or adjacent vagina
57454	Colposcopy of the cervix including upper or adjacent vagina; with biopsy(s) of the cervix and endocervical curettage
57455	Colposcopy with biopsy of the cervix
58300	Insertion of intrauterine device
58301	Removal of IUD
58340	Catheterization & introduction of saline infusion sonohysterography (SIS) or hysterosalpingography
58565	Essure, female sterilization
58600	Ligation or transection of fallopian tube(s) abdominal or vaginal approach, unilateral or bilateral
58611	Ligation or transection of fallopian tube(s), when done at the time of cesarean delivery or intra-abdominal surgery
58615	Occlusion of fallopian tube(s) by device (e.g., band, clip, falope ring) vaginal or suprapubic approach
58670	Laparoscopy, with fulguration of oviducts (with or without transection)
58671	Laparoscopy. with occlusion of oviducts (e.g., band, clip, falope ring)
58700	Salpingectomy, complete or partial, unilateral/bilateral (separate procedure)
64435	Injection anesthetic agent, paracervical
71020	Radiologic exam, chest, two views
72190	Radiologic exam, pelvis, complete, minimum of 3 views
74740	Hysterosalpingography; supervision and interpretation only
76830	Ultrasound, transvaginal



Code	Description
76856	Ultrasound, pelvic (non-obstetric) B-Scan or real time with image documentation; complete (Payable only with a family-planning-related diagnosis)
76857	Ultrasound, pelvic (non-obstetric) B-Scan or real time with image documentation; limited or follow-up (Payable only with a family-planning-related diagnosis)
80053	Blood panel
81000	UA by regent strips
81001	UA, auto with scope
81002	UA, routine without microscopy
81003	UA, auto without scope
81025	Urine pregnancy test
82948	Glucose, blood, sexually transmitted infection test
84702	Gonadotropin, chorionic; quantitative (HCG)
84703	Gonadotropin, qualitative (pregnancy test)
85004	Automated diff WBC count
85007	Differential WBC count
85013	Hematocrit
85014	Blood count, hematocrit
85018	Blood count, hemoglobin
85025	Automated hemogram
85027	Automated hemogram
86318	Immunoassay for infectious agent reagent strip
86592	Syphilis, qualitative (aka VDRL)
86593	Syphilis tests; quantitative
87088	Culture, presumptive pathogenic organisms, screening only
87102	Knickers test for yeast
87110	Culture, chlamydia
87205	Smear, primary source, with interpretation, routine
87210	Smear, primary source, with interpretation, wt mount
87211	Smear, primary source, with interpretation, wet/dry mount **end dated 7/31/07**
87220	Koh test
87490	Infectious agent detection by nucleic acid, chlamydia...
87491	Chlamydia trachomatis, amplified probe technique
87590	Infectious agent detection by nucleic acid; N. gonorrhoeae, direct probe technique
87591	Gonorrhea, amplified probe test
87621	HPV, amplified probe test



Code	Description
88141	Cytopathology pap, cervical or vaginal; any reporting system requiring interpretation by physician
88142	Cytopathology, cervical or vaginal, liquid preservative; automated prep, manual screen under physician supervision
88143	Cytopathology, cervical or vaginal, liquid preservative; automated prep, manual screen & rescreen under physician supervision
88147	Cytopathology-smears cervical or vaginal, screening by automated system under supervision of physician
88148	Cytopathology, smears cervical or vaginal, automated manual rescreening under physician supervision
88150	Cytopathology, slides-cervical or vaginal, manual screening under physician supervision
88152	Cytopathology, slides manual screen & computer assisted rescreen under physician supervision
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision
88154	Cytopathology, slides, cervical or vaginal; with manual screening & computer assisted rescreening using cell selection & review under physician supervision
88164	Cytopathology, slides, cervical or vaginal (Bethesda System); manual screening under physician supervision
88165	Cytopathology, slides, cervical or vaginal (Bethesda System); manual screen & rescreen under physician supervision
88166	Cytopathology, slides, cervical or vaginal (Bethesda System); manual screen & computer assisted rescreen under physician supervision
88167	Cytopathology, slides, cervical or vaginal (Bethesda System); manual screen & computer assisted rescreen using cell selection & review under physician supervision
88174	Cytopathology, cervical or vaginal, liquid preservative, auto prep, automated screening under physician supervision
88175	Cytopathology, cervical or vaginal, liquid preservative, auto prep, automated screen & manual rescreen, under physician supervision
88302	Level II - surgical pathology gross & microscopic exam
88305	Level IV- Surgical pathology, gross and microscopic examination
89300	Semen analysis; presence and motility of sperm including Huhner test (post coital)
90772	Ther/proph/diag Inj, SC/IM **end dated 12/31/08**
90782	Ther. injection of medication (specify); subq or I.M. (each) **end dated 3/31/06**
93000	Electrocardiogram, routine EKG with at least 12 leads; w/interpretation and report



Code	Description
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations
96372	Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular
99000	Handling and/or conveyance of specimen for transfer from a physician's office to a lab
99001	Handling and/or conveyance of specimen for transfer from patient to other than physician's office to a lab (distance may be indicated)
99002	Handling, conveyance and/or other service in connection with the implementation of an order involving devices when devices are fabricated by an outside lab but which items have been designated, and are fitted and adjusted by the attending physician **end dated 12/6/02**
99144	Moderate (conscious) sedation by same physician, first 30 min intra-service time, ages 5 yrs and older
99201	New patient office or other outpatient visit
99202	New patient office or other outpatient visit
99203	New patient office or other outpatient visit
99204	New patient office or other outpatient visit
99205	New patient office or other outpatient visit
99211	Established patient office or other outpatient visit
99212	Established patient office or other outpatient visit
99213	Established patient office or other outpatient visit
99214	Established patient office or other outpatient visit
99215	Established patient office or other outpatient visit
99241	New or established patient office or other outpatient consultations
99242	New or established patient office or other outpatient consultations
99243	New or established patient office or other outpatient consultations
99244	New or established patient office or other outpatient consultations
99245	New or established patient office or other outpatient consultations
99383	Preventive medicine service, new patient, initial, late childhood
99384	Preventive medicine service, new patient evaluation, adolescent
99385	Preventive medicine service, new patient, 18-39 years of age
99386	Preventive medicine service, evaluate, 40-64 years
99393	Preventive medicine service, established patient, late childhood
99394	Preventive medicine service, established patient, adolescent
99395	Preventive medicine service, established patient, 18-39 years of age
99396	Preventive medicine service, 40-64 years of age



Code	Description
99401	Preventive medicine service, individual counseling, 15 minutes
99402	Preventive medicine counseling - periodic/follow-up visit (approximately 15 minutes), family planning visit
99420	Administration and inter health risk assessment instrument
99420	Completion of Risk Assessment Form
A4261	Cervical cap
A4266	Diaphragm
A4267	Condom, nonspermicidal
A4267	Condom, spermicidal
A4267	Contraceptive supply, condom, male each
A4268	Female condom
A4269	Spermicidal suppositories
A4269	Contraceptive foam
A4269	Contraceptive jelly
A4269	Contraceptive sponges
A4269	Vaginal contraceptive film
A4932	Basal thermometer
E1399	Essure implant
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: Education, skills training & guidance on how to change sexual behavior; performed semi-annually, 30 minutes
G0450	Screening for sexually transmitted infections, includes laboratory tests for chlamydia, gonorrhea, syphilis & hepatitis B
J1050	Injection, medroxyprogesterone acetate for contraceptive use, 1 mg
J1055	Depo Provera **end dated 12/6/02**
J2250	Injection, Midazolam HCL, 1 mg (Versed)
J3010	injection, Fentanyl Citrate, 0.1 mg (Fentanyl)
J3490	Doxycycline
J3490	Flagyl
J3490	Vaginal cream, e.g., Terazol
J3490	Unclassified drugs (Use for medications and injectables related to contraception services). J3490 requires the claim to include the NDC number.
J7300	Intrauterine device (IUD)
J7302	IUD, levonorgestrel-release intrauterine contraception 52MG (brand name Merena)
J7303	Contraceptive supply, hormone containing vaginal ring, each
J7304	Transdermal hormonal (Evra patch)



Code	Description
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies
J7307	Levonorgestrel (contraceptive) implants system, including implants and supplies (brand name Implanon) For December 2007 dates of service, use S0180
J8499	Prescription drug, oral, non-chemotherapeutic, not otherwise specified. (Use for oral medications related to contraception services). J8499 requires the claim to include the NDC number.
S0180	Etonogestrel implant system, including implants and supplies **end dated 12/31/07**
S4989	Progestasert IUD
S4993	Oral contraceptive, 21-day supply
S4993	Oral contraceptive, 28-day supply
S4993	Seasonale - Family planning clinics. Seasonale requires prior authorization when dispensed at a pharmacy.
T1013	Sign language or oral interpretive services, per 15 minutes
T1999	Supplies and materials provided by physician over/above normal service
Routine Sterilization Pre-operative Services	
71010	Chest x-rays
71020	Chest x-rays
80053	Blood panel
84702	Quantitative HCG
93000	EKG
99201-99205	New patient office or other outpatient visit
99211-99215	Established patient office or other outpatient visit
99241-99245	New or established patient offices or other outpatient consultations
99383-99386	Preventive medicine service, new patient
99393-99396	Preventive medicine service, established patient



Diagnosis Codes:

Code	Description
079.4	Human papillomavirus
795.01	Papanicolaou smear of cervix with atypical squamous cells of undetermined significance
V01.6	Venereal diseases
V25.0	General counseling and advice
V25.01	Prescription of oral contraceptives
V25.02	Initiation of other contraceptive measures
V25.03	Encounter for emergency contraceptive counseling and prescription to be used with any of the approved office visit coding: 99201-99205; 99211-99215; 99241-99245; 99383-99386; 99393-99396
V25.04	Counseling & instruction in natural family planning to avoid pregnancy
V25.09	Other family planning advice
V25.1	Insertion of intrauterine contraceptive device **end dated 9/30/10**
V25.11	Insertion of intrauterine contraceptive device
V25.12	Removal of intrauterine contraceptive device
V25.13	Removal and reinsertion of intrauterine contraceptive device
V25.2	Sterilization
V25.4	Surveillance of previously prescribed contraceptive methods
V25.40	Contraceptive surveillance unspecified
V25.41	Contraceptive pill
V25.42	Intrauterine device checking, reinsertion, removal
V25.43	Surveillance of implantable subdermal contraceptive
V25.49	Other contraceptive method
V25.5	Insertion of implantable subdermal contraceptive
V25.8	Other specified contraceptive management
V25.9	Unspecified contraceptive management
V26.5	Sterilization status
V26.51	Tubal ligation status
V26.52	Vasectomy status
V72.4	Pregnancy exam or test
V72.40	Pregnancy exam or test, pregnancy unconfirmed
V72.41	Pregnancy exam or test, negative result
V72.42	Pregnancy exam or test, positive result
V72.81	Pre-operative cardiovascular exam (to be used with sterilization procedures)
V74.5	Venereal disease
V76.2	Cervix (routine cervical Papanicolaou smear)



Iowa
Department
of Human
Services

Provider and Chapter

**Iowa Family Planning Network
Waiver**

Chapter III. Provider-Specific Policies

Page

69

Date

July 1, 2013

F. Billing Policies and Claim Form Instructions

Family Planning Network services are billed on the federal forms CMS-1500, *Health Insurance Claim Form*, or UB-04, *Claim Form*, depending on the type of provider billing the services.

Refer to the [**FAMILY PLANNING SERVICES PROVIDER MANUAL**](#) or the [**ACUTE HOSPITAL SERVICES PROVIDER MANUAL**](#) for guidance on the type of claim form that should be completed for the provider type billing the service and an explanation of the corresponding *Remittance Advice*.