

2022 Provider Manual Overview of Edits



Page/Section	Edit Overview
Page 7	Prior Authorization Request phone numbers were clarified.
Page 9	Added interpretation service vendor Language Services Associates (LSA).
Page 14 Provider Guidelines for Health Homes	Added language in red: For more information on the Health Home model or how to become a Health Home, providers' first stop is contacting Iowa Medicaid Enterprise to enroll as a Health Home . Then contact your Provider Relations Specialist.
Page 23 Interpretation Services	Added links to the Quick Reference Guide and the Language Poster.
Page 32	Added information on how Iowa Total Care assigns PCPs to members.
Pages 36-49: Benefits Chart <i>Edits listed by subsection.</i>	
Hawki	Immunizations changed from "covered with limitation" to "covered".
Professional Office Services	<ul style="list-style-type: none"> - Added Allergy Serum & Injections. - Added Dental or Routine Dental Care. - Added Family Planning & Family Planning Related Services.
Outpatient Hospital Services	Added "Dental Treatment that cannot be completed in a normal office setting".
Emergency Care	Hawki was clarified to include "may require authorization"
Emergency Room	Added "\$3 charge if visit was for non-emergent medical services" for IA Health Link and IHAWP.
Transportation	New addition.
Behavioral Health Services	<ul style="list-style-type: none"> - Added coverage for (b)(3) services (intensive psychiatric rehabilitation, community support services, peer support, and residential substance use treatment).
Outpatient Therapy Services	For all services listed under IA Health Link and Hawki, changed "covered" to "covered, prior authorization may be required".
Radiology Services	Updated benefits listed under this section.
Laboratory Services	Updated Diagnostic genetic testing from "covered" to "Covered, prior authorization required" for IHAWP.
Long-Term Services & Support: Community-Based	Updated benefits listed under this section.
Long-Term Services & Support: Institutional	Updated benefits listed under this section.
Hospice	Expanded upon benefits listed under this section.
Home Health	Expanded upon benefits listed under this section.
Vision Services	Added language to clarify benefits.
Page 56 Notice of Pregnancy Program	Added "Members are to contact the Department of Human Services (DHS) Income Maintenance Customer Call Center at 877-347-5678 to report a change in Medicaid due to pregnancy."
Page 63 Prior Authorization	Added "use the code checker on the ITC website to verify authorization requirements."
Page/Section	Edit Overview
Pages 64-66: Services That Require Prior Authorization <i>Edits listed by subsection.</i>	
Ancillary Services	Ancillary Services: added "authorization waived for 1 st 90 days of outpatient hospice" to Hospice Services other than inpatient facility.

Facility Services	Removed "Observation Services (inpatient).
Pharmaceuticals	Removed "Eternal/Pareternal (pumps and supplies)".
Therapy Services	Added "excluding 1 st 4 visits per member per year" for PT, OT, ST.
Page 67 Prior Authorization Timings	Updated timeframe chart.
Page 68 Prior Authorization Determination Timelines	Updated timeframe chart.
Page 70 Second Opinion	Removed "Out-of-network and in-network providers require Prior Authorization by Iowa Total Care" to "Out-of-network providers require Prior Authorization by Iowa Total Care when performing second opinions".
Page 71 How the Program Works	Added PT, OT and ST services.
Pages 74-78: Pharmacy <i>Edits listed by subsection.</i>	
Overall section edits	<ul style="list-style-type: none"> - Envolv Pharmacy Solutions changed to Pharmacy Services (Centene). - Removed Pharmacy Copayments section.
Who Receives Pharmacy Benefits Through Iowa Total Care?	Updated last sentence by adding the language in bold: "Dual-eligible members do not have pharmacy benefits administered through Iowa Total Care with the exception of certain over-the-counter items that are part of the Medicaid benefit but not part of the Medicare benefit. "
Pharmacy Prior Authorizations by Fax	<ul style="list-style-type: none"> - Added "prescribers and pharmacies may utilize covermymeds.com to submit Prior Authorization requests." - Updated fax number. - For denials, removed "they must ask us in writing" and changed to "if they wish to mail the appeal".
Page 86-91 Member and Provider Rights & Responsibilities	Updated Member Rights & Responsibilities.
Page 93 Appeals	Removed "verbal appeals must be followed by a written, signed appeal."