

441—58.65 (234) Provider reimbursement. A provider approved to participate shall be reimbursed as follows:

58.65(1) The provider shall submit a completed demographic data form and the authorization form to the Iowa concern hotline within 30 days after each completed session with an approved applicant.

58.65(2) The provider shall be reimbursed at the lower of:

- a.* A rate of \$93 per assessment or counseling session, or
- b.* The prevailing Iowa Medicaid rate.

[ARC 7641B, IAB 3/25/09, effective 3/1/09]