

441—81.9(249A) Billing procedures. Claims for service must be sent to the department after the month of service and within 365 days of the date of service. Claims must be submitted electronically through the department's electronic clearinghouse. A remittance advice of the claims paid may be obtained through the Iowa Medicaid portal access (IMPA) system. Adjustments to submitted claims may be made electronically as provided for by the department. A request for an adjustment to a paid claim must be received by the department within one year from the date the claim was paid in accordance with rule 441—80.4(249A).

This rule is intended to implement Iowa Code sections 249A.2(6) and 249A.3(2) "a."

[ARC 9279C, IAB 5/14/25, effective 7/1/25]