

441—82.15(249A) Billing procedures.

82.15(1) Claims. Claims for service for clients not enrolled with a managed care organization must be sent to the Iowa Medicaid after the month of service and within 365 days of the date of service. Such claims must be submitted electronically through Iowa Medicaid's electronic clearinghouse.

a. A remittance advice of the claims paid may be obtained through the Iowa Medicaid portal access (IMPA) system.

b. Adjustments to claims may be made electronically as provided for by the Iowa Medicaid.

82.15(2) Reserved.

This rule is intended to implement Iowa Code section 249A.12.

[ARC 2361C, IAB 1/6/16, effective 1/1/16; ARC 6776C, IAB 12/28/22, effective 2/1/23]