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**INFORMATIONAL LETTER NO. 2636-MC-FFS**

**DATE:** October 10, 2024

**TO:** All Iowa Medicaid Providers<sup>1</sup>

**APPLIES TO:** Managed Care (MC), Fee-for-Service (FFS)

**FROM:** Iowa Department of Health and Human Services (HHS),  
Iowa Medicaid

**RE:** E&M Codes Rate Changes

**EFFECTIVE:** March 1, 2024

The rates for the codes and code descriptions in the table below were erroneously updated on certain fee schedules with an effective date of March 1, 2024. As this was an inadvertent change, the applicable rates will revert to the amounts on the fee schedule in place prior to March 1, 2024. The impacted fee schedules have been updated on our website as of Wednesday, October 9, 2024. The managed care organizations (MCOs) will be working to expeditiously update their configuration to update the rates for these codes, retroactively effective to March 1, 2024, and are targeting to have configuration of these updates into their systems by Friday, October 18, 2024.

All MCO and fee-for-service (FFS) providers that had claims paid at the incorrect rates since March 1, 2024, will be subject to payment adjustments in the next 90 days. Providers will not have the ability to appeal or dispute these adjustments. Additionally, because this occurred in error, the MCOs will not be sending overpayment letters or notices, and future claims will be offset to make necessary adjustments.

For providers that have excess payments under \$5,000.00 per each individual MCO, the MCOs and FFS will adjust claim payments through future claims receipts.

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<sup>1</sup> Not including dental providers.

For providers that have excess payments exceeding \$5,000.00 per each individual MCO, the MCOs and FFS will adjust claim payments over the next 90 days through claims offsets. If there are concerns with this timeline, please contact the MCO upon notification of this alert.

Changes to the July 1, 2024, rate updates due to legislative appropriation will be corrected for provider types 15, 21, 38 and 68. The rate increase percentage for these provider types will be applied to the pre-March 1, 2024, rates.

Overall, the following provider types were impacted: 1-6, 14-15, 21-22, 29-30, 35, 38, 44-45, 48, 50, 54, 56, 62, 68, 72, 82.

<b>Code</b>	<b>Code Description</b>
<b>96372</b>	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular.
<b>99202</b>	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
<b>99203</b>	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
<b>99204</b>	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
<b>99205</b>	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
<b>99211</b>	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional.
<b>99212</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.
<b>99213</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

<b>99214</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
<b>99215</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
<b>99221</b>	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
<b>99222</b>	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.
<b>99223</b>	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.
<b>99231</b>	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.
<b>99232</b>	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.
<b>99233</b>	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.
<b>99282</b>	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making.
<b>99283</b>	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making.

<b>99284</b>	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.
<b>99285</b>	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making.

If you have questions, please contact Iowa Medicaid Provider Services, the appropriate MCO or your MCO provider representative directly:

**Iowa Medicaid Provider Services:**

- Phone: 1-800-338-7909
- Email: [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us)

**Managed Care Organizations (MCOs):**

**Iowa Total Care:**

- Phone: 1-833-404-1061
- Email: [providerrelations@iowatotalcare.com](mailto:providerrelations@iowatotalcare.com)
- Website: <https://www.iowatotalcare.com>

**Molina Healthcare of Iowa:**

- Phone: 1-844-236-1464
- Email: [aproviderrelations@molinahealthcare.com](mailto:aproviderrelations@molinahealthcare.com)
- Website: <https://www.molinahealthcare.com/providers/ia/medicaid/home.aspx>
- Provider Portal: <https://www.availity.com/molinahealthcare>

**Wellpoint Iowa, Inc. (formerly Amerigroup Iowa, Inc.):**

- Phone: 1-833-731-2143
- Email: [ProviderSolutionsIA@wellpoint.com](mailto:ProviderSolutionsIA@wellpoint.com)
- Website: <https://www.provider.wellpoint.com/iowa-provider/home>