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has either (1) identified to recipient or his representative alternatives to placement in a nursing home and provided guidance on how to access such alternatives, or (2) documented in the recipient's clinical record why the physician determined that the identification of alternatives was unnecessary or inappropriate.

(2) Nursing facility services (other than services in an institution for mental diseases) as defined in 42 CFR 440.155 are provided with additional limitations (for methods and standards for payment rates see Attachment 4.19-B(4a)). Nursing facility services must be ordered by a physician who has either (1) identified to recipient or his representative alternatives to placement in a nursing home and provided guidance on how to access such alternatives, or (2) documented in the recipient's clinical record why the physician determined that the identification of alternatives was unnecessary or inappropriate.

- b. Early and periodic screening and diagnosis and treatment services for individuals under age 21 years of age as defined in 1905R of the Social Security Act and Part 5 of the State Medicaid Manual. (For methods and standards for payment rates for all services described in this item 4.b., see Attachment 4.19-B(4b)).
 - c. Family planning services and supplies for individuals of child-bearing age as defined in 42 CFR 440.40(c) and limited in 42 CFR 440.250(c) and in compliance with the requirements of 42 CFR 441.20 and are provided with additional limitations described in Attachment 3.1-A page 2 and Supplemental 2 to Attachment 3.1-A page 13. (For methods and standards for payment rates see Attachment 4.19-B(4c)).
5.
 - a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere as defined in 42 CFR 440.50(a) are provided with the additional limitations described in Supplement 2 to Attachment 3.1-A(5a). (For methods and standards for payment rates see Attachment 4.19-B(5a)).
 - b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) as defined in 42 CFR 440.50(b) are provided with additional limitations described in Supplemental 2 to Attachment 3.1-A(5b). (For methods and standards for payment rates see Attachment 4.19-B(5b)).
 6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by state law. (As defined in 42 CFR 440.60). (Included below are references to the appropriate professional licensing standards and authority for the practitioners specified)
 - a. Podiatrist services are provided with additional limitations described in Supplement 2 to Attachment 3.1-A(6a).

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disability of the individual and the restoration of the individual to his or her best possible functional level.

- c. The rehabilitative services provided under the plan described in (b) above are appropriately documented by the rehabilitative services provider(s) in a manner which permits a physician or other licensed practitioner of the healing arts to determine that the plan as implemented remains appropriate for the maximum reduction of the mental disability of the individual and the restoration of the individual to his or her best possible functional level, and such a determination is periodically made and documented by a physician or other licensed practitioner of the healing arts.

- (8) *Transportation Services*. (As defined in 42 CFR 440.170(a)). Non-emergency transportation in a vehicle specially equipped or staffed to accommodate the individual's special medical needs or who reside in an area in which school bus transportation is not provided but transportation is medically necessary for the individual.

- (9) *Personal Care Services* as defined in 42 CFR 440.167 and further described in Section 4480 (Personal Care Services) of the State Medicaid Manual. This can be provided in the home or outside of the home. A physician or other licensed professional within the scope of his or her practice as defined by state law and regulation in accordance with a plan of care must authorize the services. The services must be provided by an adult who is able to perform the cares the member needs and who is not a member of the members' family. Providers of personal care include home health agencies and local education agencies.

4c. Family Planning Services do not include the treatment of infertility.

5a. PHYSICIANS SERVICES

Iowa Medicaid will not cover the following services when rendered by a physician:

- (a) Treatment of flat foot; and
- (b) Routine foot care
- (c) Acupuncture
- (d) Cosmetic, reconstructive or plastic surgery where the primary purpose is to improve physical appearance or which is performed primarily for psychological purposes or which restores form but which does not correct or materially improve the bodily functions.
 - i. Cosmetic, reconstructive or plastic surgery is covered under limited circumstances where such is for the purpose of correcting congenital anomalies; restoration of body form and/or function following

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The following services will be reduced:

Various services applicable to fees schedule language on page 1 (Physician Services; Podiatrist Services; Optometrist Services; Chiropractor Services; Audiology Services; Hearing Aide Dispenser Services; Psychologist Services; Services of Advanced Registered Nurse Practitioners; Services of Certified Nurse Anesthetists; Certain Pharmacists Services; Services of Advanced Nurse Practitioners Certified in Psychiatric or Mental Health Specialties; Renal Dialysis Clinics; Ambulatory Surgical Centers; Maternal Health Centers; Physical Therapy Services; Occupational Therapy Services; Services for Individuals with Speech, Hearing and Language Disorders; Prosthetic Devices; Eyeglasses; Nurse Midwife Services; Extended Services for Pregnant Women; Ambulatory Prenatal Care for Pregnant Women during a Presumptive Eligibility Period; Nurse Practitioner Services; Transportation Services) – Effective for services rendered on or after December 1, 2009, reimbursement will be 95% of the agency's rates set as of July 1, 2008, excluding IowaCare network providers. (Page 1 of Attachment 4.19-B)

Independent Laboratory Services – Effective for services rendered between December 1, 2009 and December 31, 2009, reimbursement will be made at 95% of Medicare's January 1, 2009 clinical laboratory fee schedule. (Page 1 of Attachment 4.19-B)

Independent Laboratory Services – Effective for services rendered on or after January 1, 2010, reimbursement will be 95% of Medicare's January 1, 2010 clinical laboratory fee schedule. (Page 1 of Attachment 4.19-B)

Various services applicable to fees schedule language on page 1 (Dental Services; Dentures; Medical and Surgical Services Furnished by a Dentist) – Effective for services rendered on or after December 1, 2009, reimbursement will be 97.5% of the agency's rates set as of July 1, 2008. (Page 1 of Attachment 4.19-B)

Preventative Exam Codes rendered in connection to services provided by IowaCare network providers – Effective for services rendered on or after December 1, 2009, reimbursement will be 95% of the agency's rates set as of July 1, 2008. (Page 1 of Attachment 4.19-B)

EPSDT: Rehabilitation – Effective for services rendered on or after December 1, 2009, reimbursement will be 100% of cost, not to exceed 110% of the statewide average allowable cost less 5% (Page 5 of Attachment 4.19-B)

Family Planning Services – Effective for services rendered on or after February 1, 2010, reimbursement will be 105% of the agency's rates set as of July 1, 2008. (Page 1 of Attachment 4.19-B)

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