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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)).

d. **1) Face-to-Face Tobacco Cessation Counseling Services provided (by):**

(a) By or under supervision of a physician;

(b) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other than* tobacco cessation services; * or

(c) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

*describe if there are any limits on who can provide these counseling services:

There are no limits on the types of providers who are able to render these tobacco cessation counseling services, beyond the providers listed in 4.d.1) (a) – (c), above.

2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

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Superseded TN # MS-10-004

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Provided: X No limitations _____ With limitations*

*Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) counseling sessions per year) should be explained below.

Please describe any limitations: **N/A. Services provided will be consistent with the asterisked provision directly above.**

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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- b. Reserved
- 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 are provided without additional limitations. (For methods and standards for payment rates see Attachment 4.19-B(4c).

d. 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):

- (a) By or under supervision of a physician;
- (b) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; * or
- (c) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

*describe if there are any limits on who can provide these counseling services:
There are no limits on the types of providers who are able to render these tobacco cessation counseling services, beyond the providers listed in 4.d.1) (a) – (c), above.

2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

Provided: X No limitations _____ With limitations*

*Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) counseling sessions per year) should be explained below.

Please describe any limitations: **N/A. Services provided will be consistent with the asterisked provision directly above.**

- 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 Supplement 2 to Attachment 3.1-A(5b). (For methods and standards for payment rates see Attachment 4.19-B(5b).

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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) 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).

For methods and standards for payment rates see Attachment 4.19-B(6a).

Iowa Administrative Code Reference: Part 645 (Professional Licensing) – Chapter 219 (Administrative and Regulatory Authority of the Board of Podiatry Examiners), Chapter 220 (Licensure of Podiatrists), Chapter 223 (Practice of Podiatry)

b. Optometrist services are provided with additional limitations described in Supplement 2 to Attachment 3.1-A(6b).

For methods and standards for payment rates see Attachment 4.19-B(6b).

Iowa Administrative Code Reference: Part 645 (Professional Licensing) – Chapter 179 (Administrative and Regulatory Authority of the Board of Optometry Examiners), Chapter 180 (Licensure of Optometrists), Chapter 182 (Practice of Optometry).

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(10) Personal care services: Same basis as home health services – home health aide described in Item 7b.

4c. FAMILY PLANNING SERVICES

Fee Schedule. The fee schedule is based on the definitions of medical and surgical procedures given in the most recent edition of Physician's Current Procedural Terminology (CPT).

4d. TOBACCO CESSATION SERVICES

Fee Schedule. To maximize the effectiveness of tobacco cessation medications, counseling services are available for Medicaid member use in conjunction with cessation medication. Counseling services must be prescribed by a licensed practitioner participating in the Iowa Medicaid Program. Clinicians and other licensed practitioners must bill their usual and customary charges and must use the appropriate CPT codes to bill for counseling services.

5a. PHYSICIANS' SERVICES

Fee Schedule. The fee schedule is based on the definitions of medical and surgical procedures given in the most recent edition of Physician's Current Procedural Terminology (CPT).

5b. MEDICAL AND SURGICAL SERVICES FURNISHED BY A DENTIST

Fee Schedule. The fee schedule is based on the definitions of medical and surgical procedures given in the most recent edition of Physician's Current Procedural Terminology (CPT).

6a. PODIATRISTS' SERVICES

Fee Schedule. The fee schedule is based on the definitions of medical and surgical procedures given in the most recent edition of Physician's Current Procedural Terminology (CPT).

6b. OPTOMETRISTS' SERVICES

Fee Schedule. The fee schedule is based on the definitions of medical and surgical procedures given in the most recent edition of Physician's Current Procedural Terminology (CPT).

6c. CHIROPRACTORS' SERVICES

Fee Schedule. The fee schedule is based on the definitions of medical and surgical procedures given in the most recent edition of Physician's Current Procedural Terminology (CPT).

6d1. RESERVED

6d2. RESERVED

6d3. AUDIOLOGY SERVICES

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