

State/Territory: IOWA

C. In addition to any other limitations on amount duration and scope of services described elsewhere in this plan, the following limitations apply. Iowa Medicaid does not cover:

- (a) Vaccines available through the Vaccines for Children Program.
- (b) Braille education that has an educational focus. (Note: Braille education is covered when provided by a licensed nurse, certified orientation and mobility specialist or licensed teacher of the visually impaired for orientation of mobility (i.e., health and safety needs).)
- (c) Drugs dispensed by any legally qualified practitioner (physician, dentist, podiatrist, physician assistant or advanced nurse practitioner) unless it has been established that there is no licensed retail pharmacist in the community in which the legally qualified practitioner's office is maintained.
- (d) Unproven or experimental surgical procedures. The criteria in effect in the Medicare program in Iowa are used to determine when a given procedure is unproven or experimental.
- (e) Surgical procedures on the "Outpatient/Same Day Surgery List" published by the Iowa Medicaid Agency when the procedure is performed in a hospital on an inpatient basis unless the physician has secured approval from the hospital's utilization review department prior to the patient's admittance to the hospital.
- (f) "Cosmetic, reconstructive or plastic surgery," defined as surgery which can be expected primarily to improve physical appearance or which is performed primarily for psychological purposes or which restores form but which does not correct or materially improve bodily functions, and all related services and supplies, including any institutional care. However, otherwise covered services and supplies are covered in connection with cosmetic, reconstructive, or plastic surgery as follows:
 - (1) Correction of a congenital anomaly (except dental congenital anomalies such as absent tooth buds, malocclusion and similar conditions).
 - (2) Restoration of body form following an accidental injury; or revision of disfiguring and extensive scars resulting from neo-plastic surgery, if the procedures are performed no later than twelve months subsequent to the related accidental injury or surgical trauma, except in the case of children who may require a growth period.
- (g) Family planning services do not include the treatment of infertility.

D. The following limitations also apply to otherwise covered services:

- (a) Sterilizations are covered only if all of the following conditions have been met:
 - (1) The person must give voluntary informed consent at least 30 days but not more than 180 days before the date of sterilization.

State Plan TN # IA-12-019
Superseded TN # MS-06-003

Effective NOV 1 2012
Approved FEB 25 2013

State/Territory:

IOWA

Reference: Iowa Administrative Code Part 281 (Education) – Chapter 41 (Special Education), Section 281-41.9(2) (Authorized Personnel, Special Education Support Personnel, “Special Educational Instructional Personnel”). See also Iowa Administrative Code Part 282 (Educational Examiners), Chapter 15 (Requirements for Special Education Endorsements), Section 15.2(19) (Early Childhood Special Education) including the following requirements: Early Childhood Special Education Specialists must have a baccalaureate or masters degree from a regionally accredited institution.

- k. Licensed Social Worker. The following counseling services are covered when provided by licensed social worker within the scope of his or her practice as defined by state law and regulation referenced below: Screening, diagnosing, assessing, treating, and preventing psychosocial disabilities or impairments, including emotional and mental disorders.

Reference: Iowa Administrative Code Part 645 (Professional Licensing) – Chapter 279 (Administrative and Regulatory Authority for the Board of Social Work Examiners), Chapter 281 (Licensure of Social Workers), and Chapter 282 (Practice of Social Workers).

- l. Licensed Guidance Counselor. The following counseling services are covered when provided by a licensed guidance counselor within the scope of his or her practice as defined by state law and regulation referenced below: Screening, assessments, and counseling services to individuals or groups.

Reference: Iowa Administrative Code Part 282 (Educational Examiners) – Chapter 14 (Issuance of Practitioner’s License and Endorsements), Section 282-14.140(5) and (6) (Requirements for Other Teaching Endorsements, “elementary counselor” and “secondary counselor”). Which stipulates a Master’s degree from an accredited institution of higher education.

- m. Optometrist. Iowa Medicaid covers identification of the range, nature, and degree of vision loss, consultation with a child and parents concerning a child’s vision loss and appropriate selection, fitting or adaption of vision aids, evaluation of the effectiveness of a vision aid, and orientation and mobility services, provided by an optometrist. Optometrist services are limited as follows, with the exception of medically necessary services for children under the age of 21, which are covered in accordance with the EPSDT provisions:

- (1) New lenses are limited to once every 24 months for adults when there is a change in the prescription.

State/Territory:

IOWA

- (2) Lenses made of polycarbonate or equal material are allowed for members with vision in only one eye, and members with a diagnosis-related illness or disability where regular lenses would pose a safety risk.
- (3) New frames are covered when there is a covered lens change and the new lenses cannot be accommodated by the current frame.
- (4) Safety frames are allowed for members with a diagnosis-related disability or illness where regular frames would pose a safety risk or result in frequent breakage.
- (5) Contact lenses are covered only following cataract surgery, for documented keratoconus, aphakia, high myopia, anisometropia, trauma, severe ocular surface disease, irregular astigmatisms, for treatment of acute or chronic eye disease, and when vision cannot be corrected with glasses.
- (6) The following services are not covered:
 - a. Glasses with cosmetic gradient tint lenses or other eyewear for cosmetic purposes.
 - b. Glasses for occupational eye safety.
 - c. A second pair of glasses or spare glasses.
 - d. Cosmetic surgery and experimental medical and surgical procedures.
 - e. Contact lenses if vision is correctable with non-contact lenses.
 - f. Sunglasses unless medically necessary and tinted lenses do not meet the medical need.

Reference: Iowa Administrative Code Part 645 (Professional Licensing) – Chapter 180 (Licensure of Optometrists) and Chapter 182 (Practice of Optometrists).

- n. Dietician. The following nutrition counseling services are covered when provided by a licensed dietician within the scope of his or her practice as defined by state law and regulation referenced below: Assessment and intervention when a nutrition problem or a condition of such severity exists that nutrition counseling is medically necessary.

State Plan TN # IA-12-019
Superseded TN # MS-06-003

Effective NOV 1 2012
Approved FEB 25 2013

State/Territory:

IOWA

accidental injury; or the revision of disfiguring or extensive scarring resulting from neoplastic surgery.

- (e) Surgical or medical procedures for the purpose of or related to sex reassignment.

5b. MEDICAL AND SURGICAL SERVICES FURNISHED BY A DENTIST IN ACCORDANCE WITH SECTION 1905(a)(5)(B) OF THE ACT

Iowa Medicaid covers medical and surgical services performed by a dentist to the extent these services may be performed under State law by doctors of medicine, osteopathy, dental surgery, or dental medicine and would be covered if furnished by doctors of medicine and osteopathy.

6a. PODIATRISTS SERVICES

Iowa Medicaid covers only those medical or remedial care or services provided by a doctor of podiatric medicine, acting within the scope of his or her license, if the services would be covered as physicians' services when performed by a doctor of medicine or osteopathy. Additionally, Iowa Medicaid does not cover the following services:

- (f) Treatment of flat foot;
- (g) Treatment of subluxations of the foot; and
- (h) Routine foot care.

Podiatrists services are limited except for children under 21 years of age for which medically necessary services are covered in accordance with the EPSDT provisions.

6b. OPTOMETRIST SERVICES

Iowa Medicaid covers optometric services subject to the following limitations regarding amount, duration and scope, except for children under 21 years of age for which medically necessary services are covered in accordance with the EPSDT provisions:

- (1) Routine eye examinations are covered once in a 12-month period.
- (2) Auxiliary procedures and special tests are reimbursed as a separate procedure only when warranted by case history or diagnosis.
- (3) Lenses made of polycarbonate or equal material are allowed only for:
 - (i) Members with vision in only one eye.

State/Territory:

IOWA

- (ii) Members with a diagnosis-related illness or disability where regular lenses would pose a safety risk.
- (4) New frames are covered when there is a prescribed lens change and the new lenses cannot be accommodated by the current frame.
- (5) Safety frames are allowed for members with a diagnosis-related disability or illness where regular frames would pose a safety risk or result in frequent breakage.
- (6) Replacement of lost or damaged glasses is limited to once every 12 months for adults aged 21 and over, except for people with a mental or physical disability. Glasses can be provided earlier than the 12 months based on medical necessity.
- (7) Fitting of contact lenses are covered only following cataract surgery, for documented keratoconus, aphakia, high myopia, anisometropia, trauma, severe ocular surface disease, irregular astigmatism, for treatment of acute or chronic eye disease, and when vision cannot be corrected with glasses.

The following services are not covered:

- (1) Glasses with cosmetic gradient tint lenses or other eyewear for cosmetic purposes.
- (2) Glasses for occupational eye safety.
- (3) A second pair of glasses or spare glasses.
- (4) Cosmetic surgery and experimental medical and surgical procedures.
- (5) Contact lenses if vision is correctable with non-contact lenses.
- (6) Sunglasses unless medically necessary and tinted lenses do not meet the medical need.

6c. CHIROPRACTOR'S SERVICES

Chiropractor services include only services that:

- (1) Are provided by a chiropractor who is licensed by the State of Iowa, or the state in which they reside and practice, and who meets the standards (if any) issued by the Secretary of the United States Department of Health and Human Services; and
- (2) Consists of manual manipulation of the spine to correct a subluxation if the subluxation has resulted in a neuromusculoskeletal condition specified by the Iowa Medicaid Agency in its provider manual which manual manipulation is appropriate treatment.

An x-ray must document the primary regions of subluxation being treated. No x-ray is required for pregnant women and for children age 18 and younger. This x-ray is covered by Iowa Medicaid if it otherwise meets the requirements for a covered x-ray under Item 3 Attachment 3.1.1-A.

State Plan TN # IA-12-019
Superseded TN # MS-06-003

Effective NOV 1 2012
Approved FEB 25 2013

State/Territory: IOWA

C. In addition to any other limitations on amount duration and scope of services described elsewhere in this plan, the following limitations apply. Iowa Medicaid does not cover:

- (a) Vaccines available through the Vaccines for Children Program.
- (b) Braille education that has an educational focus. (Note: Braille education is covered when provided by a licensed nurse, certified orientation and mobility specialist or licensed teacher of the visually impaired for orientation of mobility (i.e., health and safety needs).)
- (c) Drugs dispensed by any legally qualified practitioner (physician, dentist, podiatrist, physician assistant or advanced nurse practitioner) unless it has been established that there is no licensed retail pharmacist in the community in which the legally qualified practitioner's office is maintained.
- (d) Unproven or experimental surgical procedures. The criteria in effect in the Medicare program in Iowa are used to determine when a given procedure is unproven or experimental.
- (e) Surgical procedures on the "Outpatient/Same Day Surgery List" published by the Iowa Medicaid Agency when the procedure is performed in a hospital on an inpatient basis unless the physician has secured approval from the hospital's utilization review department prior to the patient's admittance to the hospital.
- (f) "Cosmetic, reconstructive or plastic surgery," defined as surgery which can be expected primarily to improve physical appearance or which is performed primarily for psychological purposes or which restores form but which does not correct or materially improve bodily functions, and all related services and supplies, including any institutional care. However, otherwise covered services and supplies are covered in connection with cosmetic, reconstructive, or plastic surgery as follows:
 - (1) Correction of a congenital anomaly (except dental congenital anomalies such as absent tooth buds, malocclusion and similar conditions).
 - (2) Restoration of body form following an accidental injury; or revision of disfiguring and extensive scars resulting from neo-plastic surgery, if the procedures are performed no later than twelve months subsequent to the related accidental injury or surgical trauma, except in the case of children who may require a growth period.
- (g) Family planning services do not include the treatment of infertility.

D. The following limitations also apply to otherwise covered services:

- (a) Sterilizations are covered only if all of the following conditions have been met:
 - (1) The person must give voluntary informed consent at least 30 days but not more than 180 days before the date of sterilization.

State Plan TN # IA-12-019
Superseded TN # MS-06-003

Effective NOV 1 2012
Approved FEB 25 2013