

State/Territory:

IOWA

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. RESERVED

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

State Plan TN # MS-09-023
Superseded TN # MS-08-014

Effective JUL 01 2008
Approved FEB 23 2010