



Iowa Department of Human Services

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PHYSICIAN SERVICES MANUAL TRANSMITTAL NO. 15-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **PHYSICIAN SERVICES MANUAL**, Chapter III, *Provider-Specific Policies*, Contents (page 2), revised; pages 8, 21, 32, 37 through 42, 44, 52, 53, 54, and 67, revised; and pages 42a and 42b, new.

Summary

The **PHYSICIAN SERVICES MANUAL** is revised to:

- ◆ Align with current ICD-10 policies, procedures, and terminology.
- ◆ Update links due to the Department's new website.

Effective Date

October 1, 2015

Material Superseded

This material replaces the following pages from the **PHYSICIAN SERVICES MANUAL**:

<u>Page</u>	<u>Date</u>
Chapter III	
Contents (page 2)	July 1, 2014
8, 21, 32, 37-42, 44, 52-54, 67	July 1, 2014

Additional Information

The updated provider manual containing the revised pages can be found at:
<http://dhs.iowa.gov/sites/default/files/Phys.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.



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Health care providers often use age-appropriate developmental checklists to record milestones during preventative care visits as part of developmental surveillance. Click [here](#) to view the surveillance tool for children with the *Iowa Child Health and Developmental Record* (CHDR).

The adolescent population presents a different developmental challenge. Many of the more readily apparent developmental problems should have been identified and be under treatment. Focus screening on such areas of special concern as potential presence of learning disabilities, peer relations, psychological or psychiatric problems, and vocational skills.

For further information on developmental screening, see:

- ◆ [Care for Kids Provider website](#)
- ◆ [Developmental Behavioral Online website of the American Academy of Pediatrics](#)
- ◆ [Assuring Better Child Development and Health \(ABCD\) Electronic Resource Center of the National Academy for State Health Policy](#)
- ◆ [National Center of Home Initiatives for Children with Special Needs website of the American Academy of Pediatrics](#)

c. **Health Education/Anticipatory Guidance**

Health education that includes anticipatory guidance is an essential component of screening services. Provide it to parents and youth (if age-appropriate) at each screening visit. Design it to:

- ◆ Assist the parents and youth in understanding what to expect in terms of the child's development.
- ◆ Provide information about the benefits of healthy lifestyles and practices as well as injury and disease prevention.

Health education must be age-appropriate, culturally competent, and geared to the particular child's medical, developmental, dental and social circumstances. Four lists of age-related topics recommended for discussion at screenings are included below.



e. Hemoglobinopathy Screening

Screen infants not born in Iowa and children of Caribbean, Latin American, Asian, Mediterranean, and African descent who were born before February 1988 for hemoglobin disorders. Identification of carrier status before conception permits genetic counseling and availability of diagnostic testing in the event of pregnancy.

The Hemoglobinopathy Screening and Comprehensive Care Program at the University of Iowa offers testing for a small fee. Call (319) 356-1400 for information.

f. Lead Testing

Perform blood lead testing for lead toxicity on children aged 12 to 72 months of age. The goal of all lead poisoning prevention activities is to reduce children's blood lead levels below 10 µg/dL.

Do not use erythrocyte protoporphyrin (EP) as a screening tool for lead poisoning, because it is not sensitive enough to identify children with blood lead levels below 25 µg/dL.

Initial screening may be done using a capillary specimen if procedures are followed to prevent the contamination of the sample. Consider an elevated blood level from a capillary test presumptive. Confirm it with a venous blood specimen.

For more information or assistance on lead testing, screening, or case management, contact the Bureau of Lead Poisoning Prevention, Iowa Department of Public Health, (515) 281-3479 or (800) 972-2026.

Click [here](#) to access the Statewide Plan for Childhood Lead Testing and Case Management of Lead-Poisoned Children which contains a Poisoning Risk Questionnaire on page 44. Use this questionnaire to decide whether to use the high risk or low risk blood lead testing schedule, or use the high risk testing schedule for all children. Do **not** assume that all children are at low risk. The lead testing and follow up protocols are also located at this link.



- ◆ Syndromes associated with hearing loss or progressive or late-onset hearing loss, * such as neurofibromatosis, osteopetrosis, and Usher syndrome (Roizen, 2003). Other frequently identified syndromes including Waardenburg, Alport, Pendred and Jervell and Lange-Nielson (Nance, 2003).
- ◆ Neurodegenerative disorders, * such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich ataxia and Charcot-Marie-Tooth syndrome (Roizen, 2003).
- ◆ Culture-positive postnatal infections associated with sensorineural hearing loss, * including confirmed bacterial and viral (especially herpes viruses and varicella) meningitis (Arditi et al., 1998; Bess, 1982; Biernath et al., 2006; Roizen, 2003).
- ◆ Head trauma, especially basal skull/temporal bone fracture * requiring hospitalization (Lew et al., 2004; Vartialnen et al., 1985; Zimmerman et al., 1993).
- ◆ Chemotherapy * (Bertolini et al., 2004).

c. Nutritional Status

To assess nutritional status, include:

- ◆ Accurate measurements of height and weight.
- ◆ A laboratory test to screen for iron deficiency anemia (see Hgb/Hct procedures under [Hemoglobin and Hematocrit](#) for suggested screening ages).
- ◆ Questions about dietary practices to identify:
 - Diets that are deficient or excessive in one or more nutrients.
 - Food allergy, intolerance, or aversion.
 - Inappropriate dietary alterations.
 - Unusual eating habits (such as extended use of bottle feedings, pica, or abnormal behaviors intended to change body weight).
- ◆ Complete physical examination, including dental, with special attention to such general features as pallor, apathy, and irritability.



When the above information is not provided, claims potentially will be denied. To the extent a physician participates in the 340B program, proper billing is as per instruction in [Informational Letter \(IL\) 699](#). The provider should include the NDC for the drug if billing under the 340B program where the UD modifier is appended. While this is not required per IL 699, this is necessary information to price the drug, especially if billed under an unlisted HCPCS code.

2. **Injected Medication Non-Covered or Limited Services**

For injections related to diagnosis or treatment of illness or injury, the following specific exclusions are applicable:

- ◆ **Injections not indicated for treatment of a particular condition.**

Payment will not be approved for injections when they are considered by standards of medical practice not to be specific or effective treatment for the particular condition for which they are administered.

The Vitamin B-12 injection is an example. Medical practice generally calls for use of this injection when various physiological mechanisms produce a vitamin deficiency. Use of Vitamin B-12 in treating any unrelated condition will result in a disallowance.

- ◆ **Injections not for a particular illness.** Payment will not be approved for an injection if administered for a reason other than the treatment of a particular condition, illness or injury.

NOTE: Prior authorization is required before employing an amphetamine or legend vitamin by injection. Click [here](#) to view the *Prescribed Drugs Manual* for additional information.

- ◆ **Method of injection not indicated.** Payment will not be approved when injection is not an indicated method of administration according to accepted standards of medical practice.

- ◆ **Allergenic extract injection.** Claims from suppliers of allergenic extract materials provided the member for self-administration will be allowed according to coverage limits in effect for this service.

- ◆ **Excessive injections.** Basic standards of medical practice provide guidance as to the frequency and duration of injections. These vary and depend upon the required level of care for a particular condition. The circumstances must be noted on the claim before additional payment can be approved.



When excessive injections appear, representing a departure from accepted standards of medical practice, the entire charge for injections given in excess of these standards will be excluded. For example, such an action might occur when Vitamin B-12 injections are given for pernicious anemia more frequently than the accepted intervals.

If an injection is determined to fall outside of what is medically reasonable or necessary, the entire charge (i.e., for both the drug and its administration) will be excluded from payment. Therefore, if a charge is made for an office visit primarily for the purpose of administering drugs, it will be disallowed along with the non-covered injections.

E. HOSPITAL CARE

Payment will be made for inpatient hospital care as medically necessary. There are no specific limits on the number of days of inpatient care for which Medicaid payment will be approved, as long as that care is medically necessary in the individual case.

If the IME Medical Services Unit determines the care is not medically necessary, the member, physician, or hospital can request a reconsideration of the decision by filing a written request for reconsideration with the IME Medical Services Unit within 365 days from the date of the hospital's remittance notice. The aggrieved party can appeal a denial by the IME Medical Services Unit for reconsideration to the Department.

No waiver days will be allowed.

1. Review of Claims for Inpatient Hospital Care

The IME Medical Services Unit will randomly select a sample of inpatient hospital claims from Iowa and bordering states' hospitals. Claims will be reviewed for the appropriateness of admission, readmission, transfer, discharge, DRG assignment, coding, invasive procedures, and quality of care. The IME Medical Services Unit will also profile claim data, review results, and identify DRGs and procedures that may be targeted for retrospective review.

2. Review of Specific Admissions

Admissions to physical rehabilitation units and swing bed/lower level of care require preadmission and continued stay review/approval by the IME Medical Services Unit.



3. Use of Emergency Room

Payment will be approved for use of an emergency room providing at least one of the following conditions is met:

- ◆ The member is evaluated or treated for a medical emergency, accident, or injury.
- ◆ The member's evaluation or treatment results in a utilization review committee approval for inpatient hospital admission.
- ◆ The member is referred by a physician.
- ◆ The member is suffering from an acute allergic reaction.
- ◆ The member is experiencing acute, severe respiratory distress.
- ◆ The member is experiencing any other acute or severe symptoms, which by the "prudent layperson" standard, would lead the member or member's family members or caretakers to believe the member is suffering from an emergent or life-threatening episode.

F. SURGERY

1. Same-Day Surgery

Payment will not be made for inpatient hospital care for certain surgical procedures which can ordinarily be performed safely and effectively in the hospital outpatient department, physician's office, or other setting. In the absence of justifying information, claims for inpatient care for the procedures will be denied. The reviews for necessity are part of the retrospective hospital review process. Exceptions will be made when medical documentation justifying the medical necessity for inpatient care in the individual case is provided to the IME Medical Services Unit. If the IME Medical Services Unit concurs that inpatient care is necessary, then payment for the care will be approved. If adequate justifying documentation is not presented for a given member's inpatient admission under these circumstances, then payment of the hospital claim for inpatient care will be denied.

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2. Surgical Assistance

Payment will be made for each surgical assistant fee. For multiple surgical assists for the same member in the same operating session, payment will be made with the multiple surgery methodology (100 percent, 50 percent, 25 percent, 25 percent, etc.).

For a physician, the surgical code must be billed using an 80 modifier (payment is 16 percent of the surgical fee). For a physician assistant, the surgical code must be billed using an AS modifier (payment is 65 percent of the physician surgical assist fee). The assistant at surgery claim must be submitted on a separate claim form from the primary surgeon's bill.

3. Pre-Procedure Review

Surgical procedures affect health care expenditures significantly. To ensure that procedures are medically necessary, the IME Medical Services Unit conducts a pre-procedure review program for the Medicaid program. This program entails reviewing selected high-quantity procedures when they are performed on an inpatient basis, in the outpatient unit of a hospital, or in a free-standing surgical unit.

Pre-procedure review is performed for all heart, lung, liver, stem cell, pancreas, and bone marrow transplants and for all bariatric procedures, as identified on the preprocedure review list. Reviews are performed for members with traditional Medicaid and MediPASS coverage.

The following sections explain:

- ◆ [What procedures are reviewed](#)
- ◆ [How reviews are conducted](#)
- ◆ [What happens if the review is not obtained until after the member is discharged](#)

a. Procedures Subject to Review

The following is a list of the surgical procedures that are subject to pre-procedure review. Procedures for which approval must be obtained are listed with CPT and ICD-9 codes.



	Hospital Use Only: <u>ICD-9</u> (through 9/30/15)	Hospital Use Only: <u>ICD-10</u> (beginning 10/1/15)		Physician and Ambulatory Surgical Center Use Only: <u>CPT-4</u>
Bone marrow transplant	41.00 41.01 41.02 41.03	30230G0 30230G1 30233G0 30233G1 30240G0 30240G1 30243G0 30243G1 30250G0 30250G1 30253G0 30253G1	30260G0 30260G1 30263G0 3E03005 3E03305 3E04005 3E04305 3E05005 3E05305 3E06005 3E06305 30263G1	38240 38241
Stem cell transplant	41.04 41.05 41.06 41.07 41.08 41.09	30230AZ 30230Y0 30233AZ 30233Y0 30240AZ 30240Y0 30243AZ 30243Y0 30250Y0 30253Y0 30260Y0 30263Y0 30230Y1 30233Y1 30240Y1 30243Y1 30250Y1 30253Y1 30260Y1 30263Y1 30230X0 30230X1 30233X0 30233X1 30240X0 30240X1	30243X0 30243X1 30250X0 30250X1 30253X0 30253X1 30260X0 30260X1 30263X0 30263X1 3E03005 3E03305 3E04005 3E04305 3E05005 3E05305 3E06005 3E06305 30230G0 30233G0 30240G0 30243G0 30250G0 30253G0 30260G0 30263G0	38240 38241



	Hospital Use Only: <u>ICD-9</u> (through 9/30/15)	Hospital Use Only: <u>ICD-10</u> (beginning 10/1/15)	Physician and Ambulatory Surgical Center Use Only: <u>CPT-4</u>	
Heart transplant	37.51	02YA0Z0 02YA0Z1 02YA0Z2	33945	
Liver transplant auxiliary	50.51	0FY00Z0 0FY00Z1 0FY00Z2	47135	
Other transplant of liver	50.59	0FY00Z0 0FY00Z1 0FY00Z2	47135 47136	
Lung transplant: • Unilateral transplant • Bilateral transplant	33.50 33.51 33.52	0BYK0Z0 0BYK0Z1 0BYK0Z2 0BYL0Z0 0BYL0Z1 0BYL0Z2 0BYF0Z0 0BYF0Z1 0BYF0Z2 0BYG0Z0 0BYG0Z1	0BYG0Z2 0BYH0Z0 0BYH0Z1 0BYH0Z2 0BYJ0Z0 0BYJ0Z1 0BYJ0Z2 0BYM0Z0 0BYM0Z1 0BYM0Z2	32851 32852 32853 32854
Pancreas	52.80 52.82	0FYG0Z0 0FYG0Z1 0FYG0Z2	48160 48554	
Combined heart/lung	33.6	Requires two ICD-10 procedure codes. One from heart codes: 02YA0Z0 02YA0Z1 02YA0Z2 And one from respiratory codes: 0BYM0Z0 0BYM0Z1 0BYM0Z2	33935	



	Hospital Use Only: <u>ICD-9</u> (through 9/30/15)	Hospital Use Only: <u>ICD-10</u> (beginning 10/1/15)		Physician and Ambulatory Surgical Center Use Only: <u>CPT-4</u>
Laparoscopic bariatric procedures	43.82 44.38 44.68 44.95	0DB64Z3 0D16479 0D1647A 0D164J9 0D164JA 0D164K9 0D164KA 0D164Z9 0D164ZA 0D1647B	0D1647L 0D164JB 0D164JL 0D164KB 0D164KL 0D164ZB 0D164ZL 0DQ64ZZ 0DV64CZ	43644 43645 43770 43772 43773 43774 43775
Bariatric procedures, other than laparoscopic	43.89 44.31 44.39 44.69 45.51 45.91	0DB60ZZ 0DB63ZZ 0DB67ZZ 0D1607A 0D160JA 0D160KA 0D160ZA 0D1687A 0D168JA 0D168KA 0D168ZA 0D160K9 0D160Z9 0D16879 0D168J9 0D168K9 0D168Z9 0DV63ZZ 0DV64DZ 0DV64ZZ 0DV67ZZ 0DV68ZZ 0DB90ZZ	0DBB0ZZ 0F190Z3 0TRB07Z 0D190Z9 0D190ZA 0D190ZB 0D194Z9 0D194ZA 0D194ZB 0D198Z9 0D198ZA 0D198ZB 0D1A0ZA 0D1A0ZB 0D1A4ZA 0D1A4ZB 0D1A8ZA 0D1A8ZB 0D1A8ZH 0D1B0ZB 0D1B4ZB 0D1B8ZB 0D1B8ZH	43842 43843 43845 43846 43847



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Bariatric procedures, revisions/ removals	44.5 44.96 44.97 44.98	0DQ60ZZ 0DQ63ZZ 0DQ64ZZ 0DQ67ZZ 0DQ68ZZ 0DW643Z 0DW64CZ 0DP643Z 0DP64CZ 3EOG3GC	43771 43772 43774 43848 43860 43865 43886 43887 43888



The IME provides validation numbers on all approved pre-procedure reviews. Claims sent to the IME without a validation prior authorization number will be denied. The hospital must notify the IME and request a retrospective review to determine the appropriateness of the procedure before receiving payment.

A sample of cases reviewed on a pre-procedure basis is selected for retrospective review. The information provided during the pre-procedure review is validated during the retrospective review process. A denial may be issued if the information provided during the precertification review is not supported by medical record documentation.

c. Procedure Review Obtained Following Discharge

If the provider discovers that pre-procedure review was not obtained with the IME before or immediately following the procedure and the member was discharged, the provider must request the IME review to determine the appropriateness of the procedure before receiving payment.

In addition, the hospital must send a copy of the complete medical record with the completed form to Iowa Medicaid Enterprise for a retrospective review. Hospital staff is reminded to identify the type of procedure review that is being requested (e.g., gastric stapling review).

4. Preoperative and Postoperative Visits

Iowa Medicaid's global surgical days are consistent with Medicare's 0-10-90 global surgical package. Iowa Medicaid follows Medicare's definition of preoperative and postoperative days. Preoperative days begin on the day of surgery for minor procedures and the day before surgery for major procedures.

Postoperative days either do not apply or begin 10 days immediately following the day after surgery for minor procedures and 90 days immediately following the day of surgery for major surgery. The global surgery period for procedures with a Medicare Physician Fee Schedule (MPFS) Global Surgery Indicator of "YYY" and "MMM" are determined by the carrier.

EXCEPTION: Endoscopic procedure reimbursement does not include preoperative and postoperative visits.



- ◆ The hysterectomy was performed as the result of a life-threatening emergency in which the physician determined that prior acknowledgment was not possible. The physician must include a description of the nature of the emergency.

If the physician certifies that the hysterectomy was performed for a life-threatening emergency and includes a description of the nature of the emergency, the claim will be reviewed on an individual basis. Payment will be permitted only in extreme emergencies.

- ◆ Where the member is about to undergo abdominal exploratory surgery or a biopsy, and removal of the uterus could be a potential consequence of the surgery, the member should be informed of this possibility and given an opportunity to acknowledge in writing the receipt of this information.

This includes C-sections when there is a reasonable expectation a hysterectomy will be performed, such as in the event of an acreta.

8. Organ Transplants

Payment will be made only for the following organ and tissue transplant services when medically necessary. For those transplants requiring preprocedure review/approval, such will be noted.

- ◆ Kidney, cornea, skin, and bone transplants.
- ◆ Allogeneic bone marrow transplants (also known as Allogeneic “stem cell” transplants) for the treatment of the conditions listed below. Allogeneic bone marrow transplants require preprocedure review/approval.
 - Aplastic anemia,
 - Severe combined immunodeficiency disease (SCID),
 - Wiskott-Aldrich syndrome,
 - Follicular lymphoma,
 - Fanconi anemia,
 - Paroxysmal nocturnal hemoglobinuria,
 - Pure red cell aplasia,
 - Amegakaryocytosis/congenital thrombocytopenia,
 - Beta thalassemia major,
 - Sickle cell disease,
 - Hurler’s syndrome (mucopolysaccharidosis type 1 [MPS-1]),
 - Adrenoleukodystrophy,
 - Metachromatic leukodystrophy,
 - Refractory anemia,
 - Agnogenic myeloid metaplasia (myelofibrosis),
 - Familial erythrophagocytic lymphohistiocytosis and other histiocytic disorders,



- Acute myelofibrosis,
- Diamond-Blackfan anemia,
- Epidermolysis bullosa, or
- The following types of leukemia:
 - Acute myelocytic leukemia,
 - Chronic myelogenous leukemia,
 - Juvenile myelomonocytic leukemia,
 - Chronic myelomonocytic leukemia,
 - Acute myelogenous leukemia, and
 - Acute lymphocytic leukemia.
- ◆ Autologous bone marrow transplants (also known as Autologous “stem cell” transplants) for treatment of the conditions listed below. Autologous bone marrow transplants require preprocedure review/approval.
 - Acute leukemia,
 - Chronic lymphocytic leukemia,
 - Plasma cell leukemia,
 - Non-Hodgkin’s lymphomas,
 - Hodgkin’s lymphoma,
 - Relapsed Hodgkin’s lymphoma,
 - Lymphomas presenting poor prognostic features,
 - Follicular lymphoma,
 - Neuroblastoma,
 - Medulloblastoma,
 - Advanced Hodgkin’s disease,
 - Primitive neuroendocrine tumor (PNET),
 - Atypical/rhabdoid tumor (ATRT),
 - Wilms’ tumor,
 - Ewing’s sarcoma,
 - Metastatic germ cell tumor, or
 - Multiple myeloma.
- ◆ Liver transplants for members with extrahepatic biliary atresia or any other form of end-stage liver disease. **EXCEPTION:** Coverage is not provided for members with a malignancy extending beyond the margins of the liver or those with persistent viremia.

Liver transplants require pre-procedure review by the IME Medical Services Unit and are payable only when performed in a facility that meets the requirements of 441 IAC 78.3(10).



- ◆ Heart transplants for persons with inoperable congenital heart defects, heart failure, or related conditions. Artificial hearts and ventricular assist devices as a temporary life-support system until a human heart becomes available for transplants are covered. Artificial hearts and ventricular assist devices as a permanent replacement for a human heart are not covered.

Heart-lung transplants are covered where bilateral or unilateral lung transplantation with repair of a congenital cardiac defect is contraindicated. Heart transplants, heart-lung transplants, artificial hearts, and ventricular assist devices described above require pre-procedure review by the Iowa Medicaid Enterprise Medical Services Prior Authorization Unit. Covered heart transplants are payable only when performed in a facility that meets the requirements of 441 IAC 78.3(10).

- ◆ Lung transplants for members having end-stage pulmonary disease. Lung transplants require pre-procedure review by the IME Medical Services Unit and are payable only when performed in a facility that meets the requirements of 441 IAC 78.3(10). Heart-lung transplants are covered consistent with the criteria listed above under heart transplants.
- ◆ Pancreas transplants for person with type I diabetes mellitus, as follows:
 - Simultaneous pancreas-kidney transplants and pancreas after kidney transplants are covered.
 - Pancreas transplants alone are covered for persons exhibiting any of the following:
 - A history of frequent, acute and severe metabolic complications (e.g., hypoglycemia, hyperglycemia, or ketoacidosis) requiring medical attention.
 - Clinical problems with exogenous insulin therapy that are so severe as to be incapacitating.
 - Consistent failure of insulin-based management to prevent acute complications.

Pancreas transplants require pre-procedure review by the IME Medical Services Unit.

NOTE: See current rules 441 IAC 78.1(20) for a complete listing of currently covered transplants and related provisions.



Services performed for abortions, childbirth, or the treatment of an illness or injury that have a secondary family planning relationship are not considered as family planning services. Do not mark these claims as family-planning-related.

Reversals of sterilization procedures are not covered procedures.

If the member has eligibility under the Iowa Family Planning Network both the diagnosis and the procedure code for the service must be on the approved list of family planning services. Click [here](#) to view the list.

4. Payment for Home Health Agency Services

For home health agency services, use ICD-10-CM for member diagnoses and applicable CPT codes for procedures to be performed for the home health plan of care.

The Department has established a fee schedule with advice and consultation from the Iowa Medical Society and the Iowa Osteopathic Medical Association. Physicians will be reimbursed the lower level of customary charges and the fee schedule amount.

5. Payment for Obstetrical Services

Please refer to the Maternity Billing Guide on the IME website under NCCI: http://dhs.iowa.gov/sites/default/files/CCI_MaternityBillingGuidelines2010.pdf.