

249A.20 Noninstitutional health providers — reimbursement.

1. Beginning November 1, 2000, the department shall use the federal Medicare resource-based relative value scale methodology to reimburse all applicable noninstitutional health providers, excluding anesthesia and dental services, that on June 30, 2000, are reimbursed on a fee-for-service basis for provision of services under the medical assistance program. The department shall apply the federal Medicare resource-based relative value scale methodology to such health providers in the same manner as the methodology is applied under the federal Medicare program and shall not utilize the resource-based relative value scale methodology in a manner that discriminates between such health providers. The reimbursement schedule shall be adjusted annually on July 1, and shall provide for reimbursement that is not less than the reimbursement provided under the fee schedule established for Iowa under the federal Medicare program in effect on January 1 of that calendar year.

2. A provider reimbursed under [section 249A.31](#) is not a noninstitutional health provider. [2000 Acts, ch 1221, §7](#); [2002 Acts, ch 1120, §2, 9](#); [2018 Acts, ch 1041, §127](#)

Code editor directive applied