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SUPPLEMENT 3 TO ATTACHMENT 2.6-A
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OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Iowa

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

Not applicable

TN No. MS-85-17
Supersedes
TN No. NA

Approval Date 9/10/85

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