



Meeting Agenda

Division	Iowa Medicaid Quality Improvement Organization (QIO)		
Meeting Title	Clinical Advisory Committee (CAC)		
CAC Chair	Bill Jagiello, DO		
Facilitator	Heidi Weaver		
Date	January 17, 2025	TIME	1:00pm - 4:00pm
Location	<u>Virtual: Via Zoom</u> https://telligen.zoom.us/join/91234567890 <u>In-Person:</u> Lucas Building Capitol Complex, 321 E 12th St, Des Moines, Conference Room L345		

Meeting Objectives

The purpose of the CAC is to increase the efficiency, quality, and effectiveness of the Medicaid healthcare system. The CAC provides a process for physician and other healthcare provider contributions to promote quality care, member safety, cost effectiveness and positive physician and provider relations through discussion about Medicaid benefits and healthcare services.

The CAC is charged with recommending clinically appropriate healthcare utilization management and coverage decision to the Department of Health and Human Services (HHS) for the Iowa Medicaid program.

HIPAA Reminder: As a reminder to all members of the public who are presenting during the CAC meeting: Do not provide any personal health information (PHI) regarding a member covered by Iowa Medicaid Insurance that would constitute a violation of Federal HIPAA standards.

Meeting Participants

Iowa Medicaid	<input type="checkbox"/> Rebecca Curtiss, HHS Deputy Director of Operations <input type="checkbox"/> Jenny Erdman, HHS Quality, Innovation & Medical Policy Bureau Chief <input type="checkbox"/> Andrea Maher, HHS LTSS Bureau Chief <input checked="" type="checkbox"/> Tami Lichtenberg, QIO Director <input checked="" type="checkbox"/> Bill Jagiello, DO <input checked="" type="checkbox"/> Else Umbreit, PharmD <input checked="" type="checkbox"/> Charissa Blinkmann
Committee Members	<input checked="" type="checkbox"/> Clarice Blanchard, PA-C, Family Practice/Emergency Medicine <input checked="" type="checkbox"/> Dr. Dana Danley-Family Practice <input checked="" type="checkbox"/> Diana Smith, ARNP-Family Practice <input checked="" type="checkbox"/> Dr. Polly Ferguson-Pediatric Rheumatology <input checked="" type="checkbox"/> Dr. Chitra Reddy-Endocrinology <input checked="" type="checkbox"/> Dr. Geetanjali Sahu-Child and Adolescent Psychiatrist <input checked="" type="checkbox"/> Wendy Sanders, ARNP-Family Practice <input checked="" type="checkbox"/> Dawn Schwartz, ARNP-Neonatology/Pediatrics <input checked="" type="checkbox"/> Dr. Kelli Roenfanz-Family Medicine, OB/Gyn



Managed Care Organizations (MCO)	<input checked="" type="checkbox"/> Dr. Paul Mulhausen, Iowa Total Care <input checked="" type="checkbox"/> Dr. Sadia Ashraf-Benson, Molina Healthcare of Iowa (Filing in for Dr. Timothy Gutshall) <input checked="" type="checkbox"/> Dr. Jason Kessler, Wellpoint <input checked="" type="checkbox"/> Dr. James Elliot, Managed Care of North America <input checked="" type="checkbox"/> Dr. Jeff Chaffin, Delta Dental of Iowa
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Agenda Topic

Public Comment Period

- A maximum of 5 minutes will be allotted to each public guest who has submitted a signed [Conflict of Interest Disclosure](#). Submissions must be received no later than one week prior to the meeting date.
- To be respectful of the meeting time if you find your topic will exceed the maximum 5-minute allotment we welcome you to submit your detailed information to CAC@hhs.iowa.gov prior to and/or post meeting.

Announcements

- **Welcome:**
 - Dawn Schwartz, ARNP
 - Kelli Roenfanz, DO
- **Recognition of Service:**
 - Clarice Blanchard, PA-C

Approval of October 18, 2024, Meeting Minutes

Old Business

1. Insulin Pumps
2. Repetitive Transcranial Magnetic Stimulation

New Business

Consent Agenda

Dental (1):

1. Orthodontic Procedures

Durable Medical Equipment (7):

2. Ceiling Track Lifts and/or Electric Patient Lifts
3. Continuous Glucose Monitoring
4. Cranial Orthotics
5. Mobility Related Device Purchase
6. Power Seat Elevation for Power Wheelchairs
7. Power Wheelchair Attendant Controls
8. RELIZORB®

Laboratory (2):

9. Chromosomal Microarray Analysis
10. Whole Exome Sequencing

Surgical Procedures (2):

11. Ablative Laser Treatment of Burns and Traumatic Scars
12. Artificial Disc Replacement Surgery

Waiver Prior Authorization (1):

13. Environmental Modification and Adaptive Devices



Physician Administered Medications (10):

14. Adstiladrin (nadofaragene firadenovec-vncg)
15. Aduhelm (aducanumab-avwa) - *Archive*
16. Amvuttra (vutrisiran)
17. Injectafer (ferric carboxymaltose)
18. Kimmtrak (tebentafusp-tebn)
19. Pluvicto (lutetium Lu 177 vipivotide tetraxetan)
20. Tecartus (brexucabtagene autoleucl)
21. Vitamin, Mineral, Amino Acid Supplements
22. Zulresso (brexanolone)
23. Zynyz (retifanlimab-dlwr)

Criteria Review

Dental (1):

1. Periodontic Procedures

Durable Medical Equipment (1):

2. Myoelectric Prosthesis Upper Extremity - *Archive*

Lab (1):

3. Non-Invasive Prenatal Testing for Aneuploidy Using Cell Free DNA - *Archive*

Level of Care (1):

4. Intermediate Care Facility/Intellectual Disability Level of Care

Ophthalmology (1):

5. Visual Aids and Vision Therapy

Radiology (1):

6. CT Colonography - *Archive*

Surgical Procedures (2):

7. Fecal Microbiota Transplantation
8. Nipple Tattooing

Waiver Prior Authorization (1):

9. Home and Vehicle Modification

Physician Administered Medications – Review (2):

10. Lutathera (lutetium Lu 177 dotatate)
11. Orphan Drugs (Rare Diseases) (criteria includes Brineura, Cablivi, Givlaari)

Upcoming Meeting

- Friday, April 18, 2025

Adjournment

Additional Information

- **Iowa Medicaid CAC contact:** CAC@hhs.iowa.gov
- **Iowa Medicaid CAC webpage:** <https://hhs.iowa.gov/about/advisory-groups/clinical-advisory-committee-cac>
- **Iowa Medicaid Fee Schedules webpage:** <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/policies-rules-and-regulations/covered-services-rates-and-payments/fee-schedules>
- **Guests wanting to speak during the public comment period must complete a [CAC Disclosure Form](#) and email it to CAC@hhs.iowa.gov.** Submissions must be received no later than one week prior to the meeting date.

Meeting Minutes

Meeting Minutes (Q1 2025)

Opening: Heidi Weaver, Iowa Medicaid QIO, welcomed everyone to the first quarterly Iowa Medicaid Clinical Advisory Committee (CAC) Meeting for 2025, and provided an overview of the house rules.

Verbal roll call of the Committee Members: Quorum was confirmed with 9 of 9 members.

Introduction: Heidi introduced Committee Chairman, Dr. Jagiello, who is the Medical Director for Iowa Medicaid, QIO. Heidi presented the Meeting Objectives and the instructions for the Public Comment period presentations, with the use of a visible timer for each Public Guest Speaker and allotment of 5 minutes to present.

Announcements:

- **Welcome**
 - Dawn Schwartz, ARNP
 - Kelli Roenfan, DO
- **Recognition of Service**
 - Clarice Blanchard, PA-C

Approval of the October 18, 2024 Minutes: Dr. Jagiello opened for a vote to approve the minutes, with no requests for any changes or corrections from the Committee.

Dr. Jagiello motioned to approve from the Committee.

- First motion to approve by Dr. Ferguson
- Second motion to approve by Diana Smith

Committee Member by roll call vote for approval:

- Clarice Blanchard, PA-C, Family Practice/Emergency Medicine
- Dr. Dana Danley-Family Practice
- Diana Smith, ARNP-Family Practice
- Dr. Polly Ferguson-Pediatric Rheumatology



- ☒ Dr. Chitra Reddy-Endocrinology
- ☒ Dr. Geetanjali Sahu-Child and Adolescent Psychiatrist
- ☒ Wendy Sanders, ARNP-Family Practice
- ☒ Dawn Schwartz, ARNP- Neonatology/Pediatrics (abstained from voting – new member)
- ☒ Dr. Kelli Roenfanz-Family Medicine, OB/Gyn (abstained from voting – new member)

Old Business:

1. Insulin Pumps

Dr. Jagiello communicated that Insulin Pumps at the last meeting was requested to be moved to the January 2025 meeting.

- Linda Langiotti, CCS Medical, public comment, not in attendance, provided written documentation regarding the Insulin Pumps criteria which was displayed and acknowledged by Dr. Jagiello during the meeting.

Dr. Jagiello welcomed comments from the committee.

- Dr. Reddy clarified the changes identified in the criteria includes the replacement of an insulin pump is not medically necessary when it is requested primarily for the convenience of the member or the member's physician. Replacement of an operable insulin device with newer technology is not medically necessary without clear documentation of the reason, the upgrade is medically necessary to improve the members clinical outcome. Dr. Reddy said that the additional context helps supports a patient needing to switch if medically necessary and appreciates the changes made to the criteria.
- Dr. Danley said there's an asterisk about the comprehensive diabetes education program. Then it says, certified diabetic educator, hospital-based program, or a PharmD with a diabetic concentration. Dr. Danley asked, would this limit people throughout the State if they did not have a certified diabetic educator?
- Dr. Reddy appreciates Dr. Danley's point. When it comes to the pump and pump technology typically someone needs to do a pre-pump counseling. Pre-pump counseling helps to understand what it is and how it is done. If in an area where there is not access to someone well versed in pre-pump counseling, then how is the pump going to be ordered and who is managing it?
- Wendy Sanders commented that the letter from CCS Medical was comprehensive. Wendy questioned if the warranty is four years. She also questioned if it's not been four years and there is medical necessity to change because of upgraded technology that would benefit the outcomes of the patient, would that be a case-by-case basis?
- Dr. Jagiello confirmed that was the intent.
- Wendy Sanders also agreed that the question regarding a certified diabetes educator was a valid point. Patients in rural areas may have to travel a long distance to see a certified diabetes educator and feels that telehealth can really help in those situations. Wendy also said that whoever feels confident enough in managing an insulin pump that is ordering that insulin pump should also be able to educate that patient on what they would need, the features of that pump, and carbohydrate counting or estimations.

Wendy wondered if there is any wiggle room in that statement where we have PharmD and certified diabetic educator. Perhaps we could say also a healthcare provider.

- Dr. Reddy said that her objection to that is when patient do not understand, especially newer pumps as they are so complex.
- Wendy Sanders agreed with Dr. Reddy and provided an example of a primary care provider that tried to educate but didn't really understand the pump as well as they thought. Wendy also commented that some of the pump companies have certified diabetes educator that can be called upon that conduct virtual visits.
- Dr. Reddy said that pre-pump counseling needs to occur before the patient proceeds to getting a pump.

Dr. Jagiello welcomed comments from the MCO Medical Directors.

- Dr. Mulhausen with Iowa Total Care suggested rigor around comprehensive diabetes education programs. He confirmed Dr. Reddy's understanding that many of these are not used properly and that there is substantial evidence for non-adherence to their use. Having a program that can truly manage the complexity of the technology is important. Dr. Mulhausen agrees with what is being proposed. He also mentioned that clarifying and documenting why an upgrade is necessary will be helpful. The language will be helpful to guide them for the new requests that are essentially upgrades for devices that seem to be functioning relatively well in the documentation provided.
- Dr. Kessler with Wellpoint agrees with the Dr. Mulhausen's comments and the earlier discussion.
- Dr. Benson with Molina agrees with the change in verbiage. She also mentioned that half of our population are pediatrics and there are a lot of non-English speaking members. Requiring a certified diabetic educator may limit some of our educators in the rural community.

Heidi Weaver pointed out that within the document provided by Linda Langiotti with CCS Medical it asks to allow for consideration an insulin pump upgrade prior to the conclusion of the manufacturer warranty, when it is of clinical benefit to the beneficiary.

Dr. Jagiello said that the first paragraph under the Replacement section of the criteria addresses a pump that is not broken and cannot be fixed. The second paragraph speaks to the replacement. Dr. Jagiello feels the second paragraph does address Linda Langiotti's question and asked if the language needs to be changed.

- Dr. Ferguson asked, is it a pump covered by warranty or an expired warranty, but still works?
- Wendy Sanders suggested that in the second paragraph to add, despite the warranty or the timing of the warranty, to provide additional clarity. Wendy stated that she feels that there are instances where the person is going to get better outcomes with the advanced pump.
- Dr. Mulhausen shared the criteria point in InterQual in summary says if it is broken and cannot be repaired and not under warranty that it would be replaceable. In other words, if the software and the technology has changed, and the warranty doesn't cover that upgrade, they would view that as criteria for replacement. Dr. Mulhausen shared that InterQual is very granular and does create some guardrails on denial decisions.
- Dr. Ferguson commented that it is a piece of technology that requires software and hardware. If the hardware is broken and its under warranty, you could get it fixed. However, if the software is no longer compatible, then it is still not functional and wouldn't be covered under a warranty because it is not the hardware it's the software.

- Wendy Sanders suggested adding, (with or without warranty), to the criteria. Wendy shared that we have pumps that are obsolete that still work; however, there is such advancing technology. Just because the device is functional does not mean that they could not benefit from new and improved technology.
- Dr. Mulhausen commented that the question is, what is the value of upgrading these repeatedly over a short period of time? Technology advances so quickly and that is the risk of being vague about it. However, the opportunity is that it creates flexibility for the payors and for the providers who recognize that the technology currently being used is not meeting the medical need of the beneficiary.

Dr. Jagiello offered to the committee two options. One is to accept the suggested modification of, (with or without warranty), which he agrees is an improvement over the existing recommendation or come up with some better language to replace.

Dr. Jagiello motioned for an approval as amended from the Committee.

- Dr. Reddy said that, (with or without warranty), covers everything we just spoke about. Her opinion is the language allows room to get a new device if adequate documentation of why is provided.
- Second motion to approve by Wendy Sanders

Committee Member by roll call vote for approval:

- Clarice Blanchard, PA-C, Family Practice/Emergency Medicine
- Dr. Dana Danley-Family Practice
- Diana Smith, ARNP-Family Practice
- Dr. Polly Ferguson-Pediatric Rheumatology
- Dr. Chitra Reddy-Endocrinology
- Dr. Geetanjali Sahu-Child and Adolescent Psychiatrist
- Wendy Sanders, ARNP-Family Practice
- Dawn Schwartz, ARNP- Neonatology/Pediatrics
- Dr. Kelli Roenfanz-Family Medicine, OB/Gyn

Dr. Jagiello thanked the committee members and MCO Medical Directors for a very robust and thorough discussion.

2. Repetitive Transcranial Magnetic Stimulation

Dr. Jagiello shared that Repetitive Transcranial Magnetic Stimulation was tabled for further review and revision by the Committee at the last meeting. Dr. Jagiello conducted additional research using the references provided by Dr. Sahu as well as other evidence-based sources. Additionally, Dr. Jagiello conducted outreach to Dr. Mandler, Medical Director and Psychiatrist for Orchard Place and well as the MCO Medical Directors. The summary of his research was they wanted to stand on age 18. Dr. Mandler specifically was supportive of some considerations under 18. Dr. Jagiello opened it up for comment.

- Dr. Sahu agrees that if we are doing it for under 18, it could be on a case-by-case basis.
- Dr. Mulhausen said that Centene corporate policy is going to include a line that says, age 14 and over will be reviewed by a case-by-case basis.



- Dr. Kessler indicated that Wellpoint used Milliman Clinical Guidelines (MCG) for this. MCG believes that the evidence for this in adolescence is pretty weak. However, Dr. Kessler does not disagree with a case-by-case review. Cases under the age of 18 would be critically reviewed.
- Dr. Benson agreed with Dr. Kessler. Molina uses MCG as well and is willing to send an inquiry to MCG.

Dr. Jagiello suggested adding a paragraph at the end of the criteria that states, “Requests for treatment of adolescent between ages 15 and 17 will be considered on a case-by-case basis.” Dr. Jagiello also requested Dr. Sahu or Dr. Mulhausen send the source that supports that language to the CAC email CAC@hhs.iowa.gov so it can be added to the document. Dr. Jagiello asked for the Committee’s consideration for this change. Dr. Ferguson, Diana Smith, and Dr. Sahu provided verbal support of the change.

Dr. Jagiello motioned for an approval as amended from the Committee.

- First motion to approve by Dr. Danley
- Second motion to approve by Dr. Sahu

Committee Member by roll call vote for approval:

- Clarice Blanchard, PA-C, Family Practice/Emergency Medicine
- Dr. Dana Danley-Family Practice
- Diana Smith, ARNP-Family Practice
- Dr. Polly Ferguson-Pediatric Rheumatology
- Dr. Chitra Reddy-Endocrinology
- Dr. Geetanjali Sahu-Child and Adolescent Psychiatrist
- Wendy Sanders, ARNP-Family Practice
- Dawn Schwartz, ARNP- Neonatology/Pediatrics
- Dr. Kelli Roenfanz-Family Medicine, OB/Gyn

Heidi Weaver announced the next order of business.

Consent Agenda:

Dr. Jagiello provided the purpose of the Consent Agenda, then opened for public comments.

1. Continuous Glucose Monitoring (CGM)

- Qaashif Panjwani, Abbott Diabetes Care, in attendance, provided some clinical justifications and support on some of the requirements for Continuous Glucose Monitoring (CGM) criteria.

Dr. Jagiello responded to the commenter by identifying the sections of the criteria and addressing what was presented. Dr. Jagiello welcomed comments from the committee and MCO Medical Directors.

- Dr. Reddy indicated being heavily involved in developing the language and believes that the points being raised have been addressed in the criteria.

- Wendy Sanders responded that the commenter is addressing the risk of having severe hypoglycemia. She agrees with the commenter's point on specifically calling out before the patient does have a hypoglycemic event. The commenter is also asking to remove "All" from #1. Wendy Sanders clarified that she agrees with keeping a, b, and c.
- Dr. Kessler agrees with how the criteria currently reads. Dr. Kessler shared that Wellpoint's corporate criteria allows for continuous glucose monitoring to limit the risk of hypoglycemia in pediatric patients.
- Diana Smith provided an example of when a commercially insured patient who was denied CGM after no longer being hypoglycemic. He had to get worse before he could have it back.
- Dr. Mulhausen believes that the current criteria opened up CGM to a lot of Iowa Medicaid beneficiaries and is very comfortable with it. The only shortcoming from his perspective is around renewal.
- Dr. Reddy agrees with what was said and is not suggesting that we make changes at this time. However, she suggests in the future looking at making changes that could have an impact to the elderly population.
- Becki Wedemeier, Iowa Medicaid Policy, shared that she did pull data and identified that we had an increase in access from the beginning of 2024 through June or July of that timeline. The changes we made to the criteria did have an effect on Iowa Medicaid members and their access. Becki agreed that the criteria is very well written for Iowa Medicaid at this time.
- Dr. Ferguson shared that the way the criteria is written is kind of vague in a positive way. She wouldn't change episodes of hypoglycemia, because that could be feeling shaky and having a slightly low glucose. The way it's written if physicians want to get these monitors, the access is much better than it was.
- Dr. Danley agrees with Dr. Ferguson and to keep it as it stands.

Dr. Jagiello thanked Qaashif Panjwani for his comments and confirmed that the committee is not supportive of any further changes the criteria and will remain on the Consent Agenda.

2. Power Seat Elevation for Power Wheelchairs

- Julie Piriano, National Coalition for Assistive and Rehab Technology (NCART), not in attendance, provided a written request for changes to Power Seat Elevation for Power Wheelchairs. NCART's written request was displayed and acknowledged by Dr. Jagiello during the meeting. NCART is requesting the revision the criteria to align with the National Coverage Determination established by the Centers for Medicare and Medicaid Services (CMS) effective April 1, 2024.

Dr. Jagiello expressed his support to pull Power Seat Elevation for Power Wheelchairs off the Consent Agenda and bring it back to the April meeting as Old Business. The information from CMS will be taken into consideration that doesn't appear to be reflected in our existing criteria.

Dr. Jagiello motioned to table the criteria and bring it back at the April 2025 (Q2) meeting for revision, from the Committee.

- First motion to approve by Dawn Schwartz
- Second motion to approve by Clarice Blanchard

Committee Member by roll call vote for approval:



- Clarice Blanchard, PA-C, Family Practice/Emergency Medicine
- Dr. Dana Danley-Family Practice
- Diana Smith, ARNP-Family Practice
- Dr. Polly Ferguson-Pediatric Rheumatology
- Dr. Chitra Reddy-Endocrinology
- Dr. Geetanjali Sahu-Child and Adolescent Psychiatrist
- Wendy Sanders, ARNP-Family Practice
- Dawn Schwartz, ARNP- Neonatology/Pediatrics
- Dr. Kelli Roenfanz-Family Medicine, OB/Gyn

Dr. Jagiello motioned for an approval of the Consent Agenda as amended from the Committee.

- First motion to approve the Consent Agenda as amended by Clarice Blanchard
- Second motion to approve the Consent Agenda as amended by Dr. Danley

Committee Member by roll call vote for approval:

- Clarice Blanchard, PA-C, Family Practice/Emergency Medicine
- Dr. Dana Danley-Family Practice
- Diana Smith, ARNP-Family Practice
- Dr. Polly Ferguson-Pediatric Rheumatology
- Dr. Chitra Reddy-Endocrinology
- Dr. Geetanjali Sahu-Child and Adolescent Psychiatrist
- Wendy Sanders, ARNP-Family Practice
- Dawn Schwartz, ARNP- Neonatology/Pediatrics
- Dr. Kelli Roenfanz-Family Medicine, OB/Gyn

Criteria Review:

1. Periodontic Procedures

Dr. Jagiello presented Periodontic Procedures as amended. The subject matter expert was not able to attend today's meeting to present the criteria. Dr. Chaffin and Dr. Elliott indicated they did not get an opportunity to review the proposed changes to the criteria.

Dr. Jagiello motioned to table the criteria and bring it back at the April 2025 (Q2) meeting to provide additional time for review, from the Committee.

- First motion to approve to table the criteria to the April meeting by Diana Smith
- Second motion to approve to table the criteria to the April meeting by Dr. Ferguson

Committee Member by roll call vote for approval:

- Clarice Blanchard, PA-C, Family Practice/Emergency Medicine
- Dr. Dana Danley-Family Practice
- Diana Smith, ARNP-Family Practice
- Dr. Polly Ferguson-Pediatric Rheumatology
- Dr. Chitra Reddy-Endocrinology



- Dr. Geetanjali Sahu-Child and Adolescent Psychiatrist
- Wendy Sanders, ARNP-Family Practice
- Dawn Schwartz, ARNP- Neonatology/Pediatrics
- Dr. Kelli Roenfanz-Family Medicine, OB/Gyn

2. Myoelectric Prosthesis Upper Extremity – *Archive*

Dr. Jagiello proposed to archive Myoelectric Prosthesis Upper Extremity and defer to Milliman Clinical Guidelines. This is a low volume service that still requires prior authorization. Dr. Jagiello opened for Committee Member comments, no comments were made.

Dr. Jagiello motioned to archive the criteria from the Committee.

- First motion to approve to archive by Diana Smith
- Second motion to approve to archive by Clarice Blanchard

Committee Member by roll call vote for approval:

- Clarice Blanchard, PA-C, Family Practice/Emergency Medicine
- Dr. Dana Danley-Family Practice
- Diana Smith, ARNP-Family Practice
- Dr. Polly Ferguson-Pediatric Rheumatology
- Dr. Chitra Reddy-Endocrinology
- Dr. Geetanjali Sahu-Child and Adolescent Psychiatrist
- Wendy Sanders, ARNP-Family Practice
- Dawn Schwartz, ARNP- Neonatology/Pediatrics
- Dr. Kelli Roenfanz-Family Medicine, OB/Gyn

3. Non-Invasive Prenatal Testing for Aneuploidy Using Cell Free DNA – *Archive*

Dr. Jagiello proposed to archive Non-Invasive Prenatal Testing for Aneuploidy Using Cell Free DNA and defer to Milliman Clinical Guidelines. The criteria gradually expanded from high-risk pregnancies to all pregnancies to the point at which he would say is a standard of care in prenatal testing. Dr. Jagiello opened for Committee Member comments.

- Dr. Roenfanz expressed no concerns.

Dr. Jagiello motioned to archive the criteria from the Committee.

- First motion to approve to archive by Dr. Ferguson
- Second motion to approve to archive by Dr. Roenfanz

Committee Member by roll call vote for approval:

- Clarice Blanchard, PA-C, Family Practice/Emergency Medicine
- Dr. Dana Danley-Family Practice
- Diana Smith, ARNP-Family Practice



- Dr. Polly Ferguson-Pediatric Rheumatology
- Dr. Chitra Reddy-Endocrinology
- Dr. Geetanjali Sahu-Child and Adolescent Psychiatrist
- Wendy Sanders, ARNP-Family Practice
- Dawn Schwartz, ARNP- Neonatology/Pediatrics
- Dr. Kelli Roenfanz-Family Medicine, OB/Gyn

4. Intermediate Care Facility/Intellectual Disability Level of Care

Cindy Palmer, HHS, presented Intermediate Care Facility/Intellectual Disability Level of Care as amended. Dr. Jagiello opened for Committee Member comments, no comments were made.

Dr. Jagiello motioned for an approval as amended from the Committee.

- First motion to approve to by Dr. Schwartz
- Second motion to approve to by Diana Smith

Committee Member by roll call vote for approval:

- Clarice Blanchard, PA-C, Family Practice/Emergency Medicine
- Dr. Dana Danley-Family Practice
- Diana Smith, ARNP-Family Practice
- Dr. Polly Ferguson-Pediatric Rheumatology
- Dr. Chitra Reddy-Endocrinology
- Dr. Geetanjali Sahu-Child and Adolescent Psychiatrist
- Wendy Sanders, ARNP-Family Practice
- Dawn Schwartz, ARNP- Neonatology/Pediatrics
- Dr. Kelli Roenfanz-Family Medicine, OB/Gyn

5. Visual Aids and Vision Therapy

Dr. Jagiello presented Visual Aids and Vision Therapy as amended. Substantial changes were proposed. Dr. Jagiello made the changes based on what was written in Iowa Code. His intent was to align with Iowa Code. Dr. Jagiello opened for Committee Member comments, no comments were made.

Dr. Jagiello motioned for an approval as amended from the Committee.

- First motion to approve to by Dr. Ferguson
- Second motion to approve to by Diana Smith

Committee Member by roll call vote for approval:

- Clarice Blanchard, PA-C, Family Practice/Emergency Medicine
- Dr. Dana Danley-Family Practice
- Diana Smith, ARNP-Family Practice
- Dr. Polly Ferguson-Pediatric Rheumatology

- Dr. Chitra Reddy-Endocrinology
- Dr. Geetanjali Sahu-Child and Adolescent Psychiatrist
- Wendy Sanders, ARNP-Family Practice
- Dawn Schwartz, ARNP- Neonatology/Pediatrics
- Dr. Kelli Roenfanz-Family Medicine, OB/Gyn

6. CT Colonography – *Archive*

Dr. Jagiello proposed to archive CT Colonography and defer to Milliman Clinical Guidelines. This concept came out about 20 years ago or more, and it was supposed to be the latest and greatest to replace an invasive colonoscopy with a radiologic procedure to screen for adults for colon cancer. However, it turned out to be not such a complete replacement, because if you found anything abnormal you still had to have a colonoscopy. Dr. Jagiello opened for Committee Member comments, no comments were made.

Dr. Jagiello motioned to archive the criteria from the Committee.

- First motion to approve to archive by Dr. Ferguson
- Second motion to approve to archive by Clarice Blanchard

Committee Member by roll call vote for approval:

- Clarice Blanchard, PA-C, Family Practice/Emergency Medicine
- Dr. Dana Danley-Family Practice
- Diana Smith, ARNP-Family Practice
- Dr. Polly Ferguson-Pediatric Rheumatology
- Dr. Chitra Reddy-Endocrinology
- Dr. Geetanjali Sahu-Child and Adolescent Psychiatrist
- Wendy Sanders, ARNP-Family Practice
- Dawn Schwartz, ARNP- Neonatology/Pediatrics
- Dr. Kelli Roenfanz-Family Medicine, OB/Gyn

7. Fecal Microbiota Transplantation

Dr. Jagiello presented Fecal Microbiota Transplantation as amended. Proposed changes to the Descriptive Narrative and added the presence of inflammatory bowel disease to the Criteria section. Dr. Jagiello opened for Committee Member comments.

- Dr. Ferguson asked for clarification regarding the U.S. Food and Drug Administration (FDA) generally recommends only a single administration, under the Descriptive Narrative section. She believes that it was limited to one initially, but when previously discussed data was found that a fair number need two.
- Dr. Jagiello clarified the Criteria section includes a statement that repeat may be medically necessary if the member continues to meet criteria. As a result of that disparity between the success rate and the FDA, limits were not included. The reason for inclusion in the Descriptive Narrative is to call out when there are disparities or

differences of medical opinion in what is the right number. That is the language used in some of the evidence-based resources that was reviewed.

Dr. Jagiello motioned for an approval as amended from the Committee.

- First motion to approve to by Dr. Ferguson
- Second motion to approve to by Dr. Danley

Committee Member by roll call vote for approval:

- Clarice Blanchard, PA-C, Family Practice/Emergency Medicine
- Dr. Dana Danley-Family Practice
- Diana Smith, ARNP-Family Practice
- Dr. Polly Ferguson-Pediatric Rheumatology
- Dr. Chitra Reddy-Endocrinology
- Dr. Geetanjali Sahu-Child and Adolescent Psychiatrist
- Wendy Sanders, ARNP-Family Practice
- Dawn Schwartz, ARNP- Neonatology/Pediatrics
- Dr. Kelli Roenfanz-Family Medicine, OB/Gyn

8. Nipple Tattooing

Dr. Jagiello presented Nipple Tattooing as amended. Dr. Jagiello opened for Committee Member comments, no comments were made.

Dr. Jagiello motioned for an approval as amended from the Committee.

- First motion to approve to by Diana Smith
- Second motion to approve to by Dr. Danley

Committee Member by roll call vote for approval:

- Clarice Blanchard, PA-C, Family Practice/Emergency Medicine
- Dr. Dana Danley-Family Practice
- Diana Smith, ARNP-Family Practice
- Dr. Polly Ferguson-Pediatric Rheumatology
- Dr. Chitra Reddy-Endocrinology
- Dr. Geetanjali Sahu-Child and Adolescent Psychiatrist
- Wendy Sanders, ARNP-Family Practice
- Dawn Schwartz, ARNP- Neonatology/Pediatrics
- Dr. Kelli Roenfanz-Family Medicine, OB/Gyn

9. Home and Vehicle Modification

Dr. Jagiello presented Home and Vehicle Modification as amended and proposed one small change by updating letter c within the Criteria section. Dr. Jagiello opened for comments.



- Dr. Mulhausen clarified that more generic language was likely suggested due to the work around level of care standardized assessment that HHS is working on under the Hope and Opportunity in Many Environments (HOME) project.

Dr. Jagiello motioned for an approval as amended from the Committee.

- First motion to approve to by Dr. Ferguson
- Second motion to approve to by Clarice Blanchard

Committee Member by roll call vote for approval:

- Clarice Blanchard, PA-C, Family Practice/Emergency Medicine
- Dr. Dana Danley-Family Practice
- Diana Smith, ARNP-Family Practice
- Dr. Polly Ferguson-Pediatric Rheumatology
- Dr. Chitra Reddy-Endocrinology
- Dr. Geetanjali Sahu-Child and Adolescent Psychiatrist
- Wendy Sanders, ARNP-Family Practice
- Dawn Schwartz, ARNP- Neonatology/Pediatrics
- Dr. Kelli Roenfanz-Family Medicine, OB/Gyn

Heidi Weaver announced the next order of business. Dr. Umbreit will present Physician Administered Medications.

10. Lutathera (lutetium Lu 177 dotatate)

Dr. Umbreit presented a complete review of Lutathera (lutetium Lu 177 dotatate) as amended. Data was reviewed over the last three years and determined most of the claims were for members above the age of 50. The average age of the initial time of diagnosis is generally 58 years old. However, information has shown over the past 40 years, there has been some decreases into the lower age ranges. Approval by the FDA was given last April to expand this down to age 12. Criteria was updated to reflect the change from 18 years and older to 12 years and older. Dr. Jagiello opened for comments, there were no comments.

Dr. Jagiello motioned for an approval as amended from the Committee.

- First motion to approve to by Dr. Ferguson
- Second motion to approve to by Diana Smith

Committee Member by roll call vote for approval:

- Clarice Blanchard, PA-C, Family Practice/Emergency Medicine
- Dr. Dana Danley-Family Practice
- Diana Smith, ARNP-Family Practice
- Dr. Polly Ferguson-Pediatric Rheumatology
- Dr. Chitra Reddy-Endocrinology
- Dr. Geetanjali Sahu-Child and Adolescent Psychiatrist
- Wendy Sanders, ARNP-Family Practice



- Dawn Schwartz, ARNP- Neonatology/Pediatrics
- Dr. Kelli Roenfanz-Family Medicine, OB/Gyn

11. Orphan Drugs (Rare Diseases) (criteria includes Brineura, Cablivi, Givlaari)

Dr. Umbreit presented a complete review of Orphan Drugs (Rare Diseases) as amended. Criteria changes for Brineura include removing the age restriction and adding if they can't do both the molecular and diagnostic tests, they can do one or the other as diagnostic. Additionally, the member must weigh at least 2.5 kilograms. Cablivi and Givlaari did not require criteria changes. Significant changes were made also to Appendix A. Dr. Jagiello opened for comments, there were no comments.

Dr. Jagiello motioned for an approval as amended from the Committee.

- First motion to approve to by Clarice Blanchard
- Second motion to approve to by Dr. Danley

Committee Member by roll call vote for approval:

- Clarice Blanchard, PA-C, Family Practice/Emergency Medicine
- Dr. Dana Danley-Family Practice
- Diana Smith, ARNP-Family Practice
- Dr. Polly Ferguson-Pediatric Rheumatology
- Dr. Chitra Reddy-Endocrinology
- Dr. Geetanjali Sahu-Child and Adolescent Psychiatrist
- Wendy Sanders, ARNP-Family Practice
- Dawn Schwartz, ARNP- Neonatology/Pediatrics
- Dr. Kelli Roenfanz-Family Medicine, OB/Gyn

Closing Remarks:

Heidi Weaver presented closing announcements. She also included in the chat a reminder to send any questions or comments to the CAC email: CAC@hhs.iowa.gov and to visit the Iowa HHS Fee Schedules webpage: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/policies-rules-and-regulations/covered-services-rates-and-payments/fee-schedules> for code related questions.

Heidi Weaver announced the upcoming meeting and thanked all Committee Members.

Upcoming Meeting:

Friday, April 18, 2025

Motion for Adjournment:

First motion to adjourn by Dr. Ferguson
Dr. Jagiello adjourned the meeting.