AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

2.a. Outpatient hospital services

Emergency Room Services – Emergency department services are covered. Payment is made at a case rate, which is an all-inclusive rate for all non-physician services provided during the visit.

Dialysis

Therapeutic radiology or chemotherapy – Outpatient chemotherapy is compensable for proven malignancies and opportunistic infections. Outpatient radiation is covered for the treatment of proven malignancies or when treating benign conditions utilizing stereotactic radiosurgery (e.g., gamma knife).

Outpatient hospital services – Outpatient hospital services, not specifically addressed, are covered when prior authorized.

1. Medically necessary outpatient diagnostic testing, laboratory, and x-ray (radiological) services are provided when:
   - (a) furnished to outpatients;
   - (b) furnished by or under the direction of a physician or dentist; and
   - (c) Are furnished by an institution that
     - i. Is licensed or formally approved as a hospital by an officially designated authority for State standard-setting; and
     - ii. Meets the requirements for participation in Medicare as a hospital.
2. For outpatient diagnostic testing, laboratory, and x-ray services above $500.00 per program year for individuals 21 years of age and older, an extension will be provided if medically necessary. The extension procedures do not apply for:
   - (a) services provided to individuals under 21 years of age in the EPSDT Program;
   - (b) services received through federally qualified health centers (FQHCs);
   - (c) services received through Indian Health Service, tribal government(s), or urban Indian health program (ITU) facilities;
   - (d) pregnancy-related services;
   - (e) family planning services;
   - (f) acute care inpatient hospital services;
   - (g) emergency room services;
   - (h) molecular pathology services;
   - (i) magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), and positron emission tomography (PET) scans; and
   - (j) cardiac catheterization procedures.

   The following diagnoses are considered to be categorically medically necessary and do not require review for medical necessity:
   - (a) malignancies;
   - (b) human immunodeficiency virus (HIV);
   - (c) acquired immunodeficiency syndrome (AIDs); and
   - (d) end-stage renal failure.

   All other diagnoses are subject to review before benefits can be extended.

Outpatient surgical services – Facility payments for selected surgical procedures on an outpatient basis will be made to hospitals which have a contract with the Agency.

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

3. Other Laboratory and X-ray Services (42 CFR 440.30)

3. Medically necessary outpatient ~~diagnostic x-rays and laboratory work.~~ Laboratory and X-ray services are provided when:
   (a) ordered and provided by or under the direction of a physician or other licensed practitioner of the healing arts within the scope of his/her practice as defined by State law; and
   (b) provided in the physician's office or similar facility other than a hospital outpatient department or clinic; and/or
   (c) furnished by a laboratory that meets the requirements within 42 CFR Part 493.

4. For outpatient laboratory and x-ray (radiological) services above $500.00 per program year for individuals 21 years of age and older, an extension will be provided if medically necessary. The extension procedures do not apply for:
   (a) services provided to individuals under 21 years of age in the EPSDT Program;
   (b) services received through federally qualified health centers (FQHCs);
   (c) services received through Indian Health Service, tribal government(s), or urban Indian health program (ITU) facilities;
   (d) pregnancy-related services;
   (e) family planning services;
   (f) acute care inpatient hospital services;
   (g) emergency room services;
   (h) molecular pathology services;
   (i) magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), positron emission tomography (PET) scans; and
   (j) cardiac catheterization procedures.

   The following diagnoses are considered to be categorically medically necessary and do not require review for medical necessity:
   (e) malignancies;
   (f) human immunodeficiency virus (HIV);
   (g) acquired immunodeficiency syndrome (AIDs); and
   (h) end-stage renal failure.

   All other diagnoses are subject to review before benefits can be extended.

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

Clinic Services

~~(a)~~ All medical services performed must be medically necessary and may not be experimental in nature.

~~(b)~~ Only services furnished by or under the direction of a physician or dentist are covered. Clinic services may be provided in Public Health Clinics, qualified Urgent Care Clinics, qualified Urgent Recovery Clinics and other types of governmental and non-governmental clinics.

~~(c)~~ Clinic services for which physicians or dentists file directly are not covered.

~~(d)~~ Clinic services are limited to the same scope of services that are otherwise furnished in the plan, as appropriate.

For outpatient diagnostic testing, laboratory, and x-ray (radiological) services above $500.00 per program year for individuals 21 years of age and older, an extension will be provided if medically necessary. The extension procedures do not apply for:

(a) services provided to individuals under 21 years of age in the EPSDT Program;
(b) services received through federally qualified health centers (FQHCs);
(c) services received through Indian Health Service, tribal government(s), or urban Indian health program (ITU) facilities;
(d) pregnancy-related services;
(e) family planning services;
(f) acute care inpatient hospital services;
(g) emergency room services;
(h) molecular pathology services;
(i) magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), and positron emission tomography (PET) scans; and
(j) cardiac catheterization procedures.

The following diagnoses are considered to be categorically medically necessary and do not require review for medical necessity:

(i) malignancies;
(j) human immunodeficiency virus (HIV);
(k) acquired immunodeficiency syndrome (AIDs); and
(l) end-stage renal failure.

All other diagnoses are subject to review before benefits can be extended.

**AMOUNT, DURATION AND SCOPE OF MEDICAL
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12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

[X] Provided [ ] No limitations [X] With limitations*

[ ] Not Provided.

b. Dentures.

[ ] Provided [ ] No limitations [ ] With limitations*

[X] Not Provided.

c. Prosthetic devices.

[X] Provided [ ] No limitations [X] With limitations*

[ ] Not Provided.

d. Eyeglasses.

[X] Provided [ ] No limitations [X] With limitations*

[ ] Not Provided.

13. ~~Other~~ Diagnostic, screening, preventive, and rehabilitative services~~, i.e., other than those provided elsewhere in the plan.~~(42 CFR 440.130)

a. Diagnostic services.

[X] Provided [ ] No limitations [X] With limitations*

[~~X~~] Not Provided.

*Description provided on attachment.

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. (42 CFR 440.130)

a. Diagnostic services

Medically necessary diagnostic services includes any medical procedures or supplies provided when recommended by a physician or other licensed practitioner of the healing arts, within the scope of his/her practice under State law.

For outpatient diagnostic services above $500.00 per program year for individuals 21 years of age and older, an extension will be provided if medically necessary. The extension procedures do not apply for:

(a) services provided to individuals under 21 years of age in the EPSDT Program;
(b) services received through federally qualified health centers (FQHCs);
(c) services received through Indian Health Service, tribal government(s), or urban Indian health program (ITU) facilities;
(d) pregnancy-related services;
(e) family planning services;
(f) acute care inpatient hospital services;
(g) emergency room services;
(h) molecular pathology services;
(i) magnetic resonance imaging (MRI) and magnetic resonance angiography (MRA), and positron emission tomography (PET) scans; and
(j) cardiac catheterization procedures.

The following diagnoses are considered to be categorically medically necessary and do not require review for medical necessity:

(a) malignancies;
(b) human immunodeficiency virus (HIV);
(c) acquired immunodeficiency syndrome (AIDs); and
(d) end-stage renal failure.

All other diagnoses are subject to review before benefits can be extended

b. Screening services

Refer to Attachment 3.1-A, Page 1a-4.

~~d. Rehabilitative services~~

Commented [KW1]: Rehab services begins on Att. 3.1-A, Page 6a-1.1