State/Territory: Pennsylvania

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): ALL

The following ambulatory services are provided.

Outpatient Hospital Services
Rural Health Clinic Services
Other Laboratory and X-ray Services
EPSDT services for individuals under age 21
Family Planning Services and Supplies
Physicians' Services - Office, Home, Hospital, Skilled Nursing Facility or Elsewhere
Podiatrists' Services
Optometrists' Services
Chiropractors' Services
Home Health Services
Clinic Services
Dental Services
Dentures
Prosthetic Devices
Eyeglasses
Nurse-midwife services
Extended services for pregnant women
Targeted Case Management Services
Transportation
Emergency hospital services
Hospice services
CRNP Services
Case Management Services

* Description provided on attachment.

State/Territory: Pennsylvania

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All

1. Inpatient hospital services other than those provided in an institution for mental diseases.

/X/Provided: /_/No limitations /X/With limitations*

2.a.Outpatient hospital services.

/X/Provided: /_/No limitations /X/With limitations*

b.Rural health clinic services and other ambulatory services furnished by a rural health clinic.

/X/Provided: /X/No limitations /_/With limitations*

3. Other laboratory and X-ray services.

/X/ Provided: /_/ No limitations /X/With limitations*

4.a.Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

/X/Provided: /_/No limitations /X/With limitations*

b.Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

c.Family planning services and supplies for individuals of childbearing age.

/X/Provided: /_/No limitations /X/With limitations*

*Description provided on attachment.

List of services not currently covered by the State Plan

8. Private duty nursing

22. Respiratory care services

23. b. Services of Christian Science nurses
    c. Care and services provided in Christian Science sanitoria
    f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

State/Territory: Pennsylvania

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere.

Provided: ___ No limitations X With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: ___ No limitations X With limitations*

* Description provided on attachment.

SERVICE	LIMITATIONS
Inpatient Hospital Services	**Categorically Needy** (a) Payment for blood is limited to the first three pints of whole blood provided during each period of hospitalization. An exception to this limit is made only if the patient has hemophilia, in which case payment is made for the blood or blood products the patient requires. (b) Payment for inpatient psychiatric services in a general hospital is limited to days certified by the Department, during which the individual with a psychiatric diagnosis is a patient in an approved unit. An exception will be made to this requirement in an emergency situation, in which case payment will be made for a maximum of 2 days of inpatient psychiatric care in an area other than the psychiatric unit. (c) Payment for inpatient drug/alcohol services in a general hospital is limited to days certified by the Department during which the individual with a drug/alcohol diagnosis is a patient in a drug/alcohol unit approved by the Department of Health. An exception will be made to this requirement in an emergency situation, in which case payment will be made for a maximum of 2 days of inpatient care in an area other than the drug/alcohol unit. (d) Each recipient is limited to two (2) periods of therapeutic leave per calendar month. Neither of these periods of therapeutic leave may exceed 12 hours in a calendar day. **Exception:** Recipients receiving care in an acute care general hospital's extended acute care psychiatric unit approved by the Department are limited to seven 12-hour periods of therapeutic leave per month which may be used consecutively.

SERVICE	LIMITATIONS
Inpatient Hospital Services (continued)	(e) The Department determines recipient eligibility for compensable transplant procedures in accordance with written standards which are applied uniformly to similarly situated individuals. Compensable transplant procedures must be certified by a qualified physician as being reasonable and necessary. Any participating qualified physician and any licensed hospital that has a Certificate of Need to perform transplants is eligible to receive payment for the procedure. To obtain a Certificate of Need to perform transplants, a facility must meet certain general standards and criteria as cited in Chapter 42(b) of the State Health Plan. Organ transplant services are available under EPSDT if medically necessary. Payment will be made for transplants if the Department agrees that the procedure is medically necessary and no alternative common medical treatment as recognized by the medical community is available. The transplant must be utilized for the management of diseases as a recognized standard treatment in the medical community and must not be of an investigational or research nature and must be used for end-stage diseases, not as prophylactic treatment. The Department currently makes payment for kidney, heart, heart/lung, lung (both single and double), liver, pancreas and bone marrow transplants. General medical indications for specific organ transplants are as follow: Kidney End Stage Renal Disease. Heart Cardiomyopathy which is end-stage or irreversible where medical management can no longer restore patient to activities of daily living. Homogenic transplants only (no artificial devices or primates).

SERVICE	LIMITATIONS

(e) continued

Heart/Lung

Severe, irreversible, benign lung disease with secondary cardiac failure where lung transplant alone would not restore adequate cardiac function.

Lung

Single - Severe, irreversible, benign lung disease that is severely restricting activities of daily living and no longer amenable to standard medical treatment. Cardiac failure may or may not be present.

Double - Severe, irreversible, benign lung disease that is severely restricting activities of daily living and no longer amenable to standard medical treatment. The significant factor is the presence of a disease that typically includes infection of a chronic nature, for example, Cystic Fibrosis.

Liver

End Stage Liver Disease, non-malignant in etiology.

1. Acute, fulminant liver necrosis/failure such as seen in certain toxic states, for example, acetominophen ingestion in toxic amounts.

2. Chronic liver failure where the complications of encephalopathy for ascites and/or variceal bleeding or other complications are no longer amenable to or controlled by recognized medical management.

Pancreas

Type I Insulin Dependent Diabetes Mellitus (IDDM) secondary to traumatic or surgical removal of the pancreas where alternative medical management is no longer possible in

SERVICE	LIMITATIONS
Inpatient Hospital Services (continued)	(6) plastic or cosmetic surgery for beautification purposes. For accidental injury, plastic surgery is compensable if performed for the purpose of improving the functioning of a deformed body member; (7) inpatient dental cases involving oral rehabilitation or restorative services, except for procedures performed for treatment of a secondary diagnosis. Exceptions are made due to the nature of the surgery or the condition of the patient if documentation in the patient's medical record justifies the procedure in an inpatient setting. (8) diagnostic tests and procedures that can be performed on an outpatient basis and diagnostic tests and procedures not related to the diagnoses that require that particular inpatient stay. (9) sterilizations performed on individuals under 21 years of age; (10) sterilizations performed on individuals 21 years of age or older who have not met the requirements of the Consent Form for sterilizations; (11) hysterectomies performed solely for the purpose of sterilization; (12) abortion procedures performed on individuals if a "Physician Certification for an Abortion" form has not been completed: (13) services and items for which full payment is available through Medicare, other financial resources or other health insurance program;

SERVICE	LIMITATIONS
Inpatient Hospital Services (continued)	(14) services and items not ordinarily provided to the general public; (15) methadone maintenance; (16) periods of absence from the hospital for any purpose except for therapeutic leaves; (17) diagnostic or therapeutic procedures solely for experimental, research or education purposes; (18) unnecessary admissions and conditions which do not require hospital-type care; (19) inpatient services provided to patients who no longer require acute short term inpatient hospital care (inappropriate hospital services). For patients who do require skilled nursing or intermediate care, payment will be made to the hospital only if the patient is in a certified and approved hospital-based skilled nursing or intermediate care unit; (20) inpatient hospital days not certified under the Department's Concurrent Hospital Review Process (CHR) process or, in the event that the hospital is granted an exemption from CHR, not certified by the hospital's in-house utilization review process. (21) days of inpatient care due to unnecessary delay in applying for a court ordered commitment, grace periods, administrative days and custodial care related or unrelated to court commitments or to the Child Protective Services. (22) any inpatient hospital services provided to a recipient by the transferring hospital on or after the effective date of a court commitment to another facility; (23) days of inpatient hospitalization due to the failure to promptly request or perform necessary diagnostic studies, medical-surgical procedures. or consultations;