SUPPLEMENT TO ATTACHMENT 3.1-A

1, Inpatient Hospital, Outpatient Hospital, Rural Health Clinic,
2a, FQHC.
2b,
2c, Inpatient hospital, outpatient hospital, rural health clinic,
& FQHC, not payable include:
2d.

1. Abortion, unless the life of the mother is threatened.
2. Cosmetic surgery when not incidental to the prompt repair of an accidental injury.
3. All procedures or items which are considered non-proven medical value practices, which may be of questionable effectiveness or long term benefit.
4. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
5. All procedures and items, including prescribed drugs, provided as a part of a control study, approved by the appropriate federal agency to demonstrate whether the item, prescribed drug, or procedure is safe and effective in curing, preventing, correcting, or alleviating the effects of certain medical conditions.
6. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in 1 through 5 above, will be evaluated by the Department's designated medical review organization.
7. The medical (professional) review organization designated by the State Agency will evaluate and determine whether any procedure or items that are questioned fall within the provisions of items 1 through 5 above. This review does not require prior authorization but may be done after a questioned service has been provided.

In addition, under the provisions of 42 CFR 440.20(a)(4), outpatient hospital services payable do not include outpatient psychiatric services or outpatient chemical dependency treatment services. Inpatient chemical dependency treatment is not a payable hospital service.

SUPPLEMENT TO ATTACHMENT 3.1-A

3. Other Lab and X-Ray

No limitations.

SUPPLEMENT TO ATTACHMENT 3.1-A

4a. Nursing Facility Services

No limitations.

SUPPLEMENT TO ATTACHMENT 3.1-A

4b. Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Payment will be allowed for the following medically necessary services even though the service is not a payable service for the eligible adult recipients:

1. Nutrition items, prior authorization required for total parenteral nutrition services.
2. Home health services for the non-homebound recipient.
3. Medical equipment not covered under section 7c, prior authorization required.
4. Inpatient psychiatric hospital services meeting HCFA requirements.
5. Orthodontic services, prior authorization required.
6. Chemical dependency treatment, prior authorization required.
7. Private duty nursing services, prior authorization required.
8. School district services.
9. Prescription legend drugs, other than experimental, DESI, less than effective or ISR items, not covered in section 12a.
10. Psychologist services when referred by a physician.
11. Occupational therapy.
12. Mental health services provided in the home.
13. Residential treatment services for individuals who have behavorial or emotional problems requiring intensive professional assistance and therapy in a highly structured, self-contained environment. Services must be provided by a provider licensed by the Department of Social Services.
14. Psychiatric facility inpatient services which meet the requirements of HCFA, prior authorization required. Certification of need for admission by an inde~~hdent~~pendent team must include a representative from the Office of Medical Services and the Office of Child Protection.
15. Any other medical or remedial care allowed under state law.

Payment will also be made for any medically necessary services, provided to children under 21 years of age, that are provided in excess of any limitations indicated under this supplement.

SUPPLEMENT TO ATTACHMENT 3.1-A

4c. Family Planning Services

The following services are not payable.

1. Agents to promote fertility.

2. Procedures to reverse a previous sterilization.

3. Removal of implanted contraceptive capsules when done to reverse the intent of the original implant.

SUPPLEMENT TO ATTACHMENT 3.1-A

5a. Physician Services

Physician services not payable include:

1. Abortion unless the life of the mother is threatened.
2. Cosmetic surgery when not incidental to the prompt repair of an accidental injury.
3. All procedures or items which are considered non-proven medical value practices, which may be of questionable effectiveness or long term benefit.
4. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
5. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug, or procedure is safe and effective in curing, preventing, correcting, or alleviating the effects of certain medical conditions.
6. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in 1 through 5 above, will be evaluated by the Department's designated medical review organization.

SUPPLEMENT TO ATTACHMENT 3.1-A

5b. Medical Services by a Dentist

See section 5a of this attachment.

SUPPLEMENT TO ATTACHMENT 3.1-A

6a. Podiatrist Services

Services not payable include stock orthopedic shoes unless they are part of a leg brace, treatment of flatfoot, routine foot care, treatment of fungal infection of the toenail, and surgical or non-surgical treatment of subluxations of the foot undertaken for the sole purpose of correcting a subluxated structure in the foot as an isolated entity.

SUPPLEMENT TO ATTACHMENT 3.1-A

6b. Optometrist Services

Eye examinations and refractions.

SUPPLEMENT TO ATTACHMENT 3.1-A

6c. Chiropractic Services

Chiropractic services payable are limited to manual manipulation of the spine to correct a subluxation which is demonstrated by an x-ray to exist. Manual manipulations are limited to no more than 30 during a 12 month period.