

HealthCare Benefits Package #1

This benefits package is for recipients under 21 years of age. The following is a listing of services that are available in this package through your Medical Assistance (MA) provider:

Doctors or Medical Personnel

- Certified Registered Nurse Practitioner
- Chiropractor
- Dentist
- Optometrist (Eye Doctor)
- Nurse Midwife
- Physical Therapist
- Physician (Medical Doctor)
- Podiatrist (Foot Doctor)
- Psychologist

Inpatient Services

- Acute Care Hospital
- Drug and Alcohol Facility
- Private Intermediate Care Facility for the Mentally Retarded
- Private Intermediate Care Facility for Other Related Conditions
- Psychiatric Facility
- Rehabilitation Hospital Facility
- Residential Treatment Facility

Other Settings

- Birthing Centers
- Nursing Facilities

Outpatient Services

- Ambulatory Surgical Center (ASC) and Short Procedure Unit (SPU) (Same Day Surgery)
- Drug and Alcohol Services
- EPSDT Services
- Federally Qualified Health Center
- Hospital Clinic and Emergency Room Services
- Independent Medical/Surgical Clinic
- Psychiatric Clinic
- Psychiatric Partial Hospitalization Facility
- Renal Dialysis Center
- Rural Health Clinic

Other Services

- Ambulance
- Family Planning Services
- Home Health (Visiting Nurse)
- Hospice
- Laboratory
- Medical Supplies and Equipment
- Pharmacy *
- Portable X-Ray
- Transportation Services

* For those who have Medicare in addition to MA, MA will pay for Barbiturates, Benzodiazepines, agents when used for the symptomatic relief of cough and colds and certain over-the-counter drugs.

NOTE: Benefits for children include preventive health screenings and medical services, early detection and follow-up treatment of health problems, and all medically necessary services.

If you are enrolled in HealthChoices or a voluntary MA Managed Care Organization, please check with the plan since they may offer additional services above those required by the MA program.

HealthCare Benefits Package #2

This benefits package is for recipients age 21 years of age and older who are eligible for Categorically Needy benefits. The following is a listing of services that are available in this package through your Medical Assistance (MA) provider:

Doctors or Medical Personnel

- Certified Registered Nurse Practitioner *
- Chiropractor *
- Dentist
- Nurse Midwife
- Optometrist (Eye Doctor) *
- Physician (Medical Doctor) *
- Podiatrist (Foot Doctor) *

Inpatient Services

- Acute Care Hospital
- Drug and Alcohol Facility
- Private Intermediate Care Facility for the Mentally Retarded
- Private Intermediate Care Facility for Other Related Conditions
- Psychiatric Facility **(Up to 30 days per fiscal year) #**
- Rehabilitation Hospital Facility **(One admission per fiscal year) #**

Other Settings

- Birthing Centers
- Nursing Facilities

Outpatient Services

- Ambulatory Surgical Center (ASC) and Short Procedure Unit (SPU) (Same Day Surgery)
- Drug and Alcohol Services **(Includes methadone maintenance)**
- Federally Qualified Health Center *
- Hospital Clinic * and Emergency Room Services
- Independent Medical/Surgical Clinic *
- Psychiatric Clinic **(Up to five hours or 10 one-half hour sessions of psychotherapy per recipient in a 30 consecutive day period) #**
- Psychiatric Partial Hospitalization Facility **(Up to 180 three-hour sessions, 540 total hours per fiscal year) #**
- Renal Dialysis Center
- Rural Health Clinic *

Other Services

- Ambulance
- Family Planning Services
- Home Health (Visiting Nurse)
- Hospice
- Laboratory
- Medical Supplies and Equipment
- Pharmacy
- Portable X-Ray
- Transportation Services

* Certain evaluation, management and consultation procedures are limited to a combined maximum of 18 clinic, office and home visits per fiscal year (July 1 through June 30) by physicians, podiatrists, optometrists, CRNPs, chiropractors, outpatient hospital clinics, independent medical clinics, rural health clinics and FQHCs. Talk with your provider if you have questions about these procedures. If you need more than 18 visits, you or your provider may ask for an exception through the Department of Public Welfare (Department).

If you need additional services beyond the limit, you or your provider may ask for an exception through the Department.

If you are enrolled in HealthChoices or a voluntary MA Managed Care Organization, please check with the plan since they may offer additional services above those required by the MA program.

HealthCare Benefits Package #3

This benefits package is for recipients age 21 through 64 years of age who are eligible for General Assistance-Chronically Needy benefits. The following is a listing of services that are available in this package through your Medical Assistance (MA) provider:

Doctors or Medical Personnel

- Certified Registered Nurse Practitioner *
- Chiropractor *
- Dentist (**Only in an inpatient or ASC/SPU setting**)
- Nurse Midwife
- Optometrist (Eye Doctor) *
- Physician (Medical Doctor) *
- Podiatrist (Foot Doctor) *

Inpatient Services

- Acute Care Hospital (**One admission per fiscal year**) #
- Drug and Alcohol Facility (**Up to 30 days per fiscal year**) #
- Private Intermediate Care Facility for the Mentally Retarded
- Private Intermediate Care Facility for Other Related Conditions
- Psychiatric Facility (**Up to 30 days per fiscal year**) #
- Rehabilitation Hospital Facility (**One admission per fiscal year**) #

Other Settings

- Birthing Centers
- Nursing Facilities

Outpatient Services

- Ambulatory Surgical Center (ASC) and Short Procedure Unit (SPU) (Same Day Surgery)
- Drug and Alcohol Services (**Includes methadone maintenance**)
- Federally Qualified Health Center *
- Hospital Clinic * and Emergency Room Services
- Independent Medical/Surgical Clinic *
- Psychiatric Clinic (**Up to five hours or 10 one-half hour sessions of psychotherapy per recipient in a 30 consecutive day period**) #
Psychiatric Partial Hospitalization Facility (**Up to 180 three-hour sessions, 540 total hours per fiscal year**) #
- Rural Health Clinic *

Other Services

- Ambulance (**Emergency transportation and non-emergency transportation to a non-hospital drug and alcohol detox and rehab facility from the hospital when recipient presents to the hospital for inpatient drug and alcohol treatment**)
- Family Planning Services
- Home Health (Visiting Nurse) (**Up to 30 visits per fiscal year**) #
- Hospice
- Laboratory
- Medical Supplies and Equipment (**Only when prescribed for the purpose of family planning or in conjunction with Home Health Agency Services. Durable Medical Equipment – only when used in conjunction with Home Health Agency services**)
- Pharmacy (**Legend and nonlegend drugs not to exceed a maximum of six refills**)

per month)

- Portable X-Ray
- Transportation Service

* Certain evaluation, management and consultation procedures are limited to a combined maximum of 18 clinic, office and home visits per fiscal year (July 1 through June 30) by physicians, podiatrists, optometrists, CRNPs, chiropractors, outpatient hospital clinics, independent medical clinics, rural health clinics and FQHCs. Talk with your provider if you have questions about these procedures. If you need more than 18 visits, you or your provider may ask for an exception through the Department of Public Welfare (Department).

If you need additional services beyond the limit, you or your provider may ask for an exception through the Department.

If you are enrolled in HealthChoices or a voluntary MA Managed Care Organization, please check with the plan since they may offer additional services above those required by the MA program.

HealthCare Benefits Package #4

This benefits package is for recipients age 21 years of age and older who are eligible for Medically Needy benefits. The following is a listing of services that are available in this package through your Medical Assistance (MA) provider:

Doctors or Medical Personnel

- Certified Registered Nurse Practitioner *
- Chiropractor *
- Dentist **(Only in an inpatient or ASC/SPU setting)**
- Nurse Midwife
- Optometrist (Eye Doctor) *
- Physician (Medical Doctor) *
- Podiatrist (Foot Doctor) *

Inpatient Services

- Acute Care Hospital
- Drug and Alcohol Facility
- Private Intermediate Care Facility for the Mentally Retarded
- Private Intermediate Care Facility for Other Related Conditions
- Psychiatric Facility **(Up to 30 days per fiscal year) #**
- Rehabilitation Hospital Facility **(One admission per fiscal year) #**

Other Settings

- Birthing Centers
- Nursing Facilities

Outpatient Services

- Ambulatory Surgical Center (ASC) and Short Procedure Unit (SPU) (Same Day Surgery)
- Drug and Alcohol Services
- Federally Qualified Health Center *
- Hospital Clinic * and Emergency Room Services
- Independent Medical/Surgical Clinic *
- Psychiatric Clinic **(Up to five hours or 10 one-half hour sessions of psychotherapy per recipient in a 30 consecutive day period) #**
- Psychiatric Partial Hospitalization Facility **(Up to 180 three-hour sessions, 540 total hours per fiscal year) #**
- Renal Dialysis Center
- Rural Health Clinic *

Other Services

- Ambulance
- Family Planning Services
- Home Health (Visiting Nurse)
- Hospice
- Laboratory
- Medical Supplies and Equipment **(Only when prescribed for the purpose of family planning or in conjunction with Home Health Agency Services. Durable Medical Equipment – only when used in conjunction with Home Health Agency services)**
- Pharmacy **(Limited to any birth control drugs. Long term care residents are eligible for all legend drugs)**
- Portable X-Ray
- Transportation Services

<p>* Certain evaluation, management and consultation procedures are limited to a combined maximum of 18 clinic, office and home visits per fiscal year (July 1 through June 30) by physicians, podiatrists, optometrists, CRNPs, chiropractors, outpatient hospital clinics, independent medical clinics, rural health clinics and FQHCs. Talk with your provider if you have questions about these procedures. If you need more than 18 visits, you or your provider may ask for an exception through the Department of Public Welfare (Department).</p>	

If you need additional services beyond the limit, you or your provider may ask for an exception through the Department.

If you are enrolled in HealthChoices or a voluntary MA Managed Care Organization, please check with the plan since they may offer additional services above those required by the MA program.

HealthCare Benefits Package #5

This benefits package is for recipients age 21 through 64 years of age who are eligible for General Assistance-Medically Needy Only benefits. The following is a listing of services that are available in this package through your Medical Assistance (MA) provider:

Doctors or Medical Personnel

- Certified Registered Nurse Practitioner *
- Chiropractor *
- Dentist **(Only in an inpatient or ASC/SPU setting)**
- Nurse Midwife
- Optometrist (Eye Doctor) *
- Physician (Medical Doctor) *
- Podiatrist (Foot Doctor) *

Inpatient Services

- Acute Care Hospital **(One admission per fiscal year) #**
- Drug and Alcohol Facility **(Up to 30 days per fiscal year) #**
- Private Intermediate Care Facility for the Mentally Retarded
- Private Intermediate Care Facility for Other Related Conditions
- Psychiatric Facility **(Up to 30 days per fiscal year) #**
- Rehabilitation Hospital Facility **(One admission per fiscal year) #**

Other Settings

- Birthing Centers
- Nursing Facilities

Outpatient Services

- Ambulatory Surgical Center (ASC) and Short Procedure Unit (SPU) (Same Day Surgery)
- Drug and Alcohol Services
- Federally Qualified Health Center *
- Hospital Clinic * and Emergency Room Services
- Independent Medical/Surgical Clinic *
- Psychiatric Clinic **(Up to five hours or 10 one-half hour sessions of psychotherapy per recipient in a 30 consecutive day period) #**
- Psychiatric Partial Hospitalization Facility **(Up to 180 three-hour sessions, 540 total hours per fiscal year) #**
- Rural Health Clinic *

Other Services

- Ambulance **(Emergency transportation and non-emergency transportation to a non-hospital drug and alcohol detox and rehab facility from the hospital when recipient presents to the hospital for inpatient drug and alcohol treatment)**
- Family Planning Services
- Home Health (Visiting Nurse) **(Up to 30 visits per fiscal year) #**
- Hospice
- Laboratory
- Medical Supplies and Equipment **(Only when prescribed for the purpose of family planning or in conjunction with Home Health Agency Services. Durable Medical Equipment – only when used in conjunction with Home Health Agency services)**
- Pharmacy **(Limited to legend birth control drugs)**
- Portable X-Ray

	<ul style="list-style-type: none">• Transportation Services
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* Certain evaluation, management and consultation procedures are limited to a combined maximum of 18 clinic, office and home visits per fiscal year (July 1 through June 30) by physicians, podiatrists, optometrists, CRNPs, chiropractors, outpatient hospital clinics, independent medical clinics, rural health clinics and FQHCs. Talk with your provider if you have questions about these procedures. If you need more than 18 visits, you or your provider may ask for an exception through the Department of Public Welfare (Department).

If you need additional services beyond the limit, you or your provider may ask for an exception through the Department.

If you are enrolled in HealthChoices or a voluntary MA Managed Care Organization, please check with the plan since they may offer additional services above those required by the MA program.

HealthCare Benefits Package #6

This benefits package is for Pregnant Women who qualify for presumptive eligibility benefits. Recipients in this package are eligible for the **Outpatient Services** listed below. Recipients are not eligible for Inpatient Hospital or Long Term Care services. The following is a listing of services that are available in this package through your Medical Assistance (MA) provider:

Doctors or Medical Personnel

- Certified Registered Nurse Practitioner
- Chiropractor
- Dentist
- Nurse Midwife
- Optometrist (Eye Doctor)
- Physical Therapist (**Recipients under 21, only**)
- Physician (Medical Doctor)
- Podiatrist (Foot Doctor)
- Psychologist (**Recipients under 21, only**)

Inpatient Services

- NONE

Other Settings

- Birthing Centers

Outpatient Services

- Ambulatory Surgical Center (ASC) and Short Procedure Unit (SPU) (Same Day Surgery)
- Drug and Alcohol Services
- EPSDT Services (**Recipients under 21, only**)
- Federally Qualified Health Center
- Hospital Clinic and Emergency Room Services
- Independent Medical/Surgical Clinic
- Psychiatric Clinic
- Psychiatric Partial Hospitalization Facility
- Renal Dialysis Center
- Rural Health Clinic

Other Services

- Ambulance
- Family Planning Services
- Home Health (Visiting Nurse)
- Laboratory
- Medical Supplies and Equipment
- Pharmacy
- Portable X-Ray
- Transportation Services

NOTE: Coverage in this healthcare benefits package is time-limited to 45 days following the first pre-natal visit while the application is being completed.

While covered under this time-limited benefit package, recipients are not eligible in a MA managed care organization.

HealthCare Benefits Package #7

This benefits package is for recipients age 21 years and older who are eligible for State Blind Pension benefits. Recipients in this package are eligible for **Outpatient Services** listed below. The following is a listing of services that are available in this package through your Medical Assistance (MA) provider:

Doctors or Medical Personnel

- Chiropractor
- Dentist
- Optometrist (Eye Doctor)
- Physician (medical doctor)

Inpatient Services

- NONE

Other Settings

- NONE

Outpatient Services

- Drug and Alcohol Services (**Includes methadone maintenance**)
- Federally Qualified Health Center
- Psychiatric Clinic (**Up to seven hours or 14 one-half hour sessions of psychotherapy per recipient in a 30 consecutive day period**)
- Psychiatric Partial Hospitalization Facility (**Up to 240 three-hour sessions, 720 total hours per fiscal year**)
- Rural Health Clinic

Other Services

- Ambulance
- Family Planning Services
- Home Health Agency (Visiting Nurse)
- Pharmacy
- Transportation Services

HealthCare Benefits Package #8

This benefits package is for recipients age 21 years of age and older who are eligible for Categorically Needy benefits and Medicare as Qualified Medicare Beneficiaries (QMBs). Medicare coverage must be used first and the Medical Assistance (MA) Program will cover payment of Medicare Part A and B deductible and coinsurance for all Medicare covered services. The following is a listing of services that are available in this package through your MA provider:

Doctors or Medical Personnel

- Certified Registered Nurse Practitioner *
- Chiropractor *
- Dentist
- Nurse Midwife
- Optometrist (Eye Doctor) *
- Physician (Medical Doctor) *
- Podiatrist (Foot Doctor) *

Inpatient Services

- Acute Care Hospital
- Drug and Alcohol Facility
- Private Intermediate Care Facility for the Mentally Retarded
- Private Intermediate Care Facility for Other Related Conditions
- Psychiatric Facility (**Up to 30 days per fiscal year**) #
- Rehabilitation Hospital Facility (**One admission per fiscal year**) #

Other Settings

- Birthing Centers
- Nursing Facilities

Outpatient Services

- Ambulatory Surgical Center (ASC) and Short Procedure Unit (SPU) (Same Day Surgery)
- Drug and Alcohol Services (**Includes methadone maintenance**)
- Federally Qualified Health Center *
- Hospital Clinic * and Emergency Room Services
- Independent Medical/Surgical Clinic *
- Psychiatric Clinic (**Up to five hours or 10 one-half hours sessions of psychotherapy per recipient in a 30 consecutive day period**) #
- Psychiatric Partial Hospitalization Facility (**Up to 180 three-hour session, 540 total hours per fiscal year**) #
- Renal Dialysis Center
- Rural Health Clinic *

Other Services

- Ambulance
- Family Planning Services
- Home Health (Visiting Nurse)
- Hospice
- Laboratory
- Medical Supplies and Equipment
- Pharmacy **
- Portable X-Ray
- Transportation Services

* Certain evaluation, management and consultation procedures are limited to a combined maximum of 18 clinic, office and home visits per fiscal year (July 1 through June 30) by physicians, podiatrists, optometrists, CRNPs, chiropractors, outpatient hospital clinics, independent medical clinics, rural health clinics and FQHCs. Talk with your provider if you have questions about these procedures. If you need more than 18 visits, you or your provider may ask for an exception through the Department of Public Welfare (Department).

If you need additional services beyond the limit, you or your provider may ask for an exception through the Department.

** Limited to Barbiturates, Benzodiazepines and certain over-the-counter drugs.

HealthCare Benefits Package #9

This benefits package is for recipients who have Medicare coverage and are only eligible for Medical Assistance payment of Medicare Part A and B deductible and coinsurance for all Medicare covered services. Talk to your provider if you have any questions about your medical benefits.

NOTE: Persons who qualify for this package are sometimes called QMBs (Qualified Medicare Beneficiaries).

HealthCare Benefits Package #10

This benefits package is for recipients age 21 years of age and older who are eligible for Medically Needy benefits and Medicare as Specified Low Income Medicare Beneficiaries (SLMBs). Medicare coverage must be used first and the Medical Assistance (MA) Program will cover Medicare Part A and B deductible and coinsurance for MA covered services only. The following is a listing of services that are available in this package through your MA provider:

Doctors or Medical Personnel

- Certified Registered Nurse Practitioner *
- Chiropractor *
- Dentist **(Only in an inpatient or ASC/SPU setting)**
- Nurse Midwife
- Optometrist (Eye Doctor) *
- Physician (Medical Doctor) *
- Podiatrist (Foot Doctor) *

Inpatient Services

- Acute Care Hospital
- Drug and Alcohol Facility
- Private Intermediate Care Facility for the Mentally Retarded
- Private Intermediate Care Facility for Other Related Conditions
- Psychiatric Facility **(Up to 30 days per fiscal year) #**
- Rehabilitation Hospital Facility **(One admission per fiscal year) #**

Other Settings

- Birthing Centers
- Nursing Facilities

Outpatient Services

- Ambulatory Surgical Center (ASC) and Short Procedure Unit (SPU) (Same Day Surgery)
- Drug and Alcohol Services
- Federally Qualified Health Center *
- Hospital Clinic * and Emergency Room Services
- Independent Medical/Surgical Clinic *
- Psychiatric Clinic **(Up to five hours or 10 one-half hour sessions of psychotherapy per recipient in a 30 consecutive day period) #**
- Psychiatric Partial Hospitalization Facility **(Up to 180 three-hour sessions, 540 total hours per fiscal year) #**
- Renal Dialysis Center
- Rural Health Clinic *

Other Services

- Ambulance
- Family Planning Services
- Home Health (Visiting Nurse)
- Hospice
- Laboratory
- Medical Supplies and Equipment **(Only when prescribed for the purpose of family planning or in conjunction with Home Health Agency Services. Durable Medical Equipment – only when used in conjunction with Home Health Agency Services)**
- Portable X-Ray
- Transportation Services

* Certain evaluation, management and consultation procedures are limited to a combined maximum

of 18 clinic, office and home visits per fiscal year (July 1 through June 30) by physicians, podiatrists, optometrists, CRNPs, chiropractors, outpatient hospital clinics, independent medical clinics, rural health clinics and FQHCs. Talk with your provider if you have questions about these procedures. If you need more than 18 visits, you or your provider may ask for an exception through the Department of Public Welfare (Department).

If you need additional services beyond the limit, you or your provider may apply for an exception through the Department.

HealthCare Benefits Package #11

This benefits package is for recipients 21 years of age and older who are eligible for State Blind Pension benefits and Medicare as Qualified Medicare Beneficiaries (QMBs). Medicare coverage, which includes coverage for Inpatient Services, must be used first and the Medical Assistance (MA) Program will cover payment of Medicare Part A and B deductible and coinsurance for all Medicare covered services. The following is a listing of MA **outpatient** services that are available in this package through your MA provider:

Doctors or Medical Personnel

- Chiropractor
- Dentist
- Optometrist (Eye Doctor)
- Physician (medical doctor)

Inpatient Services

- NONE

Other Settings

- NONE

Outpatient Services

- Drug and Alcohol Services (**Includes methadone maintenance**)
- Federally Qualified Health Center
- Psychiatric Clinic (**Up to seven hours or 14 one-half hour sessions of psychotherapy per recipient in a 30 consecutive day period**)
- Psychiatric Partial Hospitalization Facility (**Up to 240 three-hour sessions, 720 total hours per fiscal year**)
- Rural Health Clinic

Other Services

- Ambulance
- Family Planning Services
- Home Health Agency (Visiting Nurse)
- Pharmacy *
- Transportation Services

* Limited to Barbiturates, Benzodiazepines and certain over-the-counter drugs.

HealthCare Benefits Package #12

This benefits package is for recipients ages 21 through 58 years of age who are eligible for benefits in the Medical Employability Assessment coverage group who require the completion of the Employability Assessment Form. Recipients in this Healthcare Benefit Package will be issued an Interim "ACCESS" Card. This interim card is good only for services listed below which the physician or psychologist determines are clinically necessary to determine employability and is limited to 30 days. It is the responsibility of the consumer to have an Employability Assessment Form completed by an enrolled Medical Assistance (MA) physician or psychologist who must include justification of any disability decision. The following is a listing of services **limited by a specific list of procedure codes**. Ask your provider before you receive the services below.

Doctors or Medical Personnel

- Certified Registered Nurse Practitioner
- Optometrist (Eye Doctor)
- Physician (Medical Doctor)

Inpatient Services

- NONE

Other Settings

- NONE

Outpatient Services

- Drug and Alcohol Services
- Federally Qualified Health Center
- Hospital Clinic
- Independent Medical/Surgical Clinic
- Psychiatric Clinic
- Rural Health Clinic

Other Services

- Laboratory
- Portable X-Ray

NOTE: While covered under this time-limited benefit package, recipients are not enrolled in a MA managed care organization.

HealthCare Benefits Package #13

This benefits package is for recipients age 21 years of age and older who are eligible for Medically Needy benefits and Medicare as Qualified Medicare Beneficiaries (QMBs). Medicare coverage must be used first and the Medical Assistance (MA) Program will cover payment of Medicare Part A and B deductible and coinsurance for all Medicare covered services. The following is a listing of services that are available in this package through your MA provider:

Doctors or Medical Personnel

- Certified Registered Nurse Practitioner *
- Chiropractor *
- Dentist **(Only in an inpatient or ASC/SPU setting)**
- Nurse Midwife
- Optometrist (Eye Doctor) *
- Physician (Medical Doctor) *
- Podiatrist (Foot Doctor) *

Inpatient Services

- Acute Care Hospital
- Drug and Alcohol Facility
- Private Intermediate Care Facility for the Mentally Retarded
- Private Intermediate Care Facility for Other Related Conditions
- Psychiatric Facility **(Up to 30 days per fiscal year) #**
- Rehabilitation Hospital Facility **(One admission per fiscal year) #**

Other Settings

- Birthing Centers
- Nursing Facilities

Outpatient Services

- Ambulatory Surgical Center (ASC) and Short Procedure Unit (SPU) (Same Day Surgery)
- Drug and Alcohol Services
- Federally Qualified Health Center *
- Hospital Clinic * and Emergency Room Services
- Independent Medical/Surgical Clinic *
- Psychiatric Clinic **(Up to five hours or 10 one-half hour sessions of psychotherapy per recipient in a 30 consecutive day period) #**
- Psychiatric Partial Hospitalization Facility **(Up to 180 three-hour sessions, 540 total hours per fiscal year) #**
- Renal Dialysis Center
- Rural Health Clinic *

Other Services

- Ambulance
- Family Planning Services
- Home Health (Visiting Nurse)
- Hospice
- Laboratory
- Medical Supplies and Equipment **(Only when prescribed for the purpose of family planning or in conjunction with Home Health Agency Services. Durable Medical Equipment – only when used in conjunction with Home Health Agency Services)**
- Portable X-Ray
- Transportation Services

* Certain evaluation, management and consultation procedures are limited to a combined maximum

of 18 clinic, office and home visits per fiscal year (July 1 through June 30) by physicians, podiatrists, optometrists, CRNPs, chiropractors, outpatient hospital clinics, independent medical clinics, rural health clinics and FQHCs. Talk with your provider if you have questions about these procedures. If you need more than 18 visits, you or your provider may ask for an exception through the Department of Public Welfare (Department).

If you need additional services beyond the limit, you or your provider may apply for an exception through the Department.

HealthCare Benefits Package #14

This benefits package is for recipients age 21 years of age and older who are eligible for Categorically Needy benefits and Medicare as Specified Low Income Medicare Beneficiaries (SLMBs). Medicare coverage must be used first and the Medical Assistance (MA) Program will cover Medicare Part A and B deductible and coinsurance for MA covered services only. The following is a listing of services that are available in this package through your MA provider:

Doctors or Medical Personnel

- Certified Registered Nurse Practitioner *
- Chiropractor *
- Dentist
- Nurse Midwife
- Optometrist (Eye Doctor) *
- Physician (Medical Doctor) *
- Podiatrist (Foot Doctor) *

Inpatient Services

- Acute Care Hospital
- Drug and Alcohol Facility
- Private Intermediate Care Facility for the Mentally Retarded
- Private Intermediate Care Facility for Other Related Conditions
- Psychiatric Facility (**Up to 30 days per fiscal year**) #
- Rehabilitation Hospital Facility (**One admission per fiscal year**) #

Other Settings

- Birthing Centers
- Nursing Facilities

Outpatient Services

- Ambulatory Surgical Center (ASC) and Short Procedure Unit (SPU) (Same Day Surgery)
- Drug and Alcohol Services (**Includes methadone maintenance**) #
- Federally Qualified Health Center *
- Hospital Clinic * and Emergency Room Services
- Independent Medical/Surgical Clinic *
- Psychiatric Clinic (**Up to five hours or 10 one-half hours sessions of psychotherapy per recipient in a 30 consecutive day period**) #
- Psychiatric Partial Hospitalization Facility (**Up to 180 three-hour session, 540 total hours per fiscal year**) #
- Renal Dialysis Center
- Rural Health Clinic *

Other Services

- Ambulance
- Family Planning Services
- Home Health (Visiting Nurse)
- Hospice
- Laboratory
- Medical Supplies and Equipment
- Pharmacy **
- Portable X-Ray
- Transportation Services

* Certain evaluation, management and consultation procedures are limited to a combined maximum of 18 clinic, office and home visits per fiscal year (July 1 through June 30) by physicians, podiatrists, optometrists, CRNPs, chiropractors, outpatient hospital clinics, independent medical clinics, rural health clinics and FQHCs. Talk with your provider if you have questions about these procedures. If you need more than 18 visits, you or your provider may ask for an exception through the Department of Public Welfare (Department).

If you need additional services beyond the limit, you or your provider may apply for an exception through the Department.

You or your provider may apply for an exception to the limit through the Department.

** Limited to Barbiturates, Benzodiazepines and certain over-the-counter drugs.

Healthcare Benefits Package #15

This benefits package is limited to family planning services for women ages 18 through 44. Family planning services include medically necessary services and supplies related to birth control, pregnancy prevention and preventive services. The following is a list of limited services that are available in the package through a Medical Assistance (MA) enrolled provider.

Doctors or Medical Personnel

- Certified Registered Nurse Practitioner
- Physician (Medical Doctor, Doctor of Osteopathy)
- Physician's Assistant
- Nurse Midwife

Inpatient Services

- None

Other Settings

- Physician's Office
- Outpatient Family Planning Clinic
- Outpatient hospital Clinic
- Federally Qualified Health Center
- Rural Health Center

Outpatient Services

- Medical history and physical exam
- Family planning counseling and/or coordination of care
- Limited pharmacy services including birth control supplies and medication, and supplies to treat sexually transmitted disease (STD's) and vaginal infection.
- Limited laboratory services, including testing for STD's, cervical cancer, HIV, anemia and sickle cell disease.

Other Services

- Laboratory
- Pharmacy