

For more information about any service, click on the service name.

New York

Benefit Name	Is the Benefit Offered?	Populations Covered	Copayment Requirement	Prior Approval Requirement	Coverage Limitations	Reimbursement Methodology
Acute Benefits						
Clinic and Other Facility						
Clinic Services-Freestanding Ambulatory Surgery Center	No					
Clinic Services-Public and Mental Health Clinics	Yes	CN & MN	\$3/visit to Public Health Clinic		10 visits/year to Public Health Clinic included in visit limits with other providers, 40 visits/year to Mental Health Clinics	Fee for service or prospective cost based rate
Federally Qualified Health Center Services	Yes	CN & MN				Prospective cost based rate/visit using peer groups and limits
Outpatient Hospital Services	Yes	CN & MN	\$3/visit		24 non-emergency visits/year, 2 psych visits/year, visits count toward physician visit limit	Prospective cost based rate, cost based payment for state owned facilities
Religious Non-Medical Health Care Institution and Practitioner Services	No					
Rural Health Clinic Services	Yes	CN & MN	\$3/visit		10 visits/year	Prospective cost based rate/visit using peer groups and limits
Dental/Vision/Hearing Services						
Dental Services	Yes	CN & MN		Specified services other than emergency and routine exam/cleaning	3 visits/year (limit applicable to dental clinics but not dental offices)	Fee for service
Dentures	Yes	CN & MN		Yes		Fee for service
Eyeglasses	Yes	CN & MN			1 pair eyeglasses/2 years	Fee for service in New York City, most products provided by state's volume purchase contractor with flat rate dispensing fee outstate
Hearing Aids	Yes	CN & MN				Acquisition cost plus dispensing fee for hearing aid, other services/items paid fee for service

Services for Speech, Hearing, And Language Disorders	Yes	CN & MN					Fee for service
Laboratory and X-Ray Services							
Laboratory and X-Ray Services	Yes	CN & MN	\$.50/lab test \$1/x-ray				Fee for service, and using Medicare payment ceilings for lab services
Medical Equipment/Devices							
Medical Equipment and Supplies	Yes	CN & MN	\$1/item	Specified med equipment and med supply items	Specified items limited by quantity and frequency		Fee for service Some items paid invoice cost plus percentage
Prosthetic and Orthotic Devices	Yes	CN & MN		Specified services or items	Specified items limited by quantity and frequency		Fee for service
Inpatient Hospital Services							
Inpatient Hospital Services	Yes	CN & MN	\$25/admission				Prospective payment/discharge using DRG, some hospitals paid percentage of charge
Other Services							
Diagnostic, Screening and Preventive Services	No						
Early and Periodic Screening, Diagnosis and Treatment Services (see notes)							
Family Planning Services(see notes)							
Rehabilitation Services: Mental Health and Substance Abuse	Yes	CN & MN			Alcoholism treatment limited to 1 visit/day		Fee for service
Physician Services and Other Providers							
Certified Registered Nurse Anesthetist Services	No						
Chiropractor Services	No						

Medical and Remedial Care-Other Practitioners (see note)						
Medical Surgical Services of a Dentist	Yes					
Nurse Midwife Services	Yes	CN & MN				Fee for service
Nurse Practitioner Services	Yes	CN & MN				Fee for service
Optometrist Services	Yes	CN & MN			1 refractive exam/2 years, visual aids covered when visual acuity criteria met	Fee for service
Physician Services	Yes	CN & MN			10 visits/year irrespective of setting limit excludes psych and substance abuse treatment	Fee for service, cost based payment for methadone
Podiatrist Services	No					
Psychologist Services	Yes	CN & MN				Fee for service

Prescription Drugs

Prescription Drugs	Yes	CN & MN	\$.50/generic Rx and over the counter product, \$2/brand Rx	Amphetamines	30 day supply for acute conditions, 5 refills/6 months for scheduled drugs, vitamins covered for specified conditions, limit on number of Rxs/year depending on beneficiary age and eligibility category	AWP-10%, plus \$3.50 dispensing fee for brand Rx or \$4.50 dispensing fee for generic Rx
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Physical Therapy and Other Services

Physical Therapy Services	Yes	CN & MN				Fee for service
Occupational Therapy Services	Yes	CN & MN				Fee for service

Transportation Services

Ambulance Services	Yes	CN & MN				Fee for service
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Non-Emergency Medical Transportation Services	Yes	CN & MN		Yes		See FN page
Long Term Care Benefits						
Home and Community Services						
Home Health Services	Yes	CN & MN		Initiation and continuation of care after 4 months		Prospective cost based rates, services provided on long term basis paid 75% nursing facility rate
Hospice Services	Yes	CN & MN				Prospective rates based on Medicare methodology
Personal Care Services	Yes	CN & MN		Yes	Services provided at 3 levels, must be supervised by RN, limited to 6 months	Fee for service
Private Duty Nursing Services	Yes	CN & MN		Yes	Limited to situations where home health agency care is unavailable	Fee for service
Targeted Case Management	Yes	CN & MN				Fee for service
Institutional Services						
Inpatient Psychiatric Services, Under Age 21	Yes	CN & MN				Prospective cost based all-inclusive per diem
Inpatient Hospital, Nursing Facility and Intermediate Care Facility Services In Institutions for Mental Disease, Age 65 and Older	Yes	CN & MN				Prospective cost based all-inclusive per diem
Institutions for Mental Disease	Yes	CN & MN				Prospective cost based per diem
Intermediate Care Facility Services for the Mentally Retarded	Yes	CN & MN			15 consecutive therapeutic leave days from institutional setting with no annual limit and 4 consecutive days from residential setting up to 75 days/year	Prospective cost based per diem with limits, leave day payment dependent on occupancy level and minimum stay requirement
Nursing Facility Services	Yes	CN & MN			5 hospital leave days/year, 15 consecutive therapeutic	Prospective per diem based on cost using peer groups and acuity adjusted, leave day payment requires minimum 30

					leave days up to 18 days/year	day stay and 95% occupancy
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The co-payment field is blank unless the state or territory requires a payment for that service. Other fields may be blank unless the state or territory has identified a specific characteristic beyond those in the footnotes.

Abbreviations:

CN: Categorically Needy

MN: Medically Needy