Revision: HCFA-PM-87-5

(BERC)

OMB No.: 0938-0193

APRIL 1987

State/Territory:

Indiana

Citation 42 CFR 441.30 AT-78-90

1903(i)(1)

of the Act. P.L. 99-272

(Section 9507)

3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

/ / Yes.

// No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

/ A Not applicable. The conditions in the first sentence do not apply.

(2) Organ Transplant Procedures

Organ transplant procedures are provided.

/ / No.

/ X/ Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

TN No. 87-4 Supersedes TN No. 76-11

Approval Date 8 19 8

Effective Date 7/1/87

HCFA ID: 1008P/0011P

			 -			
Revision:	HCFA-PM-87-4 MARCH 1987		(BERC)	OMB No.:	0938-0193	
	State/Territ	ory	Indiana		_	
<u>Citation</u> 42 CFR 431 AT-78-90		(g)	Participation by Indian Health Indian Health Service facilitie providers, in accordance with the same basis as other qualif	es are accep 42 CFR 431.]	oted as	
1902(e)(9) the Act,		(h)	Respiratory Care Services for Vindividuals	<u>Ventilator-I</u>	Dependent	
P.L. 99-50 (Section 9	6.		Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who			
			(1) Are medically dependent on life support at least six			
			(2) Have been so dependent as single stay or a continuou hospitals, SNFs or ICFs fo	s stay in o	ne or more	
			√ 3 30 consecutive days;			
			days (the maximum days allowed under the	number of i State plan	npatient);	
			(3) Except for home respirator respiratory care on an inp hospital, SNF, or ICF for payments would be made;	atient basi	s in a	
			(4) Have adequate social support cared for at home; and	ort services	to be	
			(5) Wish to be cared for at ho	ome.		
		<u>/ x</u>	Yes. The requirements of sectors Act are met.	tion 1902(e)	(9) of the	

TN No. 87-4
Supersedes
TN No.

Approval Date 8 1987

Effective Date 7/1/87

 $\begin{picture}(20,0) \put(0,0){\line(0,0){100}} \put(0,0){\line(0,0){100$