OMB No.: 0938-XXXX CMS Form: CMS-10364

Citation

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42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903

4.19 Payment for Services

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions. The State identifies the following provider-preventable conditions for non-payment under Section 4.19 A Health Care-Acquired Conditions _____ Hospital-Acquired Conditions as identified by Medicare other than Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) following total knee replacement or hip replacement surgery in pediatric and obstetric patients. ____ Other Provider-Preventable Conditions ____ Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient. __ Additional Other Provider-Preventable Conditions identified below (please indicate the section(s) of the plan and specific service type and provider type to which the provisions will be applied. For example - 4.19(d) nursing facility services, 4.19(b) physician services) of the plan: TN No. _____ Supersedes Approval Date _____ Effective Date _____ TN No. _____

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