Revision:		A-PM-93 UST 199		(BPD)	OMB No.: 0938-	
	State/Territory:					
<u>Citation</u>	4.19]	Payment	for Se	<u>rvices</u>		
42 CFR 447.2 1902(a)(13) and 1923 of the Act 1902(e)(7) of the Act	252	(a)	42 CF 1902(a payme <u>ATTA</u> standa	R Part 447, So a)(13) and 192 ent for inpatie <u>CHMENT 4.</u>	cy meets the requirements of ubpart C, and sections 3 of the Act with respect to nt hospital services. <u>19-A</u> describes the methods and etermine rates for payment for inpatient	
			-	paid under the inpatient hos	te level of care days are covered and are he State plan at lower rates than other spital services, reflecting the level of care ived, in a manner consistent with section) of the Act.	
			_	Inappropriat	te level of care days are not covered.	

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