List of Medicaid and CHIP Benefits

Medicaid Benefits

Medicaid Benefits Benefit Reference		
Inpatient Hospital Services	Mandatory 1905(a)(1)	
Outpatient Hospital Services	Mandatory 1905(a)(2)	
Rural Health Clinic Services	Mandatory 1905(a)(2)	
FQHC Services	Mandatory 1905(a)(2)	
Laboratory and X-Ray Services	Mandatory 1905(a)(3)	
Nursing Facility Services for Age 21 & Older	Mandatory 1905(a)(4)	
EPSDT	Mandatory 1905(a)(4)	
Family Planning Services	Mandatory 1905(a)(4)	
Tobacco Cessation for Pregnant Women	Mandatory 1905(a)(4)	
Physicians' Services	Mandatory 1905(a)(5)	
Medical or Surgical Services by a Dentist	Mandatory 1905(a)(5)	
Medical Care and any type of remedial care	Optional 1905(a)(6)	
recognized under State Law - Podiatrists' Services		
Medical Care and any type of remedial care	Optional 1906(a)(6)	
recognized under State Law - Optometrists'		
Services		
Medical Care and any type of remedial care	Optional 1905(a)(6)	
recognized under State Law - Chiropractors'		
Services		
Medical Care and any type of remedial care	Optional 1905(a)(6)	
recognized under State Law - Other Practitioners'		
Services		
Home Health Services - Intermittent or part-time	Mandatory for certain individuals -1905(a)	
nursing services provided by a home health agency	(7)	
Home Health Services - Home health aide services	Mandatory for certain individuals -1905(a)	
provided by a home health agency	(7)	
Home Health Services - Medical supplies,	Mandatory for certain individuals-1905(a)	
equipment and appliances	(7)	
Home Health Services - Physical therapy,	Optional-1905(a)(7), 1902(a)(10)(D),	
occupational therapy, speech pathology, audiology	42CFR 440.70	
provided by a home health agency		
Private duty nursing services	Optional 1905(a)(8)	
Clinic Services	Optional 1905(a)(9)	
Dental Services	Optional 1905(a)(10)	
Physical Therapy	Optional 1905(a)(11)	
Occupational Therapy	Optional 1905(a)(11)	
Services for individuals with speech, hearing and	Optional 1905(a)(11)	
language disorders		
Prescribed Drugs	Optional 1905(a)(12)	
Dentures	Optional 1905(a)(12)	
Prosthetic Devices	Optional 1905(a)(12)	
Eyeglasses	Optional 1905(a)(12)	
Diagnostic Services	Optional 1905(a)(13)	
Screening Services	Optional 1905(a)(13)	

Benefit	Reference
Preventive Services	Optional 1905(a)(13)
Rehabilitative Services	Optional 1905(a)(13)
Services for Individuals over 65 in IMDs -Inpatient	Optional 1905(a)(14)
hospital services	
Services for Individuals over 65 in IMDs -Nursing	Optional 1905(a)(14)
facility services	
Intermediate Care Facility services for individuals	Optional 1905(a)(15)
in a public institution for the mentally retarded or	
persons with related conditions	
Inpatient psychiatric services for under 22	Optional 1905(a)(16)
Nurse-midwife services	Mandatory 1905(a)(17)
Hospice Care	Optional 1905(a)(18)
Case management services 1915(g)	Optional 1905(a)(19), 1915(g)
Special TB related services	Optional 1905(a)(19), 1902(z)(2)
Respiratory care services under 1902(e)(9)(A)	Optional 1905(a)(20)
through (C)	
Certified pediatric or family nurse practitioners'	Mandatory 1905(a)(21)
services	
Home and Community Care for Functionally	Optional 1905(a)(22)
Disabled Elderly Individuals	
Personal Care Services in the beneficiary's home	Optional 1905(a)(24), 42CFR 440.170
Primary care case management services	Optional 1905(a)(25)
PACE Services	Optional 1905(a)(26)
Special Sickle-Cell Anemia-Related Services	Optional 1905(a)(27)
Licensed or Otherwise State-Approved Free-	Optional 1905(a)(28)
Standing Birthing Centers	
Transportation	Optional benefit – 1905(a)(29) – 42CFR
	440.170, Required as an administrative
	function – 42CFR 431.53
Services provided in religious non-medical health	Optional 1905(a)(29), 42CFR 440.170(b)
care facilities	
Nursing facility services for patients under 21	Optional 1905(a)(29), 42CFR 440.170(d)
Emergency Hospital services	Optional 1905(a)(29), 42CFR 440.170(e)
Expanded Services for Pregnant Women -	Optional 1902(e)(5)
Additional Pregnancy-related and postpartum	
services for a 60-day period after the pregnancy ends	
Expanded Services for Pregnant Women -	Optional 1902(e)(5)
Additional Services for any other medical	
conditions that may complicate pregnancy	
Emergency services for certain legalized aliens and	Mandatory 1903(v)(2)(A)
undocumented aliens	
Home and Community-Based Services for Elderly	Optional 1915(i)
or Disabled Individuals	(/)
Self-Directed Personal Assistance Services	Optional 1915(j)
Community First Choice	Optional 1915(k)
Other (<i>describe in benefit chart</i>)	Optional 1905(a)(29)

CHIP Benefits

Well-baby and well-child care, including age appropriate immunizationsMandatory 2103(c)(1)(D) 457.410(b)Emergency servicesMandatoryEmergency servicesMandatory 2105(c)(5)Inpatient and Outpatient Hospital ServicesMandatory for benchmark equivalent 2103(c)(1)(A)Physicians surgical and medical servicesMandatory for benchmark equivalent 2103(c)(1)(A)Laboratory and x-ray servicesMandatory for benchmark equivalent 2103(c)(1)(C)Clinic services (including health center services) and other ambulatory health care services)Optional 2110(a)(5)Prenatal care and pre-pregnancy family Outpatient mental health servicesOptional 2110(a)(10)Outpatient mental health servicesOptional 2110(a)(11)Durable medical equipment servicesOptional 2110(a)(13)More and community-based health care servicesOptional 2110(a)(13)Abortion only if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest an act of rape o	Benefit	Reference
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Any other medical, diagnostic, screening, Optional	Any other medical, diagnostic, screening,	Optional
preventative, restorative, remedial, therapeutic, 2110(a)(24)		-
or rehabilitative services		

Benefit	Reference
Premiums for private health insurance	Optional
coverage	2110(a)(25)
Medical transportation	Optional
	2110(a)(26)
Enabling services	Optional
	2110(a)(27)
Any other health care services or items	Optional
specified by the Secretary	2110(a)(28)