

**Revision:** HCFA-PM-93-5 (BPD)  
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**State/Territory:**

**Citation** 4.19 **Payment for Services**

**42 CFR 447.252 (a) The Medicaid agency meets the requirements of  
1902(a)(13) 42 CFR Part 447, Subpart C, and sections  
and 1923 of 1902(a)(13) and 1923 of the Act with respect to  
the Act payment for inpatient hospital services.  
1902(e)(7)  
of the Act**

**ATTACHMENT 4.19-A describes the methods and standards used to determine rates for payment for inpatient hospital services.**

- **Inappropriate level of care days are covered and are paid under the State plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with section 1861(v)(1)(G) of the Act.**
- **Inappropriate level of care days are not covered.**

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**TN No.**  
**Supersedes**                      **Approval Date** \_\_\_\_\_ **Effective Date**  
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