

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF MEDICAID AND LONG-TERM CARE

MEDICAID PROVIDER HANDBOOK COST
 Effective November 5, 2007

To order a printed copy, contact Medicaid Inquiry at 877-255-3092. The cost for each printed copy is listed below.

AGED & DISABLED MEDICAID WAIVER ASSISTED LIVING FACILITY	\$40.00
AMBULANCE	\$25.00
AMBULATORY SURGICAL CENTER	\$25.00
CHIROPRACTIC	\$25.00
DENTAL	\$30.00
DIALYSIS CENTER	\$40.00
DURABLE MEDICAL EQUIPMENT, MEDICAL SUPPLIES, ORTHOTICS & PROSTHETICS	\$40.00
FEDERALLY QUALIFIED HEALTH CENTER	\$30.00
HEARING AID	\$25.00
HOME HEALTH	\$40.00
HOSPICE	\$30.00
HOSPITAL	\$50.00
ICF/MR	\$40.00
MEDICAID IN PUBLIC SCHOOLS (MIPS)	TBD
MEDICAL TRANSPORTATION	\$25.00
MENTAL HEALTH AND SUBSTANCE ABUSE	\$45.00
NURSING FACILITY	\$45.00
OCCUPATIONAL THERAPY	\$25.00
PERSONAL ASSISTANCE SERVICES	\$25.00
PERSONAL ASSISTANCE SERVICES PROVIDED IN ADULT DAYCARE SETTING	\$25.00
PHARMACY	\$40.00
PHYSICAL THERAPY	\$25.00
PHYSICIAN/LABORATORY	\$45.00
PODIATRY	\$25.00
PRIVATE DUTY NURSING	\$25.00
RURAL HEALTH CLINIC	\$30.00
SPEECH PATHOLOGY AND AUDIOLOGY	\$25.00
VISUAL CARE	\$25.00