**Section 140.3 Covered Services Under Medical Assistance Programs**

a) As described in this Section, medical services shall be covered for:

1) recipients of financial assistance under the AABD (Aid to the Aged, Blind or Disabled), TANF (Temporary Assistance to Needy Families), or Refugee/Entrant/Repatriate program;

2) recipients of medical assistance only under the AABD program (AABD-MANG);

3) recipients of medical assistance only under the TANF program (TANF-MANG);

4) individuals under age 18 not eligible for TANF (see Section 140.7), pregnant women who would be eligible if the child were born and pregnant women and children under age eight who do not qualify as mandatory categorically needy (see Section 140.9);

5) disabled persons under age 21 who may qualify for Medicaid or in-home care under the Illinois Home and Community-Based Services Waiver for Medically Fragile Technology Dependent Children;

6) individuals 19 years of age or older eligible under the KidCare Parent Coverage Waiver described at 89 Ill. Adm. Code 120.32, except for services provided only through a waiver approved under section 1915(c) of the Social Security Act (42 U.S.C. 1396n(c));

7) beginning January 1, 2014, ACA Adults as described in 89 Ill. Adm. Code 120.10(h). Notwithstanding any rule to the contrary in Title 89, the services that shall be covered are services for which the Department obtains federal approval and receives federal matching funds; and

8) beginning January 1, 2014, Former Foster Care as described in 89 Ill. Adm. Code 120.10(i).

b) The following medical services shall be covered for recipients under age 21 who are included under subsection (a):

1) Inpatient hospital services;

2) Hospital outpatient and clinic services;

3) Hospital emergency room visits. The visit must be for the alleviation of severe pain or for immediate diagnosis and/or treatment of conditions or injuries that might result in disability or death if there is not immediate treatment;

4) Encounter rate clinic visits;

5) Physician services;

6) Pharmacy services;

7) Home health agency visits;

8) Laboratory and x-ray services;

9) Group care services;

10) Family planning services and supplies;

11) Medical supplies, equipment, prostheses and orthoses, and respiratory equipment and supplies;

12) Transportation to secure medical services;

13) EPSDT services pursuant to Section 140.485;

14) Dental services;

15) Chiropractic services;

16) Podiatric services;

17) Optical services and supplies;

18) Subacute alcoholism and substance abuse services pursuant to Sections 140.390 through 140.396;

19) Hospice services;

20) Nursing care pursuant to Section 140.472;

21) Nursing care for the purpose of transitioning children from a hospital to home placement or other appropriate setting pursuant to 89 Ill. Adm. Code 146, Subpart D;

22) Telehealth services pursuant to Section 140.403;

23) Preventive services;

24) Licensed Clinical Social Worker services;

25) Licensed Clinical Psychologist services;

26) Effective January 1, 2018, abortion services; and

27) Effective January 1, 2022, coverage of routine patient cost for items and services in connection with participation in a qualified clinical trial, as defined in Section 1905(gg) of the Social Security Act.

c) Effective July 1, 2012, the following medical services shall be covered for recipients age 21 or over who are included under subsection (a):

1) Inpatient hospital services;

2) Hospital outpatient and clinic services;

3) Hospital emergency room visits. The visit must be for the alleviation of severe pain or for immediate diagnosis and/or treatment of conditions or injuries that might result in disability or death if there is not immediate treatment;

4) Encounter rate clinic visits;

5) Physician services;

6) Pharmacy services;

7) Home health agency visits;

8) Laboratory and x-ray services;

9) Group care services;

10) Family planning services and supplies;

11) Medical supplies, equipment, prostheses and orthoses, and respiratory equipment and supplies;

12) Transportation to secure medical services;

13) Subacute alcoholism and substance abuse services pursuant to Sections 140.390 through 140.396;

14) Hospice services;

15) Dental services, pursuant to Section 140.420;

16) Podiatric services, pursuant to Section 140.425 for individuals with a diagnosis of diabetes;

17) Optical services and supplies;

18) Telehealth services pursuant to Section 140.403;

19) Preventive services;

20) Licensed Clinical Social Worker services;

21) Licensed Clinical Psychologist services;

22) Effective January 1, 2018, abortion services; and

23) Effective January 1, 2022, coverage of routine patient cost for items and services in connection with participation in a qualified clinical trial, as defined in Section 1905(gg) of the Social Security Act.

(Source: Amended at 46 Ill. Reg. 18061, effective October 27, 2022)