

- (13) Oral surgery.
- (14) Orthopedic surgery.
- (15) Otorhinolaryngology.
- (16) Plastic surgery.
- (17) Pharmacy consulting services.
- (18) Podiatry.
- (19) Psychiatry.
- (20) Pulmonary disease.
- (21) Radiology.
- (22) Rheumatology.
- (23) General surgery.
- (24) Thoracic and vascular surgery.
- (25) Urology.
- (l) Laboratory tests, x-rays and other diagnostic procedures.
- (m) Drugs and biologicals.
- (n) Prosthetics, orthotics, durable medical equipment, corrective vision devices, such as eyeglasses and lenses, hearing aids, dentures, and repair and maintenance of these items.
- (o) Acute inpatient care, including the following:
 - (1) Ambulance.
 - (2) Emergency room care and treatment room services.
 - (3) Semi-private room and board.
 - (4) General medical and nursing services.
 - (5) Medical surgical/intensive care/coronary care unit.
 - (6) Laboratory tests, x-rays and other diagnostic procedures.
 - (7) Drugs and biologicals.
 - (8) Blood and blood derivatives.
 - (9) Surgical care, including the use of anesthesia.
 - (10) Use of oxygen.
 - (11) Physical, occupational, respiratory therapies, and speech-language pathology services.
 - (12) Social services.
- (p) Nursing facility care.
 - (1) Semi-private room and board.
 - (2) Physician and skilled nursing services.
 - (3) Custodial care.
 - (4) Personal care and assistance.
 - (5) Drugs and biologicals.
 - (6) Physical, occupational, recreational therapies, and speech-language pathology, if necessary.
 - (7) Social services.
 - (8) Medical supplies and appliances.
- (q) Other services determined necessary by the interdisciplinary team to improve and maintain the participant's overall health status.

§ 460.94 Required services for Medicare participants.

(a) Except for Medicare requirements that are waived for the PACE program, as specified in paragraph (b) of this section, the PACE benefit package for Medicare participants must include the following services:

(1) The scope of hospital insurance benefits described in part 409 of this chapter.

(2) The scope of supplemental medical insurance benefits described in part 410 of this chapter.

(b) *Waivers of Medicare coverage requirements.* The following Medicare requirements are waived for purposes of the PACE program and do not apply:

(1) The provisions of subpart F of part 409 of this chapter that limit coverage of institutional services.

(2) The provisions of subparts G and H of part 409 of this chapter, and parts 412 through 414 of this chapter that relate to payment for benefits.

(3) The provisions of subparts D and E of part 409 of this chapter that limit coverage of extended care services or home health services.

(4) The provisions of subpart D of part 409 of this chapter that impose a 3-day prior hospitalization requirement for coverage of extended care services.

(5) Sections 411.15(g) and (k) of this chapter that may prevent payment for PACE program services to PACE participants.

§ 460.96 Excluded services.

The following services are excluded from coverage under PACE:

(a) Any service that is not authorized by the interdisciplinary team, even if it is a required service, unless it is an emergency service.

(b) In an inpatient facility, private room and private duty nursing services (unless medically necessary), and non-medical items for personal convenience such as telephone charges and radio or television rental (unless specifically authorized by the interdisciplinary team as part of the participant's plan of care).

(c) Cosmetic surgery, which does not include surgery that is required for improved functioning of a malformed part