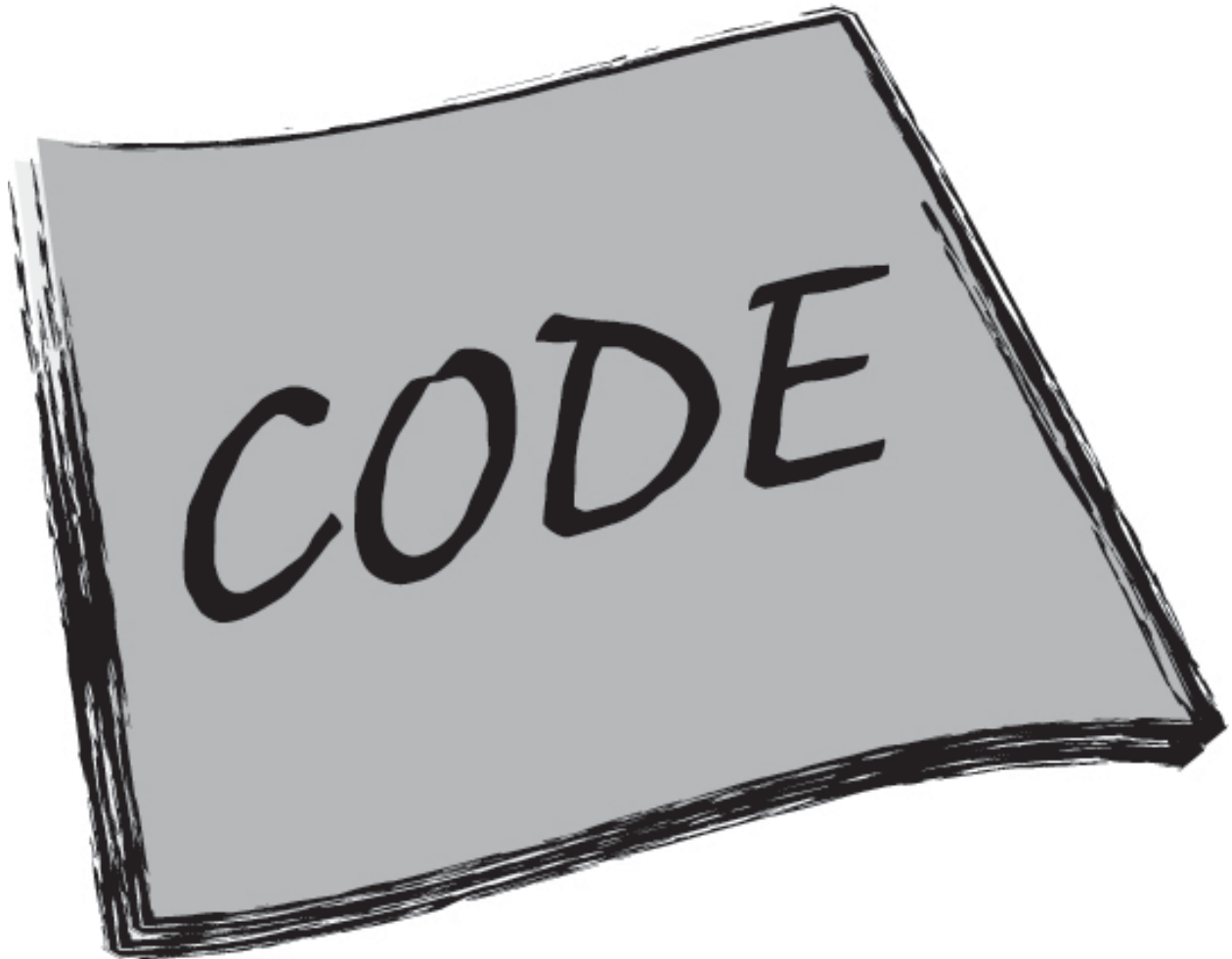


Section XII
***Medical Assistance Manual
& Regulatory Provisions***



Keystone First is providing links to the Medical Assistance Manual regulatory provisions so that Network Providers always have the most current regulatory requirements. If you prefer a paper copy of the regulations, please call **1-800-521-6007** or call your Provider Account Executive. Below are links to each section of Chapter 1101 (General Provisions) of the Medical Assistance Manual. You should consult an official publication or reporting service if you want to be assured you have the most up-to-date version of these regulations.

**MEDICAL ASSISTANCE MANUAL
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Medical Assistance Regulations

Below are links to the remainder of the Department of Human Services’s Medical Assistance Regulations including the regulations pertaining to specific Provider types.

<http://www.pacode.com/secure/data/055/partIIItoc.html>

Links are to:

- [Reporting Communicable and Incommunicable Diseases \(Chapter 27\)](#)
- [MA Program Payment Policies \(Chapter 1150\)](#)
- [Ambulance Transportation \(Chapter 1245\)](#)
- [Ambulatory Surgical Center Services and Hospital Short Procedure Unit Services \(Chapter 1126\)](#)
- [Birth Center Services \(Chapter 1127\)](#)
- [Certified Registered Nurse Practitioner Services \(Chapter 1144\)](#)
- [Chiropractors’ Services \(Chapter 1145\)](#)
- [Clinic and Emergency Room Services \(Chapter 1221\)](#)
- [Dentists’ Services \(Chapter 1149\)](#)
- [Early and Periodic Screening, Diagnosis and Treatment Program \(Chapter 1241\)](#)

[Family Planning Clinic Services \(Chapter 1225\)](#)
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[Medical Supplies \(Chapter 1123\)](#)
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[Nursing Facility Services \(Chapter 1187\)](#)
[Optometrists' Services \(Chapter 1147\)](#)
[Outpatient Drug and Alcohol Clinic Services \(Chapter 1223\)](#)
[Outpatient Laboratory Services \(Chapter 1243\)](#)
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[Pharmaceutical Services \(Chapter 1121\)](#)
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[Podiatrists' Services \(Chapter 1143\)](#)
[Portable X-ray Services \(Chapter 1230\)](#)
[Renal Dialysis Services \(Chapter 1128\)](#)
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