

**Attachment A**

**Services Credentialed to Provide**

**Name of Service Description**

**Service Description:**

Additional Clarifying Information regarding service provision regulations.

<b>Service Description</b>	<b>Service Code(s)</b>	<b>Unit of Service</b>	<b>Rate</b>

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- *As described in Medicaid Manual. Please denote if an excerpt for full description to refer to Manual for full description.*

