## TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control No: 560 . Department or Agen	ncy: <u>Alabama Medicai</u>	d Agency
Rule No: _560-X-1318.(1)(c)(d)(e)(f)		
Rule Title: Basic Level Prosthetics, Orth	notics, and Pedorthics for A	<u>Adults</u>
New Rule;X Amend;	Repeal;	Adoption by Reference
Would the absence of the proposed rule health, welfare, or safety?	significantly harm or enda	nger the publicno
Is there a reasonable relationship betwee of the public health, safety, or welfare?	n the state's police power a	and the protectionyes
Is there another, less restrictive method oprotect the public?	of regulation available that	could adequatelyno
Does the proposed rule have the effect of of any goods or services involved and, it		easing the costsno
Is the increase in cost, if any, more harm result from the absence of the proposed	ful to the public than the h	arm that mightno
Are all facets of the rulemaking process of they have, as their primary effect, the pro	designed solely for the pur	pose of, and soyes
Does the proposed rule have any econon	nic impact?no	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
If the proposed rule has an economic imprepared in accordance with subsection (************************************	f) of Section 41-22-23. Co	equired to be accompanied by a fiscal note de of Alabama 1975.
Certification of Authorized Official		
Title 41, <u>Code of Alabama 1975</u> and that Procedure Division of the Legislative Re	it conforms to all applicable ference Service.	ompliance with the requirements of Chapter 22, ole filing requirements of the Administrative
Signature of certifying officer: $\frac{1}{2}$	/	
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PUBLISHED IN VOLUME	ISSUE NO	O
EDITED AND APPROVED BY	DOC	THMENT NO

## ALABAMA MEDICAID AGENCY

## NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-13-.18(1)(c)(d)(e)(f) – Basic Level, Orthotics, and Pedorthics for Adults.

**INTENDED ACTION:** Amend 560-X-13-.18(1)(c)(d)(e)(f)

<u>SUBSTANCE OF PROPOSED ACTION</u>: The above-mentioned rule is being amended to remove the prior authorization requirement for basic level prosthetics, orthotics, and pedorthics for adults between the ages of 21 and 65.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written or oral comments may be submitted to the Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624, 334-242-5833. Agency business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than May 4, 2012.

**CONTACT PERSON AT AGENCY:** Stephanie McGee Azar, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624.

R. Bob Mullins, Jr., M. D.

Commissioner

## Rule No. 560-X-13-.18 Basic Level Prosthetics, Orthotics, and Pedorthics for Adults.

- (1) Basic level prosthetics, orthotics and pedorthics are covered benefits to Medicaid eligibles eligible recipients between the ages of 21 and 65 in a noninstitutional non-institutional and institutional setting. These covered benefits are provided only by prior authorization from the Alabama Medicaid Agency and based on medical necessity. The patient recipients must meet established Medicaid criteria applicable to prosthetic, orthotic, and pedorthic devices pursuant to this chapter and the Medicaid Provider Manual.
- (a) For items to be covered, recipients must meet eligibility requirements, the devices must be reasonable and necessary to improve the functioning of a malformed body member or replace an absent body member, and meet all other applicable Medicaid statutory and regulatory requirements.
- (b) Durable Medical Equipment (DME) providers of prosthetic, orthotic, and pedorthic devices for adults must be enrolled as an Alabama Medicaid Agency (AMA) provider and licensed by the Alabama Board of Prosthetics, Orthotics and Pedorthics.
- (c) The provider is required to submit a copy of their license with all prior authorization requests.
- (c)(d) The provider must be practicing as a prosthetic, orthotic, or pedorthic practitioner in the State of Alabama at an accredited facility.
- (d)(e) Providers must keep a copy of the written prescription from the primary physician for the prosthetic or orthotic device in the recipient's file.
- (e)(f) The provider must have documentation of the education follow ups follow-up provided to the recipient of the use of the prosthetic and orthotic device in the recipient's file.
- (2) For Medicaid to approve lower limb prosthesis, medical documentation must be submitted substantiating that a prosthesis is essential in order for the recipient to ambulate and that the recipient is motivated to ambulate.
- (3) For Medicaid to approve an orthotic device, medical documentation must be submitted to show that the device supports or aligns movable parts of the body, prevents or corrects deformities, or improves functioning.
- (4) For Medicaid to approve therapeutic shoes for diabetes, medical documentation must be submitted showing that the recipient has diabetes mellitus and other medical conditions justifying the need. Refer to DME Fee Schedule on the Alabama Medicaid Web site for Prosthetic, Orthotics, and Pedorthic reimbursement rates and benefit limits.

**Author:** Felicha Fisher, Medicaid Administrator, LTC Provider/Recipient Services Unit, Long Term Care Division.

**Statutory Authority:** State Plan Attachments 3.1-A and 4.19-B; 42 CFR, Section 440.70; Title XIX, Social Security Act.

**History:** New Rule: Filed February 11, 2008; effective March 17, 2008. **Amended:** Filed December 30, 2008; effective February 3, 2009. **Amended:** Filed March 20, 2012; effective June 15, 2012.