TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control No: <u>360</u> . Department or A	gency: <u>Alabama Med</u>	licaid Agency	· ·
Rule No:560-X-612 (1) (b), (3)			
Rule Title: <u>Covered Services: Genera</u> New Rule; <u>X</u> Amend;		Adoption by	v Reference
Would the absence of the proposed rul health, welfare, or safety?	le significantly harm or o	endanger the publi	c no
Is there a reasonable relationship betw of the public health, safety, or welfare	een the state's police por?	wer and the protec	tion yes
Is there another, less restrictive method protect the public?	d of regulation available	that could adequa-	tely no
Does the proposed rule have the effect of any goods or services involved and	of directly or indirectly, if so, to what degree?	increasing the cos	ts no
Is the increase in cost, if any, more har result from the absence of the propose	mful to the public than t	he harm that migh	The state of the s
Are all facets of the rulemaking proces they have, as their primary effect, the p	s designed solely for the	purpose of, and so	yes
Does the proposed rule have any econo			*******
If the proposed rule has an economic in note prepared in accordance with subse	ection (f) of Section 41-2	2-23 Code of Ala	hama 1975
Certification of Authorized Official			
I certify that the attached proposed rule Chapter 22, Title 41, <u>Code of Alabama</u> the Administrative Procedure Division	1975 and that it conform	ns to all applicable	n the requirements of filing requirements of
Signature of certifying officer:	Mhanle,	M	
Date: 3-/0-(3+************************************	**********	****	·**
FOR APD USE ONLY		The second section of the section of	e e e como necesar que que da
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EDITED AND APPROVED BY	г	DOCUMENT NO	

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-6-.12 Covered Services: General

INTENDED ACTION: Amend 560-X-6-.12 (1) (b), (3)

<u>SUBSTANCE OF PROPOSED ACTION</u>: The above referenced rule is being amended to change the contact information for physicians inquiring about covered services from Alabama Medicaid Agency to HPES Provider Assistance Center.

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.

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

R. Bob Mullins, Jr., MD

Commissioner

Rule No. 560-X-6-.12. Covered Services: General

- (1) In general, physician services are covered by Medicaid if the services are:
- (a) Considered medically necessary by the attending physician. However, when the persons designated responsible for utilization review have issued a denial for inpatient days, no ancillary charge or professional charges will be reimbursed during the denied period.
- (b) Designated by procedure codes in Physicians' Current Procedural Terminology (CPT), or designated by special procedure codes created by Medicaid for its own use.
- (2) Physicians will not be paid for and should not submit claims for laboratory work done for them by independent laboratories or by hospital laboratories. Physicians may submit claims for laboratory work done by them in their own offices or own laboratory facilities. For specific information concerning the "professional component" and drawing and extraction reimbursement, see the laboratory chapter.
- (3) If a physician is not sure whether a service is covered, that physician can phone or write Medicaid contact the HPES Provider Assistance Center. Such inquiries should be made to:

Associate Director, Medical Services; Physicians Program Alabama Medicaid Agency 501 Dexter Avenue P. O. Box 5624 Montgomery, Alabama 36103–5624 Telephone: (334) 242–5000

Author: Desiree Nelson, Program Manager; Medical Support

Statutory Authority: Title XIX, Social Security Act; 42 C.F.R, §§401, et seq.; State Plan.

History: Rule effective October 1, 1982. **Amended**: effective June 5, 1983; May 9, 1984; May 8, 1985; March 12, 1987; March 15, 1994; January 12, 1995; June 14, 2002. **Amended:** Filed March 20, 2012.