

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 . Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-17-.02(1)-(3)

Rule Title: Physician Services for Diseases, Injuries, or Congenital Defects
_____ New Rule; X Amend; _____ Repeal; _____ Adoption by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? _____ no

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? _____ yes

Is there another, less restrictive method of regulation available that could adequately protect the public? _____ no

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? _____ no

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? _____ no

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? _____ yes

Does the proposed rule have any economic impact? _____ no

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975 and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer: Stephane [Signature]

Date: 11-17-11

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EDITED AND APPROVED BY _____ DOCUMENT NO. _____

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-17-.02 Physician Services for Disease, Injuries, or Congenital Defects

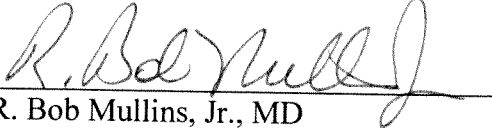
INTENDED ACTION: Amend 560-X-17-.02 (1), (2), (3)

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to make minor cosmetic changes.

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 January 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., MD
Commissioner

Rule No. 560-X-17-.02. Physician Services for Diseases, Injuries, or Congenital Defects.

(1) If medically necessary, treatment may include contact lenses (for keratoconus, aphakia, high magnification difference between lenses), when requested in writing and prior authorized by ~~Alabama-Medicaid-Agency~~.

(2) Orthoptics (eye exercises) must be prior authorized by ~~Alabama-Medicaid Agency~~. Full information justifying medical necessity (including number of sessions anticipated) must be sent in writing to Medicaid before this service is begun.

(3) Eyeglass lens changes, within lens specifications authorized by Medicaid, may be supplied ~~under this paragraph~~ when needed because of visual changes due to eye disease, surgery, or injury.

~~Authority: State Plan; Title XIX, Social Security Act; 42 C.F.R. SectionPart 401, Et et seq. Rule effective October 1, 1982. Effective date of this amendment is March 13, 1993.~~

Author: Jacquelyn King, Program Manager; Medical Support

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

History: Rule effective October 1, 1982. Amended May 13, 1993

Amended: Filed XXXxXXXX; effective XXXXXXXXXXXX.