TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control No: 560 . Department or	Agency: Alabama Medicaid Agency	
Rule No:560-X-1707 (3)		
Rule Title: <u>Special Situations</u> New Rule; <u>X</u> Am	nend; Repeal; Adoption by Reference	
Would the absence of the proposed health, welfare, or safety?	rule significantly harm or endanger the public no	
Is there a reasonable relationship ber of the public health, safety, or welfa	tween the state's police power and the protection ure? <u>yes</u>	
Is there another, less restrictive methorotect the public?	hod of regulation available that could adequatelyno	
Does the proposed rule have the effect of any goods or services involved as	ect of directly or indirectly increasing the costs nd, if so, to what degree?no	
Is the increase in cost, if any, more has result from the absence of the proportion	narmful to the public than the harm that might osed rule?no	
thou have no their miner - cc	cess designed solely for the purpose of, and so e protection of the public? ***********************************	
Does the proposed rule have any eco		**
note prepared in accordance with sul	c impact, the proposed rule is required to be accompanied by a fibsection (f) of Section 41-22-23, Code of Alabama 1975. ***********************************	
Chapter 22, Title 41, <u>Code of Alabar</u>	ule has been proposed in full compliance with the requirements ma 1975 and that it conforms to all applicable filing requirement on of the Legislative Reference Service.	of ts of
Signature of certifying officer:	Styliano/C	
FOR APD USE ONLY	*****************	
PUBLISHED IN VOLUME	ISSUE NO	
EDITED AND APPROVED BY	DOCUMENT NO	

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-17-.07 Special Situations

INTENDED ACTION: Amend 560-X-17-.07 (3)

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to update an internal citation.

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-.07. Special Situations.

- (1) Eye Care for Patients Eligible for Both Medicare and Medicaid. —See the Medicaid Provider Manual for instructions in filing claims when the Medicaid patient is entitled to benefits covered by Medicare.
- (2) If eyeglasses are prescribed under conditions not covered by Medicare, instructions and procedures appearing in other paragraphs of this chapter should be followed.

(3) Unusual Situations.

- (a) Services for unusual situations may be provided when prior authorized. Full, written information justifying medical necessity must be sent to Medicaid prior to the service being rendered.
- (b) Please refer to Rule No. 560-X-17-.01, (34) of this chapter for prior authorization procedures.

Authority: State Plan; Title XIX, Social Security Act; 42 C.F.R., Section<u>Part</u> 401, Etet seq. Rule effective October 1, 1982. Effective date of this amendment January 13, 1988. **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 January 13, 1988

Amended: Filed XXXxXXXX; effective XXXXXXXXXX.