

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-7-17. Outpatient Hospital Services.

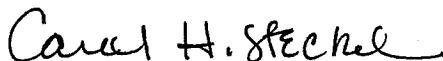
INTENDED ACTION: Amend 560-X-7-17(3)(a)(b),(4)(e)(f)(g)(h),(9),(13).

SUBSTANCE OF PROPOSED ACTION: The above-referenced rule is being amended to clarify the following items: The above-referenced rule is being amended to clarify the following items: Item (3) Clarified Outpatient Hospital fee schedule. Item (3) (a) Clarified how non covered services may be requested for coverage and approved by the Medical Director. Item (3) (b) deleted 'Refer to Hospital Billing Manual for outpatient surgical list'...this was deleted since there is no surgical list in the billing manual. Item (4) (e) added language that Outpatient Hospital Labs have been billing on behalf of independent labs since 2006. This was added to clarify what is in the billing manual-Chapter 19. Item (4) (f) Clarify that the fee schedule is located on the website. Providers will only need to link to the site. Item (13) clarifies obstetrical ultrasounds for Medicaid recipients that are not participating in the Maternity care program.

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 5, 2010.

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



Carol H. Steckel
Commissioner