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Sequence Number: 06-18-14
 Notice ID(s): 2184
 File Date: 6-13-14

Notice of Rulemaking Hearing

Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, T.C.A. § 4-5-204. For questions and copies of the notice, contact the person listed below.

Agency/Board/Commission:	Tennessee Department of Finance and Administration
Division:	Bureau of TennCare
Contact Person:	George Woods
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Any Individuals with disabilities who wish to participate in these proceedings (to review these filings) and may require aid to facilitate such participation should contact the following at least 10 days prior to the hearing:

ADA Contact:	ADA Coordinator
Address:	Bureau of TennCare 310 Great Circle Road, Nashville, TN 37243
Phone:	(615) 507-6474 For TTY dial 711 and ask for 855-286-9085
Email:	Hcfa.fairtreatment@tn.gov helen.moore@tn.gov

Hearing Location(s) (for additional locations, copy and paste table)

Address 1:	310 Great Circle Road, Conference Room 1 East A		
Address 2:			
City:	Nashville, TN		
Zip:	37243		
Hearing Date :	August 13, 2014		
Hearing Time:	9:00a.m.	<input checked="" type="checkbox"/> CST/CDT	<input type="checkbox"/> EST/EDT

Additional Hearing Information:

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Revision Type (check all that apply):

- Amendments
 New
 Repeal

Rule(s) (ALL chapters and rules contained in filing must be listed. If needed, copy and paste additional tables to accommodate more than one chapter. Please enter only **ONE** Rule Number/Rule Title per row.)

Chapter Number	Chapter Title
1200-13-14	TennCare Standard
Rule Number	Rule Title
1200-13-14-.01	Definitions
1200-13-14-.10	Exclusions

(Place substance of rules and other info here. Statutory authority must be given for each rule change. For information on formatting rules go to <http://state.tn.us/sos/rules/1360/1360.htm>)

Rule 1200-13-14-.01 Definitions is amended by inserting in alphabetical order the following new Paragraphs with all Paragraphs of Rule 1200-13-14-.01 numbered appropriately. The new Paragraphs shall read as follows:

(XX) Power Seating Accessories. Accessories available to modify a power wheelchair base are covered by TennCare when all listed criteria are met as follows:

(a) Power Seat Elevation System.

1. It is ordered by the Enrollee's treating physician.
2. An assessment conducted by a licensed physical therapist or licensed occupational therapist establishes that:
 - (i) The Enrollee has the cognitive ability and enough upper extremity function to carry out mobility-related activities of daily living such as feeding, grooming, dressing, and transferring; and
 - (ii) The activities for which the accessory will be used are conducted primarily in the enrollee's home.

(b) Power Standing System.

1. It is ordered by the Enrollee's treating physician.
2. An assessment conducted by a licensed physical therapist or licensed occupational therapist establishes that the Enrollee:
 - (i) Has a chronic condition that causes him to have limited or no ability to stand; and
 - (ii) Has a physical condition that allows him to stand, when supported, for meaningful periods of time, i.e., he will not suffer loss of blood pressure or have problems with bowel or urine retention; and
 - (iii) Has the cognitive ability and enough upper extremity function to carry out mobility-related activities of daily living such as feeding, grooming, dressing, and transferring; and
 - (iv) Meets at least one other complex rehabilitation criterion for a power seat accessory such as a tilt seat and also qualifies for a Group 3 base Power Wheelchair.

(XX) Power Wheelchair Accessories. All powered wheelchair accessories not defined in this rule as Power Seating Accessories are excluded from TennCare coverage but may be provided by an MCO as a cost effective alternative service as defined in this rule.

Statutory Authority: T.C.A. §§ 4-5-202, 4-5-203, 71-5-105 and 71-5-109.

Part 1. (Air cleaners, purifiers, or HEPA filters) of Subparagraph (a) of Paragraph (3) of Rule 1200-13-14-.10 Exclusions is deleted in its entirety and subsequent parts renumbered appropriately.

Subpart (vii) (Pillows, hypoallergenic) of Part 4. of Subparagraph (a) of Paragraph (3) of Rule 1200-13-14-.10 Exclusions is deleted in its entirety and subsequent subparts renumbered appropriately.

Part 5. (Bed baths and Sitz baths) of Subparagraph (a) of Paragraph (3) of Rule 1200-13-14-.10 Exclusions is deleted in its entirety and subsequent parts renumbered appropriately.

Part 11. (Floor standers) of Subparagraph (a) of Paragraph (3) of Rule 1200-13-14-.10 Exclusions is deleted in its entirety and subsequent parts renumbered appropriately.

Subparagraph (b) of Paragraph (3) of Rule 1200-13-14-.10 Exclusions is amended by adding the following new parts in alphabetical order and subsequent parts renumbered appropriately.

- ___ Air cleaners, purifiers, or HEPA filters
- ___ Floor standers, meaning stationary devices not attached to a wheelchair base and not built into the operating system of a power wheelchair that are designed to hold in an upright position an Enrollee who uses a wheelchair and who has limited or no ability to stand on his own

Part 6. (Beds and bedding equipment as follows:) of Subparagraph (b) of Paragraph (3) of Rule 1200-13-14-.10 Exclusions is amended by adding a new Subpart (ii) and the current Subpart (ii) is renumbered as (iii) the new Subpart (ii) shall read as follows:

- (ii) Pillows.

Subpart (iv) of Part 8. (Body adornment and enhancement services including, but not limited to:) of Subparagraph (b) of Paragraph (3) of Rule 1200-13-14-.10 Exclusions is amended by adding the phrase "that is not medically indicated" so that as amended the subpart reads as follows:

- (iv) Breast implant removal that is not medically indicated

Subpart (ii) of Part 9. (Breathing equipment as follows:) of Subparagraph (b) of Paragraph (3) of Rule 1200-13-14-.10 Exclusions is amended by adding the words "and incentive spirometers" to the existing subpart so that as amended the subpart reads as follows:

- (ii) Spirometers, except for peak flow meters for medical management of asthma and incentive spirometers

Subpart (iii) of Part 16. (Comfort and convenience items including, but not limited to:) of Subparagraph (b) of Paragraph (3) of Rule 1200-13-14-.10 Exclusions is deleted in its entirety and replaced with a new Subpart (iii) which shall read as follows:

- (iii) Incontinence products (diapers/liners/underpads) not needed for a medical condition; not covered for children age 3 and younger

Subpart (viii) of Part 27. (Exercise equipment including, but not limited to:) of Subparagraph (b) of Paragraph (3) of Rule 1200-13-14-.10 Exclusions is amended by adding the phrase "when used for inversion" to the existing subpart so that as amended the subpart reads as follows:

- (viii) Tilt tables when used for inversion

Subpart (xix) of Part 33. (Home modifications and items for use in the home) of Subparagraph (b) of Paragraph (3) of Rule 1200-13-14-.10 Exclusions is amended by adding the phrase "when used for inversion" to the existing subpart so that as amended the subpart reads as follows:

- (xix) Tilt tables when used for inversion

Part 38. (Icterus index) of Subparagraph (b) of Paragraph (3) of Rule 1200-13-14-.10 Exclusions is deleted in its entirety and subsequent parts renumbered appropriately.

Part 90. (Wheelchairs as follows:) of Subparagraph (b) of Paragraph (3) of Rule 1200-13-14-.10 Exclusions is deleted in its entirety and replaced with a new Part 90. which shall read as follows:

90. Wheelchairs and wheelchair accessories as follows:

- (i) Wheelchairs defined by CMS as power operated vehicles (POVs), namely, scooters and devices with three (3) or four (4) wheels that have tiller steering and limited seat modification capabilities (i.e. provide little or no back support).
- (ii) Standing wheelchairs. However a power standing system is covered as set out in the definition of Power Seating Accessories in Rule 1200-13-14-.01.

(iii) Stair climbing wheelchairs.

(iv) Recreational wheelchairs.

Statutory Authority: T.C.A. §§ 4-5-202, 4-5-203, 71-5-105 and 71-5-109.

I certify that the information included in this filing is an accurate and complete representation of the intent and scope of rulemaking proposed by the agency.

Date: 6/13/14

Signature: Wendy Long MD

Name of Officer: Wendy Long, M.D., M.P.H.
Deputy Director/Chief of Staff, Bureau of TennCare

Title of Officer: Tennessee Department of Finance and Administration



Subscribed and sworn to before me on: 6/13/14

Notary Public Signature: Cheryl D Kline

My commission expires on: AUG 23 2018

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Tre Hargett

Tre Hargett
Secretary of State

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