Rulemaking Hearing Rule(s) Filing Form

Rulemaking Hearing Rules are rules filed after and as a result of a rulemaking hearing. T.C.A. § 4-5-205

<table>
<thead>
<tr>
<th>Agency/Board/Commission:</th>
<th>Tennessee Department of Finance and Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division:</td>
<td>Bureau of TennCare</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>George Woods</td>
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<tr>
<td>Address:</td>
<td>310 Great Circle Road</td>
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<td>Zip:</td>
<td>37243</td>
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<td>Phone:</td>
<td>(615) 507-6446</td>
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<tr>
<td>Email:</td>
<td><a href="mailto:george.woods@tn.gov">george.woods@tn.gov</a></td>
</tr>
</tbody>
</table>

Revision Type (check all that apply):
- [X] Amendments
- [ ] New
- [ ] Repeal

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

<table>
<thead>
<tr>
<th>Chapter Number</th>
<th>Chapter Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1200-13-14</td>
<td>TennCare Standard</td>
</tr>
<tr>
<td>Rule Number</td>
<td>Rule Title</td>
</tr>
<tr>
<td>1200-13-14-.04</td>
<td>Covered Services</td>
</tr>
</tbody>
</table>
The introductory paragraph of Paragraph (5) and Subparagraphs (d), (e) and (f) of Paragraph (5) of Rule 1200-13-14-.04 Covered Services are deleted in their entirety and replaced with a new introductory paragraph and new Subparagraphs (d), (e) and (f) so as amended Paragraph (5) shall read as follows:

(5) Preventive Medical Services. The following services (identified by applicable CPT procedure codes) shall be covered subject to any limitations described herein, within the scope of standard medical practice, without copay.

(a) Office Visits

1. New Patient

   99381 - Initial evaluation
   99382 - ages 1 through 4 years
   99383 - ages 5 through 11 years
   99384 - ages 12 through 17 years
   99385 - ages 18 through 39 years
   99386 - ages 40 through 64 years
   99387 - ages 65 years and older

2. Established Patient

   99391 - Periodic evaluation
   99392 - ages 1 through 4 years
   99393 - ages 5 through 11 years
   99394 - ages 12 through 17 years
   99395 - ages 18 through 39 years
   99396 - ages 40 through 64 years
   99397 - ages 65 years and older

(b) Counseling and Risk Factor Reduction Intervention

1. Individual

   99401 - approximately 15 minutes
   99402 - approximately 30 minutes
   99403 - approximately 45 minutes
   99404 - approximately 60 minutes

2. Group

   99411 - approximately 30 minutes
   99412 - approximately 60 minutes

(c) Family Planning Services, if not part of a preventive services office visit, should be billed by using the codes in (b)1. above.

(d) Mental health case management services including T1016 and H0004.

(e) Vaccines as recommended by the Advisory Committee on Immunization Practices (ACIP).

(f) Any other covered service assigned a rating of A or B by the US Preventative Services Task Force (USPSTF).

I certify that this is an accurate and complete copy of rulemaking hearing rules, lawfully promulgated and adopted by the Tennessee Department of Finance and Administration (board/commission/other authority) on 05/08/2014 (mm/dd/yyyy), and is in compliance with the provisions of T.C.A. § 4-5-222.

I further certify the following:

Notice of Rulemaking Hearing filed with the Department of State on: 03/10/14

Rulemaking Hearing(s) Conducted on: (add more dates). 05/01/14

Date: 05/01/14

Signature:

Name of Officer: Darin J. Gordon

Title of Officer: Director, Bureau of TennCare

Notary Public Signature:

My commission expires on: 'AUG 3 2016'

All rulemaking hearing rules provided for herein have been examined by the Attorney General and Reporter of the State of Tennessee and are approved as to legality pursuant to the provisions of the Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5.

Robert E. Cooper, Jr.
Attorney General and Reporter

Date

Department of State Use Only

Filed with the Department of State on: 06-17-14

Effective on: 09-15-14

Tre Hargett
Secretary of State
Public Hearing Comments

One copy of a document containing responses to comments made at the public hearing must accompany the filing pursuant to T.C.A. § 4-5-222. Agencies shall include only their responses to public hearing comments, which can be summarized. No letters of inquiry from parties questioning the rule will be accepted. When no comments are received at the public hearing, the agency need only draft a memorandum stating such and include it with the Rulemaking Hearing Rule filing. Minutes of the meeting will not be accepted. Transcripts are not acceptable.

There were no public comments on this rule.
Regulatory Flexibility Addendum

Pursuant to T.C.A. §§ 4-5-401 through 4-5-404, prior to initiating the rule making process as described in T.C.A. § 4-5-202(a)(3) and T.C.A. § 4-5-202(a), all agencies shall conduct a review of whether a proposed rule or rule affects small businesses.

The rule is not anticipated to have an effect on small businesses.
Impact on Local Governments

Pursuant to T.C.A. §§ 4-5-220 and 4-5-228 "any rule proposed to be promulgated shall state in a simple declarative sentence, without additional comments on the merits of the policy of the rules or regulation, whether the rule or regulation may have a projected impact on local governments." (See Public Chapter Number 1070 (http://state.tn.us/sos/acts/106/pub/pc1070.pdf) of the 2010 Session of the General Assembly)

The rule is not anticipated to have an impact on local governments.
Additional Information Required by Joint Government Operations Committee

All agencies, upon filing a rule, must also submit the following pursuant to T.C.A. § 4-5-226(i)(1).

(A) A brief summary of the rule and a description of all relevant changes in previous regulations effectuated by such rule;

The rule is being promulgated to simplify the categories of preventive medical services and to point out that they are copay exempt.

(B) A citation to and brief description of any federal law or regulation or any state law or regulation mandating promulgation of such rule or establishing guidelines relevant thereto;

The rule is lawfully adopted by the Bureau of TennCare as a rulemaking hearing rule under T.C.A § 4-5-202, 71-5-105 and 71-5-109.

(C) Identification of persons, organizations, corporations or governmental entities most directly affected by this rule, and whether those persons, organizations, corporations or governmental entities urge adoption or rejection of this rule;

The persons and entities most directly affected by this rule are the providers. The governmental entity most directly affected by this rule is the Bureau of TennCare, Tennessee Department of Finance and Administration.

(D) Identification of any opinions of the attorney general and reporter or any judicial ruling that directly relates to the rule;

The Rule was approved by the Tennessee Attorney General. No additional opinion was given or requested.

(E) An estimate of the probable increase or decrease in state and local government revenues and expenditures, if any, resulting from the promulgation of this rule, and assumptions and reasoning upon which the estimate is based. An agency shall not state that the fiscal impact is minimal if the fiscal impact is more than two percent (2%) of the agency's annual budget or five hundred thousand dollars ($500,000), whichever is less;

The promulgation of this rule is not anticipated to have an effect on state and local government revenues and expenditures.

(F) Identification of the appropriate agency representative or representatives, possessing substantial knowledge and understanding of the rule;

Donna K. Tidwell
Deputy General Counsel

(G) Identification of the appropriate agency representative or representatives who will explain the rule at a scheduled meeting of the committees;

Donna K. Tidwell
Deputy General Counsel

(H) Office address, telephone number, and email address of the agency representative or representatives who will explain the rule at a scheduled meeting of the committees; and

310 Great Circle Road
Nashville, TN 37243
(615) 507-6852
donna.tidwell@tn.gov
(l) Any additional information relevant to the rule proposed for continuation that the committee requests.
1200-13-14-.04 Covered Services

(5) Preventive Medical Services.

The following preventive services (identified by applicable CPT procedure codes) shall be covered subject to any limitations described herein, within the scope of standard medical practice.

Preventive Medical Services. The following services (identified by applicable CPT procedure codes) shall be covered subject to any limitations described herein, within the scope of standard medical practice, without copay.

(a) Office Visits

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(c) Family Planning Services, if not part of a preventive services office visit, should be billed by using the codes in (b)1. above.
(d) Prenatal care

59400 — Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care

59410 — Vaginal delivery only (with or without episiotomy, and/or forceps) including postpartum care

59425 — Antepartum care only, 4–6 visits

59426 — Antepartum care only, 7 or more visits

59430 — Postpartum care only (separate procedure)

59510 — Routine obstetric care including antepartum care, cesarean delivery, and postpartum care

59515 — Cesarean delivery only including postpartum care

59610 — Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy and/or forceps) and postpartum, after previous cesarean delivery

59618 — Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery

(e) Other Preventive Services

90700 — through 90744 — Immunizations

92551 — Screening test, pure tone, air only (Audiologic function)

92552 — Pure tone audiometry (threshold); air only

96110 — Developmental Code Limited

99473 — Vision

99420 — Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)

99431 — Newborn — Initial Hospitalization

99435 — Newborn — Assessment and Discharge Same-Day

Any laboratory test procedure listed in the preventive services periodicity schedule when the services CPT code is one of the above preventive medicine codes. This includes mammography screening (76092) as indicated in the periodicity schedule.

(f) Mental health case management services

T1016 and H0004 — Mental health case management
(d) Mental health case management services including T1016 and H0004.

(e) Vaccines as recommended by the Advisory Committee on Immunization Practices (ACIP).

(f) Any other covered service assigned a rating of A or B by the US Preventive Services Task Force (USPSTF).