

Rulemaking Hearing Rules
of
Tennessee Department of Finance and Administration

Bureau of TennCare

Chapter 1200-13-13
TennCare Medicaid

Amendments

Subparagraph (i) of paragraph (1) of rule 1200-13-13-.10 Exclusions is deleted in its entirety and replaced with a new subparagraph (i) which shall read as follows:

- (i) Non-emergency services that are ordered or furnished by an out-of-network provider and that have not been approved by the enrollee's MCC. An exception exists for dually eligible enrollees. In-network care ordered by out-of-network providers is covered for dually eligible enrollees unless the MCO has informed such enrollee in advance of a request for a service that the specific service requires prior authorization and an order from an in-network provider.

Paragraph (1) of rule 1200-13-13-.10 Exclusions is amended by adding a new subparagraph (p) which shall read as follows:

- (p) Services delivered by a specific provider, even a provider who is an in-network provider with the enrollee's managed care plan, when the managed care plan has offered the enrollee the services of a qualified provider who is available to provide the needed services.

Paragraph (2) of rule 1200-13-13-.10 Exclusions is amended by replacing the phrase "TSOP 032" wherever it appears with the phrase "Policy BEN 08-001" so as amended paragraph (2) shall read as follows:

- (2) Exception to General and Specific Exclusions: Cost Effective Alternative. As approved by CMS and/or authorized by Policy BEN 08-001, each MCC has sole discretionary authority to provide certain cost effective alternatives when providing appropriate medically necessary care. These services are otherwise excluded and are not covered services unless the CC has followed the procedures set forth in Policy BEN 08-001 and opts at its sole discretion to provide such requested item or service.

Subparagraph (a) of paragraph (3) of rule 1200-13-13-.10 Exclusions is amended by adding a new part 6. and the current part 6. is renumbered as part 7. and subsequent parts are renumbered accordingly so as amended the new part 6. shall read as follows:

- 6. Biofeedback

Part 12. to be renumbered as part 13. of subparagraph (a) of paragraph (3) of rule 1200-13-13-.10 EXCLUSIONS is amended by deleting the word "aids" where it first appears and replacing it with the word "services" so as amended the new renumbered part 13. shall read as follows:

- 13. Hearing services, including the prescribing, fitting, or changing of hearing aids

Part 8. "Biofeedback" of subparagraph (b) of paragraph (3) of rule 1200-13-13-.10 Exclusions is deleted in its entirety and subsequent parts are renumbered accordingly.

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

The rulemaking hearing rules set out herein were properly filed in the Department of State on the 19th day of August, 2008 and will become effective on the 2nd day of November, 2008. (FS 08-07-08; DBID 2933)

Rules 1200-13-13-.10(1)(i) and (p); 1200-13-13-.10(2); 1200-13-13-.10(3)(a)6. and 13.; 1200-13-13-.10(3)(b)8. EXCLUSIONS – TennCare Medicaid

Statement Of Economic Impact To Small Businesses

1. Name of Bureau: Bureau of TennCare
2. Rulemaking hearing date: July 16, 2008
3. Types of small businesses that will be directly affected by, bear the cost of, and/or directly benefit from the proposed rules: None
4. A description of how small businesses will be adversely impacted: Not Applicable
5. Whether, and to what extent, alternative means exist for accomplishing the objectives of the proposed rule that might be less burdensome to small businesses, and why such alternatives are not being proposed: Not applicable
6. A comparison of the proposed rule with federal or state counterparts: The rule points out that non-emergency services furnished by an out-of-network provider are covered for dually eligible enrollees unless the MCO has informed the enrollee in advance of a request for a service that the specific service requires prior authorization. The rule points out that services provided by a specific provider are not a covered service if the managed care plan has offered the service of a qualified provider who is available to provide needed services. The rule exempts “biofeedback” as being specifically excluded for children under the TennCare Program. The rule clarifies that hearing services for adults are not covered under the TennCare Program. The rule also updates a reference. There are no federal or state counterparts.