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Sequence Number: 12-04-10
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File Date: 12/06/2010

Notice of Rulemaking Hearing

Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, Tennessee Code Annotated, Section 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
Address:	Bureau of TennCare 310 Great Circle Road Nashville, Tennessee 37243
Phone:	(615) 507-6446
Email:	George.woods@tn.gov

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, Tennessee 37243
Phone:	(615) 507-6474
Email:	Helen.moore@tn.gov

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

Address 1:	Bureau of TennCare 1 st Floor East Conference Room 310 Great Circle Road
Address 2:	
City:	Nashville, Tennessee
Zip:	37243
Hearing Date :	02/04/11
Hearing Time:	9:00 a.m. <input checked="" type="checkbox"/> CST <input type="checkbox"/> EST

Additional Hearing Information:

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Revision Type (check all that apply):

- Amendment
 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-.04	Covered Services

(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>)

Chapter 1200-13-14
TennCare Standard

Paragraph (96) of Rule 1200-13-14-.01 Definitions is amended by inserting the word "a" before the words "health care professional" and by adding the words "certified nurse" before the word "midwives" and changing the term "physician's assistant" to "physician assistants" so as amended Paragraph (96) shall read as follows:

(96) **PRIMARY CARE PROVIDER** shall mean a health care professional capable of providing a wide variety of basic health services. Primary care providers include practitioners of family, general, or internal medicine; pediatricians and obstetricians; nurse practitioners; certified nurse midwives; and physician assistants in general or family practice.

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

Subparagraph (a) of Paragraph (7) of Rule 1200-13-14-.04 Covered Services is amended by deleting the word "and" at the end of Part 2., by deleting the period "." and adding the word "and" and a semicolon ";" at the end of Part 3. and by adding a new Part 4. so as amended Subparagraph (a) shall read as follows:

- (a) The following information must be provided when seeking prior authorization for home health nurse, home health aide, and private duty nursing services:
1. Name of physician prescribing the service(s);
 2. Specific information regarding the patient's medical condition and any associated disability that creates the need for the requested service(s);
 3. Specific information regarding the service(s) the nurse or aide is expected to perform, including the frequency with which each service must be performed (e.g., tube feeding patient 7:00 a.m., 12:00 p.m., and 5:00 p.m. daily; bathe patient once per day; administer medications three (3) times per day; catheterize patient as needed from 8:00 a.m. to 5:00 p.m. Monday through Friday; change dressing on wound three (3) times per week). Such information should also include the total period of time that the services are anticipated to be medically necessary by the treating physician (e.g., total number of weeks or months); and
 4. Confirmation that the physician prescribing the service has had a face-to-face encounter with the enrollee no more than 90 days prior to the start of service(s).
 - (i) Confirmation must include the date of the encounter.
 - (ii) The face-to-face encounter must be performed by the certifying physician or by a nurse practitioner, a certified nurse midwife, or a physician assistant working with the prescribing physician.
 - (iii) The face-to-face encounter may occur through telehealth, if appropriate.

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: 12/6/2010

Signature: D. J. Gordon

Name of Officer: Darin J. Gordon
Director, Bureau of TennCare

Title of Officer: Tennessee Department of Finance and Administration

Subscribed and sworn to before me on: 12/6/10

Notary Public Signature: Cheryl D Kline

My commission expires on: 9/31/2012

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Filed with the Department of State on: 12/6/10

Tre Hargett
Tre Hargett
Secretary of State

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