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Sequence Number: 12-25-14  
 Rule ID(s): 5856  
 File Date: 12/23/14  
 Effective Date: 3/23/15

## Rulemaking Hearing Rule(s) Filing Form

*Rulemaking Hearing Rules are rules filed after and as a result of a rulemaking hearing (Tenn. Code Ann. § 4-5-205).*

*Pursuant to Tenn. Code Ann. § 4-5-229, any new fee or fee increase promulgated by state agency rule shall take effect on July 1, following the expiration of the ninety (90) day period as provided in § 4-5-207. This section shall not apply to rules that implement new fees or fee increases that are promulgated as emergency rules pursuant to § 4-5-208(a) and to subsequent rules that make permanent such emergency rules, as amended during the rulemaking process. In addition, this section shall not apply to state agencies that did not, during the preceding two (2) fiscal years, collect fees in an amount sufficient to pay the cost of operating the board, commission or entity in accordance with § 4-29-121(b).*

<b>Agency/Board/Commission:</b>	Tennessee Department of Finance and Administration
<b>Division:</b>	Bureau of TennCare
<b>Contact Person:</b>	George Woods
<b>Address:</b>	310 Great Circle Road
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**Revision Type (check all that apply):**

- Amendment  
 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)**

Chapter Number	Chapter Title
1200-13-13	TennCare Medicaid
Rule Number	Rule Title
1200-13-13-.01	Definitions
1200-13-13-.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 1200-13-13-.01 Definitions is amended by inserting in alphabetical order the following new Paragraphs with all Paragraphs of Rule 1200-13-13-.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, 71-5-105 and 71-5-109.

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

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

Subparagraph (b) of Paragraph (3) of Rule 1200-13-13-.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 1200-13-13-.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 1200-13-13-.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 1200-13-13-.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 1200-13-13-.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 1200-13-13-.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 1200-13-13-.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 1200-13-13-.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 1200-13-13-.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 1200-13-13-.01.
- (iii) Stair climbing wheelchairs.
- (iv) Recreational wheelchairs.

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

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 11/14/2014 (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: 06/13/14

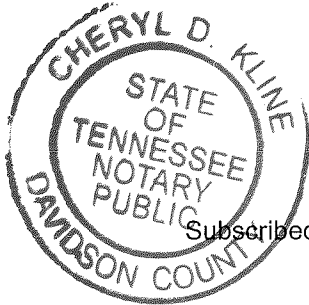
Rulemaking Hearing(s) Conducted on: (add more dates). 08/13/14

Date: 11/14/2014

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: 11/14/14

Notary Public Signature: Cheryl D. Kline

My commission expires on: AUG 23 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.

Hubert H. Stutzman  
Attorney General and Reporter

12/23/2014  
Date

Department of State Use Only

SECRETARY OF STATE  
RECEIVED  
2014 DEC 23 PM 3:00

Filed with the Department of State on: 12/23/14

Effective on: 3/23/15

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 received on these rules before or at the hearing.

**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 rules are not anticipated to have a negative impact 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 rules are 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;

These amendments to the exclusions rules clarify and expand the coverage of power wheelchair accessories and exclude some common items from coverage such as pillows, while clarifying other excluded items such as breast implant removal. Definitions are added to cover the exclusions changes.

- (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 rules are 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 these rules are the enrollees, providers and the managed care contractors. The governmental entity most directly affected by these rules 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 Rules were 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 adoption of the TennCare Medicaid and TennCare Standard rules is anticipated to produce a minimal increase in state annual 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

(I) Any additional information relevant to the rule proposed for continuation that the committee requests.

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GW10114302

Rule 1200-13-13-.01 Definitions

(93) PERSONAL CARE SERVICES shall refer to an optional Medicaid benefit defined at 42 CFR 440.167 that, per the Tennessee Medicaid State Plan, Tennessee has not elected to include in the TennCare benefit package. To the extent that such services are available to children under the age of 21 when medically necessary under the provisions of EPSDT, the Bureau of TennCare designates home health aides as the providers qualified to deliver such services. When medically necessary, personal care services may be authorized outside of the home setting when normal life activities temporarily take the recipient outside of that setting. Normal life activity for a child under the age of 21 means routine work (including work in supported or sheltered work settings); licensed child care; school and school-related activities; religious services and related activities; and outpatient health care services (including services delivered through a TennCare home and community based services waiver program). The home health aide providing personal care services may accompany the recipient but may not drive. Normal life activities do not include non-routine or extended home absences.

(94) PHYSICIAN shall mean a person licensed pursuant to chapter 6 or 9 of title 63 of the Tennessee Code Annotated.

(95) POVERTY LEVEL shall mean the poverty level established by the Federal Government.

(96) 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.

(97) 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.

(9698)PRESCRIBER. An individual authorized by law to prescribe drugs.

(9799)PRIMARY CARE PHYSICIAN shall mean a physician responsible for supervising, coordinating, and providing initial and primary care to patients; for initiating referrals for specialist care; and for maintaining the continuity of patient care. A primary care physician is a physician who has limited his practice of medicine to general practice or who is a Board Certified or Eligible Internist, Pediatrician, Obstetrician/ Gynecologist, or Family Practitioner.

(98100)PRIMARY CARE PROVIDER shall mean 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; midwives; and physician's assistant in general or family practice.

(99101)PRIOR APPROVAL STATUS shall mean the restriction of an enrollee to a procedure wherein services, except in emergency situations, must be approved by the TennCare Bureau or the MCC prior to the delivery of services.

etc

#### Rule 1200-13-13-.10 Exclusions

(3) Specific exclusions. The following services, products, and supplies are specifically excluded from coverage under the TennCare Section 1115 waiver program unless excepted by paragraph (2) herein. Some of these services may be covered under the CHOICES program or outside TennCare under a Section 1915(c) Home and Community Based Services waiver when provided as part of an approved plan of care, in accordance with the appropriate TennCare Home and Community Based Services rule.

(a) Services, products, and supplies that are specifically excluded from coverage except as medically necessary for children under the age of 21

~~1. Air cleaners, purifiers, or HEPA filters~~

~~21. Audiological therapy or training~~

~~32. Augmentative communication devices~~

~~43. Beds and bedding equipment as follows:~~

~~(i) Powered air flotation beds, air fluidized beds (including Clinitron beds), water pressure mattress, or gel mattress~~

~~For persons age 21 and older: Not covered unless a member has both severely impaired mobility (i.e., unable to make independent changes in body position to alleviate pain or pressure) and any stage pressure ulcer on the trunk or pelvis combined with at least one of the following: impaired~~

nutritional status, fecal or urinary incontinence, altered sensory perception, or compromised circulatory status.

- (ii) Bead beds, or similar devices
- (iii) Bed boards
- (iv) Bedding and bed casings
- (v) Ortho-prone beds
- (vi) Oscillating beds
- ~~(vii) Pillows, hypoallergenic~~
- (viii) Springbase beds
- ~~(ix)~~ (viii) Vail beds, or similar bed

~~54.~~ Bed baths and Sitz baths

64. Biofeedback

75. Chiropractor's services

86. Cushions, pads, and mattresses as follows:

- (i) Aquamatic K Pads
- (ii) Elbow protectors
- (iii) Heat and massage foam cushion pads
- (iv) Heating pads
- (v) Heel protectors
- (vi) Lamb's wool pads
- (vii) Steam packs

97. Diagnostic tests conducted solely for the purpose of evaluating the need for a service which is excluded from coverage under these rules.

408. Ear plugs

~~419.~~ Floor standers

429. Food supplements and substitutes including formulas

For persons 21 years of age and older: Not covered, except that Parenteral Nutrition formulas, Enteral Nutrition formulas for tube feedings and phenylalanine-free formulas (not foods) used to treat PKU, as required by T.C.A. §56-7-2505, are covered for adults. In addition, oral liquid nutrition may be covered when medically necessary for adults with swallowing or breathing disorders who are severely underweight ( $BMI < 15 \text{ kg/m}^2$ ) and physically

incapable of otherwise consuming a sufficient intake of food to meet basic nutritional requirements.

~~43~~10. Hearing services, including the prescribing, fitting, or changing of hearing aids

~~44~~11. Humidifiers (central or room) and dehumidifiers

~~45~~12. Inpatient rehabilitation facility services

~~46~~13. Medical supplies, over-the-counter, as follows:

- (i) Alcohol, rubbing
- (ii) Band-aids
- (iii) Cotton balls
- (iv) Eyewash
- (v) Peroxide
- (vi) Q-tips or cotton swabs

~~47~~14. Methadone clinic services

~~48~~15. Nutritional supplements and vitamins, over-the-counter, except that prenatal vitamins for pregnant women and folic acid for women of childbearing age are covered

~~49~~16. Orthodontic services, except as defined in Rule 1200-13-13-.04(1)(b)5. or 1200-13-14-.04(1)(b)5.

~~20~~17. Certain pharmacy items as follows:

- (i) Agents when used for anorexia or weight loss
- (ii) Agents when used to promote fertility
- (iii) Agents when used for cosmetic purposes or hair growth
- (iv) Agents when used for the symptomatic relief of cough and colds
- (v) Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee
- (vi) Nonprescription drugs
- (vii) Generic buprenorphine, Subutex (buprenorphine), and Suboxone (buprenorphine/naloxone) in dosage amounts that exceed the covered dosage amounts listed below:
  - (l) Sixteen milligrams (16 mg) per day for a period of up to six (6) months from the initiation of therapy or from the conclusion of pregnancy, if the enrollee is pregnant during this initial maximum dosage therapy; or

- (II) Eight milligrams (8 mg) per day after the sixth (6<sup>th</sup>) month of therapy.
- (viii) Sedative hypnotic medications in dosage amounts that exceed the dosage amounts listed below:
  - (I) Fourteen (14) pills per month for sedative hypnotic formulations in pill form such as Ambien and Lunesta;
  - (II) One hundred forty milliliters (140 ml) per month of chloral hydrate; or
  - (III) One (1) bottle every sixty (60) days of Zolpimist.
- (ix) Allergy medications

~~2418~~. Purchase, repair, or replacement of materials or equipment when the reason for the purchase, repair, or replacement is the result of enrollee abuse

~~2219~~. Purchase, repair, or replacement of materials or equipment that has been stolen or destroyed except when the following documentation is provided:

- (i) Explanation of continuing medical necessity for the item, and
- (ii) Explanation that the item was stolen or destroyed, and
- (iii) Copy of police, fire department, or insurance report if applicable

~~2320~~. Radial keratotomy

~~2421~~. Reimbursement to a provider or enrollee for the replacement of a rented durable medical equipment (DME) item that is stolen or destroyed

~~2522~~. Repair of DME items not covered by TennCare

~~2623~~. Repair of DME items covered under the provider's or manufacturer's warranty

~~2724~~. Repair of a rented DME item

~~2825~~. Speech, language, and hearing services to address speech problems caused by mental, psychoneurotic, or personality disorders

~~2926~~. Standing tables

~~3027~~. Vision services for persons 21 years of age and older that are not needed to treat a systemic disease process including, but not limited to:

- (i) Eyeglasses, sunglasses, and/or contact lenses for persons aged 21 and older, including eye examinations for the purpose of prescribing, fitting, or changing eyeglasses, sunglasses, and/or contact lenses; procedures performed to determine the refractive state of the eye(s); one pair of cataract glasses or lenses is covered for adults following cataract surgery
- (ii) LASIK
- (iii) Orthoptics

- (iv) Vision perception training
  - (v) Vision therapy
- (b) Services, products, and supplies that are specifically excluded from coverage under the TennCare program.
- 1. Air cleaners, purifiers, or HEPA filters
  - ~~4~~2. Alcoholic beverages
  - ~~2~~3. Animal therapy including, but not limited to:
    - (i) Dolphin therapy
    - (ii) Equine therapy
    - (iii) Hippo therapy
    - (iv) Pet therapy
  - ~~3~~4. Art therapy
  - 45. Autopsy
  - ~~5~~6. Bathtub equipment and supplies as follows:
    - (i) Paraffin baths
    - (ii) Sauna baths
  - ~~6~~7. Beds and bedding equipment as follows:
    - (i) Adjust-a-Beds, lounge beds, or similar devices
    - (ii) Pillows
    - ~~(iii)~~ Waterbeds
  - ~~7~~8. Bioenergetic therapy
  - ~~8~~9. Body adornment and enhancement services including, but not limited to:
    - (i) Body piercing
    - (ii) Breast augmentation
    - (iii) Breast capsulectomy
    - (iv) Breast implant removal that is not medically indicated
    - (v) Ear piercing
    - (vi) Hair transplantation, and agents for hair growth
    - (vii) Tattoos or removal of tattoos



(viii) Tongue splitting or repair of tongue splitting

(ix) Wigs or hairpieces

~~9~~10. Breathing equipment as follows:

(i) Intrapulmonary Percussive Ventilators (IPVs)

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

(iii) Vaporizers

~~40~~11. Carbon dioxide therapy

~~44~~12. Care facilities or services, the primary purpose of which is non-medical, including, but not limited to:

(i) Day care

(ii) Evening care centers

(iii) Respite care, except as a component of Mental Health Crisis Services benefits or Hospice Care benefits as provided at Rule 1200-13-13-.04(1)(b).

(iv) Rest cures

(v) Social or diversion services related to the judicial system

~~42~~13. Carotid body tumor, excision of, as treatment for asthma

~~43~~14. Chelation therapy, except for the treatment of heavy metal poisoning or secondary hemochromatosis in selected settings. Chelation therapy for treatment of arteriosclerosis or autism is not covered. Chelation therapy for asymptomatic individuals is not covered. In the case of lead poisoning, the lead levels must be extremely high. For children, a minimum level of 45 ug/dl is recommended. Because chelation therapy and its after-effects must be continuously monitored for possible adverse reactions, chelation therapy is covered only in inpatient or outpatient hospital settings, renal dialysis facilities, and skilled nursing facilities. It is not covered in an office setting, an ambulatory surgical center, or a home setting.

~~44~~15. Clothing, including adaptive clothing

~~45~~16. Cold therapy devices

~~46~~17. Comfort and convenience items including, but not limited to:

(i) Corn plasters

(ii) Garter belts

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

- (iv) Support stockings, when light or medium weight or prescribed for relief of tired or aching legs or treatment of spider/varicose veins. Surgical weight stockings prescribed by a doctor or other qualified licensed health care practitioner for the treatment of chronic foot/ankle swelling, venous insufficiencies, or other medical conditions and thrombo-embolic deterrent support stockings for pre- and post-surgical procedures are covered as medically necessary.

4718. Computers, personal, and peripherals including, but not limited to printers, modems, monitors, scanners, and software, including their use in conjunction with an Augmentative Communication Device

4819. Convalescent care.

1920. Cosmetic dentistry, cosmetic oral surgery, and cosmetic orthodontic services

2021. Cosmetic prosthetic devices

2422. Cosmetic surgery or surgical procedures primarily for the purpose of changing the appearance of any part of the body to improve appearance or self-esteem, including scar revision. The following services are not considered cosmetic services:

- (i) Reconstructive surgery to correct the results of an injury or disease
- (ii) Surgery to treat congenital defects (such as cleft lip and cleft palate) to restore normal bodily function
- (iii) Surgery to reconstruct a breast after mastectomy that was done to treat a disease, or as a continuation of a staged reconstructive procedure
- (iv) In accordance with Tennessee law, surgery of the non-diseased breast following mastectomy and reconstruction to create symmetrical appearance
- (v) Surgery for the improvement of the functioning of a malformed body member
- (vi) Reduction mammoplasty, when the minimum amount of breast material to be removed is equal to or greater than the 22nd percentile of the Schnur Sliding Scale based on the individual's body surface area.

2223. Dance therapy

2324. Dental services for adults age 21 and older

2425. Services provided solely or primarily for educational purposes, including, but not limited to:

- (i) Academic performance testing
- (ii) Educational tests and training programs
- (iii) Habilitation
- (iv) Job training

- (v) Lamaze classes
- (vi) Lovaas therapy
- (vii) Picture illustrations
- (viii) Remedial education
- (ix) Sign language instruction
- (x) Special education
- (xi) Tutors

2526. Encounter groups or workshops

2627. Environmental modifications including, but not limited to:

- (i) Air conditioners, central or unit
- (ii) Micronaire environmentals, and similar devices
- (iii) Pollen extractors
- (iv) Portable room heaters
- (v) Vacuum systems for dust filtering
- (vi) Water purifiers
- (vii) Water softeners

2728. Exercise equipment including, but not limited to:

- (i) Exercise equipment
- (ii) Exercycles (including cardiac use)
- (iii) Functional electrical stimulation
- (iv) Gravitronic traction devices
- (v) Gravity guidance inversion boots
- (vi) Parallel bars
- (vii) Pulse tachometers
- (viii) Tilt tables when used for inversion
- (ix) Training balls
- (x) Treadmill exercisers
- (xi) Weighted quad boots

29. 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

2830. Food and food products (distinct from food supplements or substitutes, as defined in rule 1200-13-13-.10(3)(a)12. including but not limited to specialty food items for use in diets such as:

- (i) Low-phenylalanine or phenylalanine-free
- (ii) Gluten-free
- (iii) Casein-free
- (iv) Ketogenic

2931. Generators and auxiliary power equipment that may be used to provide power for covered medical equipment or for any purpose

3032. Grooming services including, but not limited to:

- (i) Barber services
- (ii) Beauty services
- (iii) Electrolysis
- (iv) Hairpieces or wigs
- (v) Manicures
- (vi) Pedicures

3133. Hair analysis

3234. Home health aide services or services from any other individual or agency that are for the primary purpose of safety monitoring

3335. Home modifications and items for use in the home

- (i) Decks
- (ii) Enlarged doorways
- (iii) Environmental accessibility modifications such as grab bars and ramps
- (iv) Fences
- (v) Furniture, indoor or outdoor
- (vi) Handrails
- (vii) Meals

- (viii) Overbed tables
- (ix) Patios, sidewalks, driveways, and concrete slabs
- (x) Plexiglass
- (xi) Plumbing repairs
- (xii) Porch gliders
- (xiii) Rollabout chairs
- (xiv) Room additions and room expansions
- (xv) Telephone alert systems
- (xvi) Telephone arms
- (xvii) Telephone service in home
- (xviii) Televisions
- (xix) Tilt tables when used for inversion
- (xx) Toilet trainers and potty chairs. Positioning commodes and toilet supports are covered as medically necessary.
- (xxi) Utilities (gas, electric, water, etc.)

3436. Homemaker services

3537. Hospital inpatient items that are not directly related to the treatment of an injury or illness (such as radios, TVs, movies, telephones, massage, guest beds, haircuts, hair styling, guest trays, etc.)

3638. Hotel charges, unless pre-approved in conjunction with a transplant or as part of a non-emergency transportation service

3739. Hypnosis or hypnotherapy

~~3840. Icterus index~~

3940. Infant/child car seats, except that adaptive car seats may be covered for a person with disabilities such as severe cerebral palsy, spina bifida, muscular dystrophy, and similar disorders who meets all of the following conditions:

- (i) Cannot sit upright unassisted, and
- (ii) Infant/child care seats are too small or do not provide adequate support, and
- (iii) Safe automobile transport is not otherwise possible.

4041. Infertility or impotence services including, but not limited to:

- (i) Artificial insemination services
- (ii) Purchase of donor sperm and any charges for the storage of sperm
- (iii) Purchase of donor eggs, and any charges associated with care of the donor required for donor egg retrievals or transfers of gestational carriers
- (iv) Cryopreservation and storage of cryopreserved embryos
- (v) Services associated with a gestational carrier program (surrogate parenting) for the recipient or the gestational carrier
- (vi) Fertility drugs
- (vii) Home ovulation prediction kits
- (viii) Services for couples in which one of the partners has had a previous sterilization procedure, with or without reversal
- (ix) Reversal of sterilization procedures
- (x) Any other service or procedure intended to create a pregnancy
- (xi) Testing and/or treatment, including therapy, supplies, and counseling, for frigidity or impotence

4442. Injections for the treatment of pain such as:

- (i) Facet/medial branch injections for therapeutic purposes
- (ii) Medial branch injections for diagnostic purposes in excess of four (4) injections in a calendar year
- (iii) Trigger point injections in excess of four (4) injections per muscle trigger point during any period of six (6) consecutive months
- (iv) Epidural steroid injections in excess of three (3) injections during any period of six (6) consecutive months, except epidural injections associated with childbirth

4243. Lamps such as:

- (i) Heating lamps
- (ii) Lava lamps
- (iii) Sunlamps
- (iv) Ultraviolet lamps

4344. Lifts as follows:

- (i) Automobile van lifts
- (ii) Electric powered recliner, elevating seats, and lift chairs

- (iii) Elevators
- (iv) Overhead or ceiling lifts, ceiling track system lifts, or wall mounted lifts when installation would require significant structural modification and/or renovation to the dwelling (e.g., moving walls, enlarging passageways, strengthening ceilings and supports). The request for prior authorization must include a specific breakdown of equipment and installation costs, specifying all required structural modifications (however minor) and the cost associated thereto.
- (v) Stairway lifts, stair glides, and platform lifts, including but not limited to Wheel-O-Vators

4445. Ligation of mammary arteries, unilateral or bilateral

4546. Megavitamin therapy

4647. Motor vehicle parts and services including, but not limited to:

- (i) Automobile controls
- (ii) Automobile repairs or modifications

4748. Music therapy

4849. Nail analysis

4950. Naturopathic services

5051. Necropsy

5152. Organ and tissue transplants that have been determined experimental or investigational

5253. Organ and tissue donor services provided in connection with organ or tissue transplants covered pursuant to Rule 1200-13-13-.04(1)(b)23., including, but not limited to:

- (i) Transplants from a donor who is a living TennCare enrollee and the transplant is to a non-TennCare enrollee
- (ii) Donor services other than the direct services related to organ procurement (such as, hospitalization, physician services, anesthesia)
- (iii) Hotels, meals, or similar items provided outside the hospital setting for the donor
- (iv) Any costs incurred by the next of kin of the donor
- (v) Any services provided outside of any "bundled rates" after the donor is discharged from the hospital

5354. Oxygen, except when provided under the order of a physician and administered under the direction of a physician

5455. Oxygen, preset system (flow rate not adjustable)

- 5556. Certain pharmacy items as follows: DESI, LTE, and IRS drugs
- 5657. Play therapy
- 5758. Primal therapy
- 5859. Prophylactic use of stainless steel crowns
- 5960. Psychodrama
- 6061. Psychogenic sexual dysfunction or transformation services
- 6162. Purging
- 6263. Recertification of patients in Level 1 and Level II Nursing Facilities
- 6364. Recreational therapy
- 6465. Religious counseling
- 6566. Retreats for mental disorders
- 6667. Rolfing
- 6768. Routine health services which may be required by an employer; or by a facility where an individual lives, goes to school, or works; or by the enrollee's intent to travel
  - (i) Drug screenings
  - (ii) Employment and pre-employment physicals
  - (iii) Fitness to duty examinations
  - (iv) Immunizations related to travel or work
  - (v) Insurance physicals
  - (vi) Job related illness or injury covered by workers' compensation
- 6869. Sensitivity training or workshops
- 6970. Sensory integration therapy and equipment used in sensory integration therapy including, but not limited to:
  - (i) Ankle weights
  - (ii) Floor mats
  - (iii) Mini-trampolines
  - (iv) Poof chairs
  - (v) Sensory balls



- (vi) Sky chairs
- (vii) Suspension swings
- (viii) Trampolines
- (ix) Therapy balls
- (x) Weighted blankets or weighted vests

7071. Sensory stimulation services

7172. Services provided by immediate relatives, i.e., a spouse, parent, grandparent, stepparent, child, grandchild, brother, sister, half brother, half sister, a spouse's parents or stepparents, or members of the recipient's household

7273. Sex change or transformation surgery

7374. Sexual dysfunction or inadequacy services and medicine, including drugs for erectile dysfunctions and penile implant devices

7475. Sitter Services.

7576. Speech devices as follows:

- (i) Phone mirror handivoice
- (ii) Speech software
- (iii) Speech teaching machines

7677. Sphygmomanometers (blood pressure cuffs)

7778. Stethoscopes

7879. Supports

- (i) Cervical pillows
- (ii) Orthotrac pneumatic vests

7980. TENS (transcutaneous electrical nerve stimulation) units for the treatment of chronic lower back pain

8081. Thermograms

8182. Thermography

8283. Time involved in completing necessary forms, claims, or reports

8384. Tinnitus maskers

8485. Toy equipment such as: Flash switches (for toys)

8586. Transportation costs as follows:

- (i) Transportation to a provider who is outside the geographical access standards that the MCC is required to meet when a network provider is available within such geographical access standards or, in the case of Medicare beneficiaries, transportation to Medicare providers who are outside the geographical access standards of the TennCare program when there are Medicare providers available within those standards
- (ii) Mileage reimbursement, car rental fees, or other reimbursement for use of a private vehicle unless prior authorized by the MCC in lieu of contracted transportation services
- (iii) Transportation back to Tennessee from vacation or other travel out-of-state in order to access non-emergency covered services (unless authorized by the MCC)
- (iv) Any non-emergency out-of-state transportation, including airfare, that has not been prior authorized by the MCC. This includes the costs of transportation to obtain out-of-state care that has been authorized by the MCC. Out-of-state transportation must be prior authorized independently of out-of-state care.

8687. Transsexual surgery

8788. Urine drug screens in excess of twelve (12) during a calendar year

8889. Vagus nerve stimulators, except after conventional therapy has failed in treating partial onset of seizures.

8990. Weight loss or weight gain and physical fitness programs including, but not limited to:

- (i) Dietary programs of weight loss programs, including, but not limited to, Optifast, Nutrisystem, and other similar programs or exercise programs. Food supplements will not be authorized for use in weight loss programs or for weight gain.
- (ii) Health clubs, membership fees (e.g., YMCA)
- (iii) Marathons, activity and entry fees
- (iv) Swimming pools

9091. 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) ~~Powered wheelchairs, meaning four (4) wheeled, battery operated vehicles that provide back support and that are steered by an electronic device or joystick that controls direction and turning, are covered as medically necessary.~~
- (ii) Standing wheelchairs. However a power standing system is covered as set out in the definition of Power Seating Accessories in Rule 1200-13-13-.01.
- (iii) Stair-climbing wheelchairs.

(iv) Recreational wheelchairs.

~~94.92.~~ Whirlpools and whirlpool equipment such as:

- (i) Action bath hydro massage
- (ii) Aero massage
- (iii) Aqua whirl
- (iv) Aquasage pump, or similar devices
- (v) Hand-D-Jets, or similar devices
- (vi) Jacuzzis, or similar devices
- (vii) Turbojets
- (viii) Whirlpool bath equipment
- (ix) Whirlpool pumps

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