

Rulemaking Hearing Rules  
of  
Tennessee Department of Finance and Administration  
  
Bureau of TennCare  
  
Chapter 1200-13-14  
TennCare Standard  
  
Amendments

Subparagraph (a) of paragraph (1) of rule 1200-13-14-.04 Covered Services is deleted in its entirety and replaced with a new subparagraph (a) which shall read as follows:

- (a) TennCare MCCs shall cover the following services and benefits subject to any applicable limitations described herein.
  - 1. Any and all medically necessary services may require prior authorization or approval by the MCC, except where prohibited by law.
  - 2. An MCC shall not refuse to pay for a service solely because of a lack of prior authorization as follows:
    - (i) Preventive, diagnostic, and treatment services for persons under age 21. MCCs shall provide all medically necessary, covered services regardless of whether the need for such services was identified by a provider whose services had received prior authorization from the MCC or by an in-network provider.
    - (ii) Emergency services. MCCs shall not require prior authorization or approval for covered services rendered in the event of an emergency, as defined in these rules. Such emergency services may be reviewed on the basis of medical necessity or other MCC administrator requirements, but cannot be denied solely because the provider did not obtain prior authorization or approval from the enrollee's MCC.
  - 3. MCCs shall not impose any service limitations that are more restrictive than those described herein; however, this shall not limit the MCC's ability to establish procedures for the determination of medical necessity.
  - 4. Services for which there is no federal financial participation (FFP) are not covered.
  - 5. Non-covered services are non-covered regardless of medical necessity.

Paragraph (2) of rule 1200-13-14-.04 Covered Services is deleted in its entirety and replaced with a new paragraph (2) which shall read as follows:

- (2) Use of Cost Effective Alternative Services.
  - (a) MCCs shall be allowed, but are not required, to use cost effective alternative services if and only if:
    - 1. These services are listed in the MCC contract and/or in TSOP 032; and,

2. They are medically appropriate and cost effective.

(b) Use of approved cost effective alternative services is made at the sole discretion of the MCC.

Paragraph (3) of rule 1200-13-14-.04 Covered Services is deleted in its entirety and replaced with a new paragraph (3) which shall read as follows:

(3) Maximum Lifetime Limitations.

The following maximum lifetime limitations shall apply to the services outlined in paragraphs (1) and (2) above. The MCCs shall not impose service limitations that are more restrictive than those described herein but benefits may be provided in excess of these amounts at the MCC's discretion. The dollar amounts applied to the limitations shall be based only upon the MCC's payments for those services delivered on and after the enrollee's 21<sup>st</sup> birthday and shall exclude payments made by the enrollee in the form of premiums and co-payments. Children under age 21 are exempt from benefit limitations on medically necessary covered services.

Detoxification	Ten (10) days per lifetime.
Substance abuse benefits (Inpatient and outpatient)	\$30,000

Paragraph (4) of rule 1200-13-14-.04 Covered Services is deleted in its entirety and replaced with a new paragraph (4) which shall read as follows:

(4) Emergency Medical Services.

Emergency medical services shall be available twenty-four (24) hours per day, seven (7) days per week. Coverage of emergency medical services shall not be subject to prior authorization by the MCC but may include a requirement that notice be given to the MCC of use of out-of-plan emergency services. However, such requirements shall provide at least a twenty-four (24) hour time frame after the emergency for notice to be given to the MCC.

Paragraph (5) of rule 1200-13-14-.04 Covered Services is deleted in its entirety and subsequent paragraphs renumbered accordingly.

Paragraph (6) of rule 1200-13-14-.04 Covered Services renumbered as paragraph (5) "Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT) for Individuals Under twenty-one (21)" title is deleted and replaced with a new title "Preventive, Diagnostic and Treatment Services for Individuals Under Twenty-One (21)" so as amended renumbered paragraph (5) title shall read as follows:

(5) Preventive, Diagnostic and Treatment Services for Individuals Under Twenty-One (21).

Paragraphs (7), (8) and (9) of rule 1200-13-14-.04 Covered Services are deleted in their entirety and subsequent paragraphs are renumbered accordingly.

Paragraph (10) renumbered as paragraph (6) of rule 1200-13-14-.04 Covered Services title "Preventive Medical Services as of January 1, 2003" is deleted and replaced with a new title "Preventive Medical Services" so as amended the renumbered paragraph (6) title shall read as follows:

(6) Preventive Medical Services.

Paragraph (10) renumbered as paragraph (6) of rule 1200-13-14-.04 Covered Services is amended by adding a new subparagraph (f) which shall read as follows:

(f) Mental health case management services

T1016 and H0004                      Mental health case management

Paragraphs (11) and (12) of rule 1200-13-14-.04 Covered Services are deleted in their entirety and subsequent paragraph renumbered accordingly.

Paragraph (13) renumbered as paragraph (7) of rule 1200-13-14-.04 Covered Services title "Hospital Discharges as of January 1, 2003" is deleted and replaced with a new title "Hospital Discharges" so as amended the renumbered paragraph (7) title shall read as follows:

(7) Hospital Discharges.

Statutory Authority: T.C.A. 4-5-202, 71-5-105, 71-5-109, Executive Order No. 23.

The rulemaking hearing rules set out herein were properly filed in the Department of State on the 2nd day of February, 2007 and will become effective on the 18th day of April, 2007. (FS 02-11-07, DBID 2344)