

- 5a. **Physician's services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere. All physician services that an optometrist is legally authorized to perform are included in physicians' services under this plan and are reimbursed whether furnished by a physician or an optometrist.**

Effective Date: 02/01/2010

1. Physician visits in offices, hospital outpatient settings, nursing facilities, via telemedicine services, Federally Qualified Health Centers and Rural Health Clinics. Within each calendar year each recipient is limited to no more than a total of 14 physician visits in offices, hospital outpatient settings, nursing facilities, via telemedicine services, Federally Qualified Health Centers, or Rural Health Clinics. Visits counted under this quota will include, but not be limited to, visits for: prenatal care, postnatal care, family planning, second opinions, consultations, referrals, psychotherapy (individual, family, or group), and care by ophthalmologists for eye disease. Physician visits provided in a hospital outpatient setting that have been certified as an emergency do not count against the physician benefit limit of 14 per calendar year. Telemedicine Services are defined as contact between a recipient and a physician relating to the health care diagnosis or treatment of the recipient through electronic communication. This service must include an interactive audio and video telecommunications system which permits two-way communication between the distant site physician and the recipient. This service does not include a telephone conversation, electronic mail message, or facsimile transmission between the physician and recipient, or a consultation between two physicians.

Effective Date: 01/01/92

2. Physician visits to hospital inpatients. In addition to the 14 physician visits referred to in paragraph a. above, Medicaid covers up to 16 inpatient dates of service per physician, per recipient, per calendar year. For purposes of this limitation, each specialty within a group or partnership is considered a single provider.

Effective Date: 10/01/94

3. Psychiatric evaluations or testing. These are covered services when medically necessary and given by a physician in person. Psychiatric evaluations or tests are limited to one per recipient, per physician, per calendar year. These visits are counted as part of the yearly quota of 14.
4. Psychotherapy visits. These are covered services when medically necessary and given by a physician in person. These visits are counted as part of the yearly quota of 14.
5. Group therapy. This is a covered service when the patient has a psychiatric diagnosis and the therapy is prescribed and performed by a physician in person. These visits are counted as part of the yearly quota of 14.
6. Family therapy. This is a covered service when medically necessary for a recipient with a psychiatric diagnosis. These visits are counted as part of the yearly quota of 14 for the recipient with the psychiatric diagnosis.

- 5a. Physician's services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere. (Continued)

Effective Date: 10/01/2011

All physician services that an optometrist is legally authorized to perform are included in physicians' services under this plan and are reimbursed whether furnished by a physician or an optometrist. Visits for complete eye examinations do not count under the current office visit limitation.

Effective Date: 01/01/92

7. Eyecare. One complete eye examination and work-up for refractive error is authorized per calendar year for recipients eligible for treatment under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. Additional eyeglasses may be provided when medically necessary and supported by medical documentation.

One complete eye examination and work-up for refractive error every two calendar years is authorized for all other Medicaid recipients. These limitations also apply to prescribing, dispensing, fitting, and adjusting of eyeglasses. Visits for these purposes will not be counted under the current visit limitation. Additional examinations are provided by prior authorization from the Alabama Medicaid Agency based on medical necessity

Effective Date: 11/01/75

8. Orthoptics. Orthoptics may be prior authorized by the Alabama Medicaid Agency when medically necessary.
9. Out-of-State-Care. Except for those services which require prior approval as stated elsewhere in this State Plan (i.e. transplants, and select surgeries) medical care outside the state of Alabama will not require prior authorization by the Alabama Medicaid Agency.

Effective Date: 11/01/75

10. Prior authorized services. These are subject to all limitations of the Alabama Medicaid Program.
11. Ancillary services: When performed by the physician, or by his staff under his supervision, can be billed by the physician without an office visit. (Example: Drug injection, laboratory and X-ray.)

- 5b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Effective Date: 01/01/92

Medical and surgical care not related to teeth which is provided by a dentist is included in the physician visit limits as state in 5a above.

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

Provided: No limitations With limitations*

Not provided.

c. Chiropractors' services.

Provided: No limitations With limitations*

Not provided.

d. Other practitioners' services.

Provided: Identified on attached sheet with description of limitations, if any.

Not provided.

7. Home health services.

Effective Date: 01/01/92

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: No limitations With limitations*

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Effective Date: 01/01/92

b. Home health aide services provided by a home health agency.

Provided: No limitations With limitations*

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Effective Date: 01/01/92

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: No limitations With limitations*

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**Additional medically necessary services beyond limitations are covered for children under 21 years of age referred through the E.P.S.D.T. Program.

*Description provided on attachment.

TN No. AL-11-018

Supersedes

TN No. AL-94-8

Approval Date: 12-0711

Effective Date 10/01/2011

HCFA ID: 0069P/0002P

Limitation of Services

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.(Continued).

**b. Effective Date: 10/01/2011
Optometrists' Services**

Optometrists' services are not provided.

**c. Effective Date: 01/01/92
Chiropractors' services**

Chiropractors' services are provided only for E.P.S.D.T. referred children under the age of 21.

**d. Effective Date: 10/01/00
Other Practitioners' Services**

(1) Anesthesia services provided by qualified Certified Registered Nurse Anesthetists (CRNAs) or Anesthesiology Assistants (AAs) are covered services.

In order to establish the rates for teaching physicians, the rates paid by the top five commercial insurance companies in Alabama were obtained. The State calculated the average commercial rate for each procedure code and determined the total expenditures the State would have made during a twelve-month period using the average rates. Then the State calculated total expenditures the State would have made during the same period using rates equal to 134.5% of Medicare rates. Since total expenditures using 134.5% of Medicare were less than the expenditures using the average commercial rates, the State will pay enhanced rates equal to 134.5% of Medicare to teaching physicians. Calculated reimbursement rates for all numeric procedure codes will be rounded to the nearest dollar. Rates for procedure codes starting with an alphabetic character will be rounded to the nearest penny. Procedure codes not recognized by Medicare are ineligible for the enhanced payment.

Effective Date: 04/01/90

- b. For Medicare crossover claims, refer to item 19 in this attachment.

Effective Date: 06/01/90

- c. Payment to Certified Registered Nurse Anesthetists will not exceed 85% of the maximum allowable rate paid to physicians for providing the same service.

Effective Date: 04/01/98

- d. Payment to physician-employed Physician Assistants and Certified Registered Nurse Practitioners will not exceed 85% of the maximum allowable rate paid to physicians for providing the same service except for injectables and laboratory procedure. Injectable and Laboratory procedures are reimbursed at 100% of the amount paid to physicians.

Effective Date: 11/02/09

- e. Pharmacists, employed by pharmacies participating in the Alabama Medicaid program, are reimbursed a vaccine administration fee established at the same rate paid to physicians. The Agency's rate for vaccine administration was set as of January 1, 1999, and is effective for services on or after that date. All rates are published on the Agency's website. Except as otherwise noted in the plan, state developed rates are the same for both governmental and private providers.

Effective Date: 10/01/2011

- f. Payment to optometrists will be at the statewide maximum physician payment calculated for each service designated by a procedure code recognized by the Alabama Medicaid Agency as designating a covered service.

Revision: HCFA-PM-87-5 (BERC)
January 1989

OMB No.: 0938-0193

State/Territory: ALABAMA

Citation
42 CFR 441.30
AT-78-90

3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

Yes.

No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

Not applicable. The conditions in the first sentence do not apply.

1903(i)(1)
of the Act,
P.L. 99-272
(Section 9507)

(2) Organ Transplant Procedures

Organ transplant procedures are provided.

No.

Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

TN No. AL-11-018
Supersedes
TN No. AL-91-36

Approval Date: 12-07-11

Effective Date: 10/1/2011