

APA-1

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-13-.17(4)

Rule Title: Motorized/Power Wheelchairs

         New Rule;   X   Amend;          Repeal;          Adoption by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety?         no        

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare?         yes        

Is there another, less restrictive method of regulation available that could adequately protect the public?         no        

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree?         no        

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule?         no        

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public?         yes        

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Does the proposed rule have any economic impact?         no        

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

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Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975 and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer: Stephanie Lindsay

Date: 9-20-12

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**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-13-.17 Motorized/Power Wheelchairs

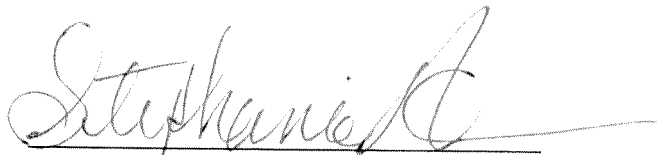
**INTENDED ACTION:** Amend 560-X-13-.17 (4)

**SUBSTANCE OF PROPOSED ACTION:** The above referenced rule is being amended to change the wheelchair replacement limitation from five years to seven year.

**TIME, PLACE, MANNER OF PRESENTING VIEWS:** Written or oral comments may be submitted to the Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Agency business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

**FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:** Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than November 2, 2012.

**CONTACT PERSON AT AGENCY:** Stephanie McGee Azar, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624.



Stephanie McGee Azar  
Acting Commissioner

**Rule No. 560-X-13-.17 Motorized/Power Wheelchairs**

(1) Motorized/power wheelchairs are a covered benefit for patients who meet full Medicaid eligibility criteria and medical necessity. The patient must meet criteria applicable to wheelchairs pursuant to this chapter and the Medicaid Provider Manual and the following additional criteria:

- (a) Documentation that a manual wheelchair cannot meet medical needs; and
- (b) Documentation of long term need for the chair (6 months or longer).

(2) Application process: All requests for motorized/power wheelchairs are subject to the Medicaid Prior Approval provisions and the following additional provisions:

(a) Medical documentation to support diagnosis from the patient's attending physician who has conducted a medical evaluation consisting of medical history, physical examination, assessment, and plan of care.

(b) An evaluation by a Physical Therapist or Occupational Therapist who meets credentialing requirements as provided in the Motorized/Power Wheelchair section of the Medicaid Provider Manual, conducted at sites specified therein and in accordance with, and the completion of, a form approved and provided by Medicaid.

(c) A supplier providing motorized/power wheelchairs to recipients must be registered as a Rehabilitation Technology Supplier (RTS) by the National Registry of Rehabilitation Technology Suppliers (NRRTS). As an alternative, a supplier shall be certified as a Certified Rehabilitation Technology Supplier (CRTS) or Assistive Technology Professional (ATP) from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA). After October 1, 2004, only suppliers who are certified may participate.

(d) Itemized list of items with pricing.

(3) Reimbursement will be made pursuant to Rule 560-X-13-.10.

(4) Limitations and Exclusions

(a) Patients may be approved for one motorized/power wheelchair every ~~five~~ seven years based on medical necessity/criteria.

(b) Home/environmental and vehicle adaptations, equipment and modifications are not covered.

(c) Repairs and/or replacement of parts require Prior Authorization.

**Author:** Vivian Bristow, Administrator, Pharmacy/DME Unit.

**Statutory Authority:** State Plan Attachment 4.19-A; 42 CFR, Section 440.70; Title XIX, Social Security Act.

**History:** New Rule: Emergency Rule filed and effective June 20, 2003. Amended: Filed July 21, 2003; effective October 24, 2003. Amended: Filed June 21, 2004; effective September 15, 2004. Amended: Filed July 20, 2005; effective October 14, 2005. Amended: Filed October 20, 2008; effective January 16, 2009. Amended: Filed January 21, 2009; effective April 17, 2009. Amended: Filed September 20, 2012