

**CERTIFICATION OF EMERGENCY RULES  
FILED WITH LEGISLATIVE SERVICES AGENCY  
OTHNI LATHRAM, DIRECTOR**

Pursuant to Code of Alabama 1975, §§41-22-5 (b) and 41-22-6 (c) (2) a. and b.

I certify that the attached emergency rule is a correct copy as promulgated and adopted on the 1<sup>st</sup> day of April, 2020.

AGENCY NAME: Alabama Medicaid Agency

RULE NO. AND TITLE: 560-X-18-.03ER Prior Authorization

EFFECTIVE DATE OF RULE: April 1, 2020

EXPIRATION DATE (If less than 120 days):

**NATURE OF EMERGENCY:**

The above-referenced rule is being amended to suspend prior authorizations for non-emergency ambulance services in accordance with the time prescribed by the governor as a State of Emergency due to the COVID-19 (Coronavirus) pandemic.

STATUTORY AUTHORITY: State Plan, Attachment 3.1-A, Page 9.24 and Attachment 3.1-D, Pages 1 and 2; 42 CFR Section 401, et seq.; and Title XIX, Social Security Act.

SUBJECT OF RULE TO BE ADOPTED ON PERMANENT BASIS  YES  NO

NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSON TO CONTACT FOR COPY OF RULE:

Administrative Secretary  
Alabama Medicaid Agency  
501 Dexter Avenue  
Montgomery, Alabama 36103  
(334) 242-5833

REC'D & FILED  
APR 1 2020  
LEGISLATIVE SVC AGENCY

  
Stephanie McGee Azar  
Commissioner

**Rule No. 560-X-18-.03ER Prior Authorization**

(1) All nonemergency ambulance service rendered to eligible Alabama Medicaid recipients 100 miles or more one way where medical care is received, requires prior authorization, except that during the time prescribed by the governor as a State of Emergency due to the COVID-19 (Coronavirus) pandemic, but only in strict accordance with the April 1, 2020 provider Alert with subject line “Waiver for Ambulance Providers during COVID-19 Emergency” and any successor Alert or amendment thereto, all participating providers will no longer be required to receive prior authorization in order to perform the services listed in this Chapter.

(2) All requests for prior authorization by the attending physicians or their representatives will be directed to Medicaid’s Fiscal Agent.

**Author:** Beverly Churchwell; Director, Medical Services.

**Statutory Authority:** State Plan, Attachment 3.1-A, Page 9.24 and Attachment 3.1-D, Pages 1 and 2; 42 CFR Section 401, et seq.; and Title XIX, Social Security Act.

**History:** Rule effective October 1, 1982. Emergency Rule effective January 1, 1996. Effective date of this amendment March 14, 1996. **Amended:** Filed November 17, 2008; effective February 11, 2009. Emergency rule filed and effective April 1, 2020.

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