

APA-1

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control: 560
Department or Agency: Alabama Medicaid Agency
Rule No.: 560-X-13-.18
Rule Title: Basic Level Prosthetics, Orthotics, And Pedorthics
Intended Action: Amend

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? No

To what degree?: N/A

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

Are all facets of the rule-making process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? Yes

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? No

Does the proposed rule have an 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.

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 Services Agency.

Signature of certifying officer

Timothy "Bo" A. Offord, Jr.
Timothy Offord

Date

Tuesday, May 19, 2026

REC'D & FILED
MAY 20, 2026

LEGISLATIVE SVC AGENCY

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Medicaid Agency

RULE NO. & TITLE: 560-X-13-.18 Basic Level Prosthetics, Orthotics,
And Pedorthics

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

The above referenced rule is being amended to remove the Alabama Board of Prosthetists and Orthotists (O&P Board) and all associated licensing requirements. The O&P Board will be sunset effective October 1, 2026.

TIME, PLACE AND 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:

Friday, July 3, 2026

CONTACT PERSON AT AGENCY:

Administrative Secretary
Alabama Medicaid Agency
501 Dexter Avenue
Post Office Box 5624
Montgomery, Alabama 36103-5624
Phone: (334) 353-3399

Timothy "Bo" A. Offord, Jr.

Timothy Offord

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

Basic Level Prosthetics, Orthotics, And Pedorthics.

(1) Basic level prosthetics, orthotics and pedorthics are covered benefits to Medicaid eligible recipients up to age 65 in a non-institutional and institutional setting. The recipients must meet established Medicaid criteria applicable to prosthetic, orthotic, and pedorthic devices pursuant to this chapter and Chapter 14, DME, of the Medicaid Provider Manual.

(a) For items to be covered, recipients must meet eligibility requirements, the devices must be reasonable and necessary to improve the functioning of a malformed body member or replace an absent body member, and meet all other applicable Medicaid statutory and regulatory requirements.

(b) Providers of prosthetic, orthotic, and pedorthic devices for adults must be enrolled as a Medicaid provider ~~and licensed by the Alabama Board of Prosthetics, Orthotics and Pedorthics.~~ Refer to [Chapter 14, DME, of the Medicaid Provider Manual published to Medicaid's website for specific enrollment requirements.](#)

(c) The provider must be practicing as a prosthetic, orthotic, or pedorthic practitioner in the State of Alabama at an accredited facility.

(d) Provider must keep a copy of the written prescription or order from the primary physician for the prosthetic or orthotic device in the recipient's file for a period of three years plus the current year.

(e) The provider must have documentation of the education follow-up provided to the recipient of the use of the prosthetic and orthotic device in the recipient's file.

(2) For Medicaid to approve lower limb prosthesis, medical documentation must be submitted substantiating that a prosthesis is essential ~~in order~~ for the recipient to ambulate and that the recipient is motivated to ambulate.

(3) For Medicaid to approve an orthotic device, medical documentation must be submitted to show that the device supports or aligns movable parts of the body, prevents or corrects deformities, or improved functioning.

(4) For Medicaid to approve therapeutic shoes for diabetes, medical documentation must be maintained showing that the recipient has diabetes mellitus and other medical conditions justifying the need. Refer to the DME Fee Schedule on the Alabama

