

**RULES
OF
THE TENNESSEE DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES**

**CHAPTER 1200-11-02
HEMOPHILIA PROGRAM**

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1200-11-02-.01 STATEMENT OF PURPOSE. The Hemophilia Program provides assistance to individuals suffering from hemophilia and other genetic bleeding disorders. Through the provision of financial assistance, the program improves access to care and the quality of life for individuals who require continuing suitable treatments in order to avoid the crippling, extensive side effects associated with their bleeding disorders.

Authority: T.C.A. § 68-36-104. **Administrative History:** Original rule filed April 3, 1974; effective May 3, 1974. Amendment filed July 27, 1977; effective August 26, 1977. Repeal and new rule filed May 15, 2000; effective September 28, 2000. Amendments filed August 21, 2025; effective November 19, 2025.

1200-11-02-.02 DEFINITIONS. Unless specifically indicated by the context, for the purpose of these rules and regulations, the terms used herein are defined as follows:

- (1) Family - For the purpose of the Hemophilia Program, a family is defined as follows:
 - (a) Two or more persons related by birth, marriage, or adoption who reside together. (If a household includes more than one family, the guidelines are applied separately to each family);
 - (b) A person 18 years of age or older who is not living with any relatives;
 - (c) A child under 18 years of age and his/her non-parent custodians when financial responsibility has been assigned to them by the court; or
 - (d) Parents of a patient under 18 years of age when the patient has been voluntarily placed outside the parent's home.
- (2) Resident of Tennessee - A person who has established a bona fide residence in Tennessee. The test for such residence is (1) an intention to stay indefinitely in a place joined with (2) some objective indication consistent with that intent, such as a Tennessee drivers' license.

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1200-11-02-.03 ELIGIBILITY REQUIREMENTS.

- (1) Any individual diagnosed with a genetic bleeding disorder who is a resident of Tennessee is eligible to apply for program services.

(Rule 1200-11-02-.03, continued)

- (2) To receive program services, the applicant must meet the following criteria.
 - (a) The applicant must submit a completed, properly signed, and dated application provided by the Department. If the applicant is legally incompetent to consent to medical treatment because of age or mental condition, said application shall be completed and signed by the applicant's parent or legal guardian.
 - (b) The applicant must meet the medical criteria established in these Rules and must meet the financial criteria at the time of application and/or recertification.
- (3) Each applicant's medical diagnosis must be an acceptable diagnosis as established in these Rules. Any medical treatment must directly relate to the diagnosis for which the applicant was accepted as required by these Rules.
- (4) An applicant will be determined diagnostically eligible for the program, if the applicant has been diagnosed with any of the following:
 - (a) Clotting factor deficiencies - including factors I, II, V, VII, VIII, IX, X, XI, XIII; or
 - (b) Other bleeding disorders - including von Willebrand disease, genetic platelet disorders, or other hemorrhagic disorders.
- (5) Individuals will be financially eligible for the Hemophilia Program, if the family's gross income is at or below 300% of the federal poverty level for the number in the family. When a family has more than one (1) individual with a Hemophilia Program eligible condition, one person may be added to the total number of family members for each additional family member with an eligible condition when determining eligibility. The Department shall determine the family income of the applicant as a family as defined in Rule 1200-11-02-.02(1).
 - (a) Income shall include:
 1. Wages, salaries, and/or commissions;
 2. Income from rental property or equipment;
 3. Profits from self-employment enterprises, including farms;
 4. Alimony and/or child support;
 5. Inheritances;
 6. Pensions and benefits; and
 7. Public assistance grants.
 - (b) After the income of the family is determined, any verified medical payments including medical or health insurance premiums made by the family for any family member during the previous twelve (12) months shall be prorated over twelve months and deducted from the gross monthly income.
 - (c) Verified child support or alimony paid to another household shall be deducted from the gross monthly income.
- (6) All applicants to or participants in the Hemophilia Program who have no third party insurance coverage must apply for TennCare coverage and provide proof of acceptance or denial to the Hemophilia Program. Once accepted for TennCare coverage, Hemophilia Program

(Rule 1200-11-02-.03, continued)

participants must meet all TennCare requirements in order to maintain eligibility for the Hemophilia Program.

- (7) Applicants may be denied participation in the Hemophilia Program, if they are diagnostically ineligible, financially ineligible, or fail to apply for TennCare coverage.
- (8) All participants in the Hemophilia Program must be financially certified annually.
- (9) Once a patient has been certified for services, the certification extends for one year regardless of changes in family income.

Authority: T.C.A. § 68-36-104. **Administrative History:** Original rule filed April 3, 1974; effective May 3, 1974. Amendment filed July 27, 1977; effective August 26, 1977. Repeal and new rule filed May 15, 2000; effective September 28, 2000. Amendments filed August 21, 2025; effective November 19, 2025.

1200-11-02-.04 COVERED SERVICES. Services will be provided according to the availability of funds. However, when budget constraints are indicated, the Department may place a cap on enrollment in the program and/or a cap on expenditures per participant.

Covered services may include the following.

- (1) Appropriate replacement therapy needed for the prevention and control of bleeding.
- (2) Out-patient services related to bleeding disorders as follows:
 - (a) Physician's services - primary and specialty;
 - (b) Emergency room services;
 - (c) X-ray services;
 - (d) Laboratory services;
 - (e) Pharmaceuticals - included on the program's formulary;
 - (f) Occupational and physical therapy services;
 - (g) Orthopedic - appliances and equipment; and
 - (h) Other bleed-related services as prescribed.
- (3) In-patient hospitalization for bleeding episodes and complications.
- (4) Dental services.
- (5) Home health care including nursing services and auxiliary supplies.
- (6) Case management services.
- (7) Medical insurance premiums for eligible program participants including TennCare premiums, Medicare buy-in for Part B coverage, and premiums for conversion coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1986.
- (8) Diagnostic evaluations needed by program non-participants to determine their eligibility for the program.

(Rule 1200-11-02-.04, continued)

- (9) Support of the Comprehensive Hemophilia Clinics.

Authority: T.C.A. § 68-36-104. **Administrative History:** Original rule filed April 3, 1974; effective May 3, 1974. Amendment filed July 27, 1977; effective August 26, 1977. Repeal and new rule filed May 15, 2000; effective September 28, 2000. Amendments filed August 21, 2025; effective November 19, 2025.

1200-11-02-.05 AUTHORIZATION AND REIMBURSEMENT FOR SERVICES.

- (1) In-patient hospitalization must be prior approved when the Hemophilia Program is the primary payor.
- (2) No payment shall be made for services rendered to any participant who is receiving services under these Rules unless and until all third party payment sources available have been exhausted.
- (3) Dental services must have prior authorization and will be reimbursed based on TennCare's Schedule of Allowable Fees. TennCare's authorized dental contractor is responsible for administering TennCare covered dental benefits for eligible members.
- (4) With the exception of emergency services, all services provided under these Rules must be obtained within the State.

Authority: T.C.A. § 68-36-104. **Administrative History:** Original rule filed April 3, 1974; effective May 3, 1974. Amendment filed July 27, 1977; effective August 26, 1977. Repeal and new rule filed May 15, 2000; effective September 28, 2000. Amendments filed August 21, 2025; effective November 19, 2025.

1200-11-02-.06 REMOVAL FROM PROGRAM.

Participants may be removed from the program when they

- (1) Move out of state,
- (2) Cannot be located,
- (3) Become financially ineligible,
- (4) Fail to apply for TennCare or adhere to TennCare requirements,
- (5) Become incarcerated, or
- (6) Fail to abide by the articles set out in the above Rules.

Authority: T.C.A. § 68-36-104. **Administrative History:** Original rule filed April 3, 1974; effective May 3, 1974. Amendment filed July 27, 1977; effective August 26, 1977. Repeal and new rule filed May 15, 2000; effective September 28, 2000. Amendments filed August 21, 2025; effective November 19, 2025.

1200-11-02-.07 APPEAL PROCESS.

Applicants who are denied participation in the Hemophilia Program or participants who are removed from the program in accordance with 1200-11-02-.06 may appeal the decision in writing to the program within ten (10) calendar days of receipt of the program's written notice of denial or removal. Written notice shall be provided by first-class mail through the United States Postal Service (USPS) or email, if authorized by the participant. Written notice is deemed received and effective on the date postmarked by the USPS, or the date when the e-mail is transmitted. If the denial is upheld, the individual may appeal the decision in writing to the Commissioner within ten (10) calendar days of receipt of the written notice that the initial appeal has been denied. The decision of the Commissioner shall be final.

(Rule 1200-11-02-.07, continued)

Authority: T.C.A. § 68-36-104. **Administrative History:** Original rule filed April 3, 1974; effective May 3, 1974. Amendment filed July 27, 1977; effective August 26, 1977. Repeal and new rule filed May 15, 2000; effective September 28, 2000. Amendments filed August 21, 2025; effective November 19, 2025.

1200-11-02-.08 THROUGH 1200-11-02-.12 REPEALED.

Authority: T.C.A. §§ 4-5-202, 53-5604, 68-41-102, and 68-41-104. **Administrative History:** Original rule filed April 3, 1974; effective May 3, 1974. Amendment filed July 27, 1977; effective August 26, 1977. Repeal filed May 15, 2000; effective September 28, 2000.