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**TITLE 405 OFFICE OF THE SECRETARY OF
FAMILY AND SOCIAL SERVICES**

LSA Document #99-215(F)

DIGEST

Amends 405 IAC 5-3-13 to add gastroplasty to the list of covered services that require prior authorization. Amends 405 IAC 5-29-1 to remove weight reduction surgery from the list of noncovered services. Effective 30 days after filing with the secretary of state.

405 IAC 5-3-13

405 IAC 5-29-1

SECTION 1. 405 IAC 5-3-13 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-3-13 Services requiring prior authorization

Authority: IC 12-8-6-3; IC 12-8-6-5; IC 12-15-1-10; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-13-7-3; IC 12-15

Sec. 13. (a) Medicaid reimbursement is available for the following services with prior authorization:

- (1) Reduction mammoplasties.
- (2) Rhinoplasty or bridge repair of the nose when related to a significant obstructive breathing problem.
- (3) Intersex surgery.
- (4) Blepharoplasties for a significant obstructive vision problem.
- (5) Sliding mandibular osteotomies for prognathism or micrognathism.
- (6) Reconstructive or plastic surgery.
- (7) Bone marrow or stem cell transplants.
- (8) All organ transplants covered by the Medicaid program.
- (9) Plasmapheresis.
- (10) Strabismus surgery for patients over ten (10) years of age.
- (11) Home health services.
- (12) Maxillofacial surgeries related to diseases and conditions of the jaws and contiguous structures.
- (13) Temporomandibular joint surgery.
- (14) Submucous resection of nasal septum and septoplasty when associated with significant obstruction.
- (15) Hysterectomy.
- (16) Tonsillectomy.
- (17) Tonsillectomy and adenoidectomy.
- (18) Cataract extraction.
- (19) Surgical procedures involving the foot.
- (20) Weight reduction surgery, including gastroplasty and related gastrointestinal surgery.**
- ~~(20)~~ **(21)** Any procedure ordinarily rendered on an outpatient basis, when rendered on an inpatient basis.
- ~~(21)~~ **(22)** All dental admissions.
- ~~(22)~~ **(23)** Stress electrocardiograms except for medical conditions.
- ~~(23)~~ **(24)** Brand medically necessary drugs.
- ~~(24)~~ **(25)** Psychiatric inpatient admissions, including admissions for substance abuse.
- ~~(25)~~ **(26)** Rehabilitation inpatient admissions.
- ~~(26)~~ **(27)** As otherwise specified in this article.

If any of the surgeries listed in this section are performed during a hospital stay for another condition, prior authorization is required for the surgical procedure.

(b) Requests for prior authorization for the surgical procedures in this section will be reviewed for medical necessity on a case-by-case basis in accordance with this rule. (*Office of the Secretary of Family and Social Services; 405 IAC 5-3-13; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3306; filed Sep 1, 2000, 2:16 p.m.: 24 IR 14*)

SECTION 2. 405 IAC 5-29-1, AS AMENDED AT 23 IR 320, SECTION 28, IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-29-1 Noncovered services

Authority: IC 12-8-6-3; IC 12-8-6-5; IC 12-15-1-10; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-13-7-3; IC 12-15

Sec. 1. The following services are not covered by Medicaid:

- (1) Services that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.
- (2) Services provided outside the scope of a provider's license, registration, certification, or other authority to practice under state or federal law.
- (3) Experimental drugs, treatments, or procedures, and all related services.
- (4) Any new product, service, or technology not specifically covered in this article. The product, service, or technology will remain a noncovered product, service, or technology until such time as the office authorizes the coverage of the product, service, or technology. This subdivision does not apply to legend drugs.
- (5) Personal comfort or convenience items, including, but not limited to, television, radio, or telephone rental.
- (6) Services for the remediation of learning disabilities.
- (7) Treatments or therapies of an educational nature.
- (8) Experimental radiological or surgical or other modalities and procedures, including, but not limited to, the following:
 - (A) Acupuncture.
 - (B) Biofeedback therapy.
 - (C) Carbon dioxide five percent (5%) inhalator therapy for inner ear disease.
 - (D) Hyperthermia.
 - (E) Hypnotherapy.
- (9) Hair transplants.
- (10) Fallopian tuboplasty (reanastomosis of the fallopian tubes) for infertility or vasovasostomy (reanastomosis of the vas deferens). This procedure is covered only in conjunction with disease.
- (11) Augmentation mammoplasties for cosmetic purposes.
- (12) Dermabrasion surgery for acne pitting or marsupialization.
- (13) Rhinoplasty or bridge repair of the nose in the absence of a significant obstructive breathing problem.
- (14) Otoplasty for protruding ears unless one (1) of the following applies to the case:
 - (A) Multifaceted craniofacial abnormalities due to congenital malformation or maldevelopment, for example, Pierre Robin Syndrome.
 - (B) A recipient has pending or actual employment where protruding ears would interfere with the wearing of required protective devices.
- (15) Scar removals or tattoo removals by excision or abrasion.
- (16) Ear lobe reconstruction.
- (17) Removal of keloids caused from pierced ears unless one (1) of the following is present:
 - (A) Keloids are larger than three (3) centimeters.
 - (B) Obstruction of the ear canal is fifty percent (50%) or more.
- (18) Rhytidectomy.
- ~~(19) Weight reduction surgery, including gastroplasty and related gastrointestinal surgery.~~
- ~~(20)~~ (19) Penile implants.
- ~~(21)~~ (20) Perineoplasty for sexual dysfunction.
- ~~(22)~~ (21) Reconstructive or plastic surgery unless related to disease or trauma deformity.
- ~~(23)~~ (22) Sliding mandibular osteotomies unless related to prognathism or micrognathism.
- ~~(24)~~ (23) Blepharoplasties when not related to a significant obstructive vision problem.
- ~~(25)~~ (24) Radial keratotomy.
- ~~(26)~~ (25) Miscellaneous procedures or modalities, including, but not limited to, the following:
 - (A) Autopsy.
 - (B) Cryosurgery for chloasma.

- (C) Conray dye injection supervision.
- (D) Day care or partial day care or partial hospitalization except when provided pursuant to 405 IAC 5-21.
- (E) Formalized and predesigned rehabilitation programs, including, but not limited to, the following:
 - (i) Pulmonary.
 - (ii) Cardiovascular.
 - (iii) Work-hardening or strengthening.
- (F) Telephone transmitter used for transtelephonic monitor.
- (G) Telephone, or any other means of communication, consultation from one (1) doctor to another.
- (H) Artificial insemination.
- (I) Cognitive rehabilitation, except for treatment of traumatic brain injury.
- ~~(27)~~ **(26)** Ear piercing.
- ~~(28)~~ **(27)** Cybex evaluation or testing or treatment.
- ~~(29)~~ **(28)** High colonic irrigation.
- ~~(30)~~ **(29)** Services that are not prior authorized under the level-of-care methodology as required by 405 IAC 5-19.
- ~~(31)~~ **(30)** Amphetamines when prescribed for weight control or treatment of obesity.
- ~~(32)~~ **(31)** Under federal law, drug efficacy study implementation drugs not covered by Medicaid.
- ~~(33)~~ **(32)** All anorectics, except amphetamines, both legend and nonlegend.
- ~~(34)~~ **(33)** Physician samples.

(Office of the Secretary of Family and Social Services; 405 IAC 5-29-1; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3356; filed Sep 27, 1999, 8:55 a.m.: 23 IR 320; filed Sep 1, 2000, 2:16 p.m.: 24 IR 15)

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