Document: Proposed Rule
Source: May 1, 2001, Indiana Register, Volume 24, Number 8
Disclaimer: These documents were created from the files used to produce the official (printed) Indiana Register, however, these documents are unofficial.

TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES

Proposed Rule
LSA Document #01-59

DIGEST

Amends 405 IAC 5-13-12 to eliminate neuropsychological and psychological testing from the prior authorization exception following a recipient's discharge from inpatient hospital care. Amends 405 IAC 5-20-8 to limit the number of units of psychiatric diagnostic interviews per provider, per recipient, per 12 month period of time, to one unit. All additional units require prior authorization. Two units of psychiatric diagnostic interview per provider, per recipient, per 12 month period of time, is permitted without prior authorization if the recipient is separately evaluated by both a physician or health service provider in psychology and a midlevel practitioner. The amendment also adds the requirement for prior authorization for all units of neuropsychological and psychological testing when provided by a physician or a health service provider in psychology. Effective 30 days after filing with the secretary of state.

405 IAC 5-3-12
405 IAC 5-20-8

SECTION 1. 405 IAC 5-3-12 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-3-12 Prior authorization; exceptions
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 12-15-30-1

Sec. 12. Notwithstanding any other provision of this rule, prior review and authorization by the office is not required under the following circumstances:

(1) When a service is provided to a Medicaid recipient as an emergency service, "emergency service" means a service provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical attention could reasonably be expected to result in:
 (A) placing the patient's health in serious jeopardy;
 (B) serious impairment to bodily functions; or
 (C) serious dysfunction of any bodily organ or part.

(2) When a recipient's physician determines that an inpatient hospital setting is no longer necessary, but that Medicaid covered services should continue after the recipient is discharged from inpatient hospital care, such services may continue for a period not to exceed one hundred twenty (120) hours within thirty (30) calendar days of discharge without prior review and authorization, if the physician has specifically ordered such services in writing upon discharge from the hospital. Services provided under this section are subject to all appropriate limitations set out in this rule. This exemption does not apply to durable medical equipment, **neuropsychological and psychological testing,** or out-of-state medical services. Prior review and authorization by the office must be obtained for reimbursement beyond the one hundred twenty (120) hours within thirty (30) calendar days of discharge period. Physical, speech, respiratory, and occupational therapies may continue for a period not to exceed thirty (30) hours, sessions, or visits in thirty (30) calendar days without prior approval if the physician has specifically ordered such services in writing upon discharge or transfer from the hospital. Prior review and authorization by the office must be obtained for reimbursement beyond the thirty (30) hours, sessions, or visits in the thirty (30) calendar day period for physical, speech, respiratory, and occupational therapies.

(Office of the Secretary of Family and Social Services; 405 IAC 5-3-12; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3305; filed Sep 27, 1999, 8:55 a.m.: 23 IR 309)

SECTION 2. 405 IAC 5-20-8 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-20-8 Outpatient mental health services
Authority: 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. 8. Medicaid reimbursement is available for outpatient mental health services provided by licensed physicians, psychiatric hospitals, psychiatric wings of acute care hospitals, outpatient mental health facilities, and psychologists endorsed as a health service provider in psychology (HSPP). Outpatient mental health services rendered by a medical doctor, doctor of osteopathy, or HSPP are subject to the following limitations:

(1) Outpatient mental health services rendered by a medical doctor or doctor of osteopathy are subject to the limitations set out in 405 IAC 5-25.

(2) Subject to prior authorization by the office or its designee, Medicaid will reimburse physician or HSPP directed outpatient mental health services for group, family, and individual outpatient psychotherapy when such services are provided by one (1) of the following practitioners:

(A) A licensed psychologist.
(B) A licensed independent practice school psychologist.
(C) A licensed clinical social worker.
(D) A licensed marital and family therapist.
(E) A licensed mental health counselor.
(F) A person holding a master's degree in social work, marital and family therapy, or mental health counseling.
(G) An advanced practice nurse who is a licensed, registered nurse with a master's degree in nursing with a major in psychiatric or mental health nursing from an accredited school of nursing.

(3) The physician, psychiatrist, or HSPP is responsible for certifying the diagnosis and for supervising the plan of treatment described as follows:

(A) The physician, psychiatrist, or HSPP is responsible for seeing the recipient during the intake process or reviewing the medical information obtained by the practitioner listed in subdivision (2) within seven (7) days of the intake process. This review by the physician, psychiatrist, or HSPP must be documented in writing.
(B) The physician, psychiatrist, or HSPP must again see the patient or review the medical information and certify medical necessity on the basis of medical information provided by the practitioner listed in subdivision (2) at intervals not to exceed ninety (90) days. This review must be documented in writing.

(4) Medicaid will reimburse for evaluation ~~psychological testing,~~ and group, family, and individual psychotherapy when provided by a psychologist endorsed as an HSPP.

(5) Subject to prior authorization by the office or its designee, Medicaid will reimburse for neuropsychological and psychological testing when provided by a physician or an HSPP.

~~(5)~~ **(6)** Prior authorization is required for mental health services provided in an outpatient or office setting that exceed twenty (20) units per recipient, per provider, per rolling twelve (12) month period of time, **except neuropsychological and psychological testing, which is subject to prior authorization as stated in subdivision (5).**

~~(6)~~ **(7)** The following are services that are not reimbursable by the Medicaid program:

(A) Day care.
(B) Hypnosis.
(C) Biofeedback.
(D) Missed appointments.
(E) Partial hospitalization, except as set out in 405 IAC 5-21.

~~(7)~~ **(8)** All outpatient services rendered must be identified and itemized on the Medicaid claim form. Additionally, the length of time of each therapy session must be indicated on the claim form. The medical record documentation must identify the services and the length of time of each therapy session. This information must be available for audit purposes.

~~(8)~~ **(9)** A current plan of treatment and progress notes, as to the necessity and effectiveness of therapy, must be attached to the prior authorization form and available for audit purposes.

(10) For psychiatric diagnostic interview examinations, Medicaid reimbursement is available for one (1) unit per recipient, per provider, per rolling twelve (12) month period of time, except as follows:

(A) A maximum of two (2) units per rolling twelve (12) month period of time per recipient, per provider, may be reimbursed without prior authorization, when a recipient is separately evaluated by both a physician or an HSPP and a midlevel practitioner.
(B) Of the two (2) units allowed without prior authorization, as stated in clause (A), one (1) unit must be provided by the physician or HSPP and one (1) unit must be provided by the midlevel practitioner.
(C) All additional units require prior authorization.

(Office of the Secretary of Family and Social Services; 405 IAC 5-20-8; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3335; filed Sep 27, 1999, 8:55 a.m.: 23 IR 315; filed Jun 9, 2000, 9:55 a.m.: 23 IR 2707)

Notice of Public Hearing

Under IC 4-22-2-24, notice is hereby given that on May 30, 2001 at 9:00 a.m, at the Indiana Government Center-South, 402 West Washington Street, Conference Center Room 4, Indianapolis, Indiana the Office of the Secretary of Family and Social Services will hold a public hearing on proposed amendments to eliminate neuropsychological and psychological testing from the prior authorization exception following a recipient's discharge from inpatient hospital care, and to limit the number of units of psychiatric diagnostic interviews per provider, per recipient, per 12 month period of time, to one unit. All additional units require prior authorization. Two units of psychiatric diagnostic interview per provider, per recipient, per 12 month period of time, is permitted without prior authorization if the recipient is separately evaluated by both a physician or health service provider in psychology and a midlevel practitioner. The amendment also adds the requirement for prior authorization for all units of neuropsychological and psychological testing when provided by a physician or a health service provider in psychology. Copies of these rules are now on file at the Indiana Government Center-South, 402 West Washington Street, Room W451 and Legislative Services Agency, One North Capitol, Suite 325, Indianapolis, Indiana and are open for public inspection.

Katherine Humphreys
Secretary
Office of the Secretary of Family and Social Services