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

Proposed Rule
LSA Document #02-140

DIGEST

Amends 405 IAC 5-14-2, 405 IAC 5-14-3, 405 IAC 5-14-4, and 405 IAC 5-14-6 to limit the comprehensive or extensive visits for recipients to two per year, and updates the rule to reflect current operating procedures. Add 405 IAC 5-14-2.5 to add copayments for dental services. Effective 30 days after filing with the secretary of state.

405 IAC 5-14-2 **405 IAC 5-14-4**
405 IAC 5-14-2.5 **405 IAC 5-14-6**
405 IAC 5-14-3

SECTION 1. 405 IAC 5-14-2 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-14-2 Covered services

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

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

Sec. 2. The following are covered dental services under the Indiana Medicaid program:

- (1) Evaluations.
- (2) Radiographs.
- (3) Prophylaxis.
- (4) Topical fluoride.
- (5) Sealant.
- (6) Amalgam.
- (7) Unilateral and bilateral space maintainers.
- (8) Resin anteriors and posteriors.
- (9) Recement crowns.
- (10) Steel crown primary.
- (11) Stainless steel crown permanent.
- (12) Pin retention.
- (13) Pulpcap.
- (14) Therapeutic pulpotomy.
- (15) Extractions.
- (16) Oral biopsies.
- (17) Alveoplasty.
- (18) Excision of lesions.
- (19) Excision of benign tumor greater than one and twenty-five hundredths (1.25) centimeters.
- (20) Odontogenic cyst removal.
- (21) Nonodontogenic cyst removal.
- (22) Incise and drain abscess.
- (23) Sequestrectomy osteomyelitis.
- (24) Fracture simple stabilize.
- (25) Compound fracture of the mandible.
- (26) Compound fracture of the maxilla.

- (27) Repair of wounds.
- (28) Suturing.
- (29) Osteoplasty-for orthognathic deformity.
- (30) Emergency treatment dental pain.
- (31) Analgesia.
- (32) Therapeutic drug injection.
- (33) Drugs and medicaments.
- (34) Treatment of complications postsurgery.
- (35) Periodontal surgery limited to drug-induced periodontal hyperplasia.
- (36) Other dental services as medically necessary to treat recipients eligible for the EPSDT program.
- (37) Confirmatory consultations.
- (38) Periodontal root planing and scaling.
- (39) General anesthesia.
- (40) Intravenous (IV) sedation.
- (41) Dentures and partials.**
- (42) Orthodontic services for recipients twenty (20) years of age and under only.**

(Office of the Secretary of Family and Social Services; 405 IAC 5-14-2; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3319; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822)

SECTION 2. 405 IAC 5-14-2.5 IS ADDED TO READ AS FOLLOWS:

405 IAC 5-14-2.5 Copayments for dental services

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

Affected: IC 12-13-7-3; IC 12-15-6

Sec. 2.5. In accordance with IC 12-15-6, a copayment will be required for dental services as follows:

- (1) The copayment shall be made by the recipient and collected by the provider at the time the service is rendered. Medicaid reimbursement to the provider shall be adjusted to reflect the copayment amount for which the recipient is liable.**
- (2) In accordance with 42 CFR 447.15, the provider may not deny services to any eligible individual on account of the individual's inability to pay the copayment amount. Under this federal requirement, this service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the copayment.**
- (3) The provider shall collect from the recipient a copayment amount of up to three dollars (\$3) per visit, based on the following schedule:**
 - (A) Paid service up to ten dollars (\$10), copayment equals fifty cents (\$.50).**
 - (B) Paid service from ten dollars and one cent (\$10.01) to twenty-five dollars (\$25), copayment equals one dollar (\$1).**
 - (C) Paid service from twenty-five dollars and one cent (\$25.01) to fifty dollars (\$50), copayment equals two dollars (\$2).**
 - (D) Paid service from fifty dollars (\$50) and over, copayment equals three dollars (\$3).**
- (4) The following dental services are exempt from the copayment requirement:**
 - (A) Emergency dental services.**
 - (B) Services furnished to individuals less than eighteen (18) years of age.**
 - (C) Services furnished to pregnant women, if such services are related to a condition that may complicate the pregnancy.**
 - (D) Services furnished to individuals who are inpatients in hospitals, nursing facilities, intermediate care facilities for the mentally retarded, or other medical institutions.**

(Office of the Secretary of Family and Social Services; 405 IAC 5-14-2.5)

SECTION 3. 405 IAC 5-14-3 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-14-3 Diagnostic services

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

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

Sec. 3. Medicaid reimbursement is available for diagnostic services, including initial and periodic evaluations, prophylaxis, radiographs, and emergency treatments with the following limitations:

- (1) Either full mouth series radiographs or panorex is limited to one (1) set per recipient every three (3) years.
- (2) Bitewing, intra-oral, and extra-oral radiographs are limited to one (1) set per recipient every twelve (12) months. One (1) set is defined as a total of four (4) single films.
- (3) A comprehensive or detailed oral evaluation is limited to one (1) per lifetime, per recipient, per provider, **with an annual limit of two (2) per recipient.**
- (4) A periodic or limited oral evaluation is limited to one (1) every six (6) months, per recipient, any provider.
- (5) Mouth gum cultures and sensitivity tests are not covered.
- (6) Oral hygiene instructions are reimbursed in the Medicaid payment allowance for diagnostic services and may not be billed separately to Medicaid.
- (7) Payment for the writing of prescriptions is included in the reimbursement for diagnostic services and may not be billed separately to Medicaid.

(Office of the Secretary of Family and Social Services; 405 IAC 5-14-3; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3320; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822)

SECTION 4. 405 IAC 5-14-4 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-14-4 Topical fluoride

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

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

Sec. 4. Reimbursement is available for one (1) topical application of fluoride every six (6) months per recipient only for patients who are ~~eighteen (18)~~ **twelve (12)** months of age or older but who are younger than ~~nineteen (19)~~ **twenty-one (21)** years of age. Topical applications of fluoride are not covered for recipients ~~nineteen (19)~~ **twenty-one (21)** years of age or older. Brush-in fluoride (topical application of fluoride phosphate) is not a covered service. *(Office of the Secretary of Family and Social Services; 405 IAC 5-14-4; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3320; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822)*

SECTION 5. 405 IAC 5-14-6 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-14-6 Prophylaxis

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

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

Sec. 6. Prophylaxis is a covered service in accordance with the following limitations:

- (1) One (1) unit every six (6) months for noninstitutionalized recipients ~~over eighteen (18)~~ **twelve (12)** months of age up to their twenty-first birthday.
- (2) One (1) unit every twelve (12) months for noninstitutionalized recipients twenty-one (21) years of age and older.
- (3) Institutionalized recipients may receive up to two (2) units every six (6) months.
- (4) Prophylaxis is not covered for recipients under ~~eighteen (18)~~ **twelve (12)** months of age.

(Office of the Secretary of Family and Social Services; 405 IAC 5-14-6; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3320; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822)

Notice of Public Hearing

Under IC 4-22-2-24, notice is hereby given that on August 27, 2002 at 9:00 a.m., at the Indiana Government Center-South, 402 West Washington Street, Government Center Auditorium, Indianapolis, Indiana the Office of the Secretary of Family and Social Services will hold a public hearing on proposed amendments to require copayments and limit comprehensive or extensive visits for Medicaid recipients. Written comments may be directed to the Indiana Government Center-South, 402 West Washington Street, Room W451, MS-27, Office of General Counsel, Attention: Maureen Bartolo, Indianapolis, Indiana, 46204. Correspondence should be identified in the following manner: "COMMENTS RE: PROPOSED RULE LSA Document #02-140: DENTAL COPAY". Written comments received will be made available for public display at the above listed address of the Office of General Counsel.

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.

John Hamilton
Secretary
Office of the Secretary of Family and Social Services