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

LSA Document #02-50(F)

DIGEST

Amends 405 IAC 5-14-1 to limit annual expenditures for Medicaid covered dental services to six hundred dollars (\$600) per year for recipients twenty-one (21) years of age and over. Effective 30 days after filing with secretary of state.

**405 IAC 5-14-1**

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

**405 IAC 5-14-1 Policy**

**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 12-15-13-6

Sec. 1. **(a)** Medicaid reimbursement is available only for those dental services listed in section 2 of this rule subject to the limitations set out in this rule. ~~The dental portion of the Indiana Medicaid program places top priority on prevention, relief of pain, elimination of infection, and pathology.~~

**(b)** For those recipients twenty-one (21) years of age and over, covered services routinely provided in a dental office will be limited to six hundred dollars (\$600) per recipient, per twelve (12) month period. This limit precedes all other limits within this rule. The procedure codes that will be included within the limitation will be listed and published in a provider bulletin and may be updated by the office as needed. A provider bulletin issued under this subsection shall be effective no earlier than permitted under IC 12-15-13-6. (*Office of the Secretary of Family and Social Services; 405 IAC 5-14-1; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3319; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; filed Dec 13, 2002, 4:00 p.m.: 26 IR 1546*)

*LSA Document #02-50(F)*

*Notice of Intent Published: 25 IR 1928*

*Proposed Rule Published: May 1, 2002; 25 IR 2556*

*Hearing Held: June 4, 2002*

*Approved by Attorney General: November 27, 2002*

*Approved by Governor: December 11, 2002*

*Filed with Secretary of State: December 13, 2002, 4:00 p.m.*

*Incorporated Documents Filed with Secretary of State: None*