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

**Proposed Rule**  
LSA Document #05-220

**DIGEST**

Amends 405 IAC 5-3-13 to allow for reimbursement for genetic testing for detection of cancer of the breast or breasts or ovaries. Amends 405 IAC 5-5-1 to allow for reimbursement for diagnostic services, including genetic testing, when provided out-of-state. Effective 30 days after filing with the Secretary of State.

**IC 4-22-2.1-5 Statement Concerning Rules Affecting Small Businesses**

Indiana Code 4-22-2.1-5 requires an agency to submit to the Legislative Services Agency and the Indiana Economic Development Corporation a statement of economic impact of any proposed rule with an economic impact on small businesses. The IEDC is required to review the rule and submit written comments to the agency no later than seven days before the public hearing.

The Office of Medicaid Policy and Planning has reviewed the proposed rule to determine the economic impact of the rule on small businesses. The Office of Medicaid Policy and Planning has determined, based on the information available at the time of rule promulgation, that the proposed rule does not impose requirements or costs on small businesses. Therefore, the agency did not submit a statement of economic impact to the Legislative Services Agency and the Indiana Economic Development Corporation.

In reaching this conclusion, the agency determined that the proposed rule is adding a service where existing billing procedures, which providers currently follow, will apply. Further, providers will be positively impacted by the agency's decision to cover a service for which coverage had previously been denied.

**405 IAC 5-3-13**

**405 IAC 5-5-1**

SECTION 1. 405 IAC 5-3-13, AS AMENDED AT 28 IR 2132, SECTION 4, 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) Home health services.
- (10) Maxillofacial surgeries related to diseases and conditions of the jaws and contiguous structures.
- (11) Temporomandibular joint surgery.
- (12) Submucous resection of nasal septum and septoplasty when associated with significant obstruction.
- (13) Weight reduction surgery, including gastropasty and related gastrointestinal surgery.
- (14) Any procedure ordinarily rendered on an outpatient basis, when rendered on an inpatient basis.
- (15) All dental admissions.
- (16) Brand medically necessary drugs.
- (17) Other drugs as specified in accordance with 405 IAC 5-24-8.5.

- (18) Psychiatric inpatient admissions, including admissions for substance abuse.
- (19) Rehabilitation inpatient admissions.
- (20) Assertive community treatment intensive case management as provided under 405 IAC 5-21-1.
- (21) Orthodontic procedures for members under twenty-one (21) years of age for cases of craniofacial deformity or cleft palate.
- (22) Genetic testing for detection of cancer of the breast or breasts or ovaries.**
- ~~(22)~~ **(23)** 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; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; filed Jan 7, 2002, 10:11 a.m.: 25 IR 1613; filed Feb 26, 2004, 3:45 p.m.: 27 IR 2244; filed Feb 14, 2005, 10:25 a.m.: 28 IR 2132*)

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

### **405 IAC 5-5-1 Out-of-state services; general**

**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. 1. Medicaid reimbursement is available for the following services provided outside Indiana:

- (1) Acute general hospital care.
- (2) Physician services.
- (3) Dental services.
- (4) Pharmacy services.
- (5) Transportation services.
- (6) Therapy services.
- (7) Podiatry services.
- (8) Chiropractic services.
- (9) Durable medical equipment and supplies.
- (10) Hospice services, subject to the conditions in 405 IAC 5-34-3.

#### **(11) Diagnostic services, including genetic testing.**

(*Office of the Secretary of Family and Social Services; 405 IAC 5-5-1; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3308; filed Mar 9, 1998, 9:30 a.m.: 21 IR 2379; 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 November 22, 2005 at 1:30 p.m., at the Indiana Government Center-South, 402 West Washington Street, Conference Center Room 22, Indianapolis, Indiana the Office of the Secretary of Family and Social Services will hold a public hearing on proposed amendments concerning reimbursement for genetic testing of breast and ovarian cancer and diagnostic services that are performed out-of-state.*

*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.*

E. Mitchell Roob Jr.  
Secretary  
Office of the Secretary of Family and Social Services