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

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**Final Rule**  
LSA Document #06-5(F)**DIGEST**

Amends [405 IAC 5-14-1](#) and [405 IAC 5-14-3](#) to place limitations on dental services for adults that are in accordance with HEA 1001-2005, SECTION 239, and amends rules regarding coverage for diagnostic services. Effective 30 days after filing with the Publisher.

**[405 IAC 5-14-1](#); [405 IAC 5-14-3](#)**

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.

(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:

- (1) will be listed and published in a provider bulletin; and
- (2) 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](#).

**(c) For those recipients twenty-one (21) years of age and over, all covered services will require prior authorization except the following:**

- (1) Diagnostic and preventative services.
- (2) Direct restorations.
- (3) Treatment of lesions.
- (4) Periodontal services for the following immuno-compromised individuals:
  - (A) Transplant patients.
  - (B) Pregnant women.
  - (C) Diabetic patients.
- (5) Extractions.
- (6) Emergency and trauma care.

*(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; filed Aug 17, 2007, 3:23 p.m.: [20070912-IR-405060005FRA](#))*

SECTION 2. [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 a full mouth series radiographs or panorex is limited to one (1) set per recipient every three (3) years.
- (2) Bitewing and intraoral radiographs are limited to one (1) set per recipient every twelve (12) months. One

(1) set of bitewings is defined as a total of either:

(A) four (4) single horizontal films; or

(B) seven (7) to eight (8) vertical films.

(3) Intraoral radiographs are limited to one (1) first film and seven (7) additional films, **per recipient every twelve (12) months.**

(4) Temporomandibular joint arthrograms, **arthrograms**, other temporomandibular films, tomographic surveys, and cephalometric films are no longer covered in a dental office.

~~(3)~~ (5) 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)~~ (6) A periodic or limited oral evaluation is limited to one (1) every six (6) months, per recipient, any provider.

~~(5)~~ (7) Mouth gum cultures and sensitivity tests are not covered.

~~(6)~~ (8) Oral hygiene instructions:

(A) are reimbursed in the Medicaid payment allowance for diagnostic services; and

(B) may not be billed separately to Medicaid.

~~(7)~~ (9) Payment for the writing of prescriptions:

(A) is included in the reimbursement for diagnostic services; and

(B) 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; filed Apr 16, 2003, 10:50 a.m.: 26 IR 2863; filed Aug 17, 2007, 3:23 p.m.: [20070912-IR-405060005FRA](#))

LSA Document #06-5(F)

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